

Meeting of Wigan Borough Clinical Commissioning Group Board
Held on Tuesday 26th March 2013 at 1.30pm in Meeting room 17, Wigan Life Centre

Item 4

Present:

Dr Tim Dalton, Chairman of WBCCG (TD)
Dr Ashok Atrey, Clinical Lead, TABA (AA)
Dr Deepak Trivedi, Clinical Lead, Atherleigh [DT]
Dr Mohan Kumar, Clinical Lead, Patient Focus (MK)
Dr Pete Marwick, Clinical Lead North Wigan (PM)
Dr Sanjay Wahie, Clinical Lead, United League (SW)
Trish Anderson, Deputy Managing Director for NHSALW / Chief Officer for WBCCG (TA)
Helen Meredith, Nurse Board Member (HM)
Dr Gary Cook, Secondary Clinician Board Member (GC)
Frank Costello, Lay Member (FC)
Canon Maurice Smith, Lay Member (MS)
Craig Hall, Associate Director of Finance WBCCG (CH) deputising for Mike Tate

In Attendance:

Julie Southworth, NHS ALW Chief Operating Officer and Director of Quality & Safety WBCCG (JS)
Alan Stephenson Lay Member NHS GM (AS)
Viv Smith, PA, Minutes (VS)

		ACTION
1.	<p>Chairman's Welcome</p> <p>The Chairman opened the meeting at 1.30pm formally welcoming all attendees to the March Wigan Borough Clinical Commissioning Board, which is the first meeting since receiving full authorisation as a Clinical Commissioning Group on 6th March, and which will be the final meeting as a sub-committee of NHS Greater Manchester. The Chairman extended the welcome to the members of the public in attendance.</p>	
2.	<p>Apologies for Absence</p> <p>Dr Tony Ellis, Clinical Lead, WCC (TE) Mike Tate Director of Finance WB CCG, Craig Hall deputising</p>	

<p>3.</p>	<p>Declarations of Interest</p> <p>Other than the recorded declarations of interest there were no additional declarations of interest for any items on this agenda.</p> <p>Chairman reminded Board members that apart from the standing declarations of interest individuals must declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of WBCCG, in writing to the governing body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.</p> <p>Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.</p>	
<p>4.</p>	<p>Minutes from the Previous Meeting</p> <p>Dr Pete Marwick's and Mr Alan Stephenson's attendance at the January Board meeting had not been recorded.</p> <p>With this one amendment, the minutes of the meeting of this Board held on 22nd January were accepted as a true and accurate record of the meeting.</p> <p>Notes from Corporate Objectives Meeting held on 26.02.13 in place of Public Board</p> <p>The notes were accepted as a true and accurate record of the meeting.</p> <p>JS suggested that Clinical Leads provide feedback on the Corporate Objectives which will be an agenda item at a forthcoming masterclass.</p>	
<p>5.</p>	<p>Actions/Decisions Log from Previous CCG Board Meeting held on 22nd January</p> <p>All actions complete with exception of:</p> <p>Item 9.9 Avoidable Infections Update – CS to draft letter for TD to send to Cluster Board asking them to write to all acute providers, reminding them to inform all CCGs of any cases of HCAI particularly C diff and MRSA</p>	

	<p>which should ensure that the Health Protection Team receives timely information on patients receiving treatment out-of-area.</p> <p>Action carried forward</p>	CS
6.	<p>Questions From Members Of The Public</p> <p>None.</p>	
7	<p>New Business</p>	
	<p><i>The following item was taken out of sequence on the agenda to enable the author of the paper be in attendance to present to Board.</i></p>	
9.7	<p>Chris Sweeney, Associate Head of Health Protection, joined the meeting for item 9.7</p> <p>Avoidable Infections Report – Update</p> <p>Chris Sweeney presented the report to provide Board members with the progress made in the areas of :</p> <ul style="list-style-type: none"> ▪ Clostridium Difficile Infections ▪ MRSA bacteraemia <p>There have been eight MRSA reported cases. MRSA is now two above trajectory.</p> <p>There have been 112 Clostridium Difficile reports cases. Clostridium Difficile is now 21 above year end trajectory.</p> <p>This upward trend means that the organisation has not met the HCAI trajectory for 2012/13</p> <p>The targets for 2013/14 are 90 for Clostridium Difficile and 6 for MRSA. The action plan is currently being refreshed to reflect the new target figures.</p> <p>The Board made a number of comments which included the following salient points:</p>	

		<p>health commissioning for 2013/14 and beyond. The paper sets out the national and local picture of children’s mental health services, and sets out a number of commissioning intentions for addressing the key issues.</p> <p>The Board is asked to support the commissioning intentions as previously agreed by the Wigan Borough CCG Finance & Performance Committee, and in particular the intentions relating to:</p> <ul style="list-style-type: none"> • Developing a single point of access • Children in care • Conduct disorders • Psychological therapies for long term conditions <p>Following discussion the Board made the following salient points:</p> <ol style="list-style-type: none"> 1. GPs have difficulty in understanding the access points to enter CAMHS. Points of entry to the service need to have more clarity. 2. Items 6.3 to 6.9 of the paper does not fully make clear what the expectations will be regarding outcomes. 3. Previously there has been a long wait to access CAMHS. This needs to be addressed. 4. There is presently no scale that show the level of problems that Wigan is facing compared to national levels. <p>Resolved: The Board:</p> <ol style="list-style-type: none"> 1. Welcomes the report which gives a high level vision. 2. Asks for more clarity in specifics on outcomes and wait list capacity. 3. Accepts and approves as requested but looks forward to more detail which will be taken through the Service Design & Implementation Committee. 4. Asks TA to request a review of the strategy and the baseline. <p>Action: TA to request a review of the strategy and the baseline</p>	<p>TA</p>
<p>7.2</p>		<p>Assisted Conception Eligibility Criteria and Funding Update</p> <p>TA presented the paper which describes the issues arising from the recently revised NICE guidance on the eligibility criteria for access to advice and treatment.</p>	

	<p>The issues include cost pressures and the paper sets out proposals as to how these costs can be managed in recognition of the CCG's desire both to provide fair and equitable access to assisted conception treatments and to manage other competing priorities.</p> <p>The key changes are:</p> <ul style="list-style-type: none"> • Increase of age limit to 40-42 • Extent of cycles • Not discriminating on the basis of age or gender. This service was not previously available to single sex couples. <p>The Board is asked to give approval of the revised policy to take effect from April 2013.</p> <p>Resolved: The Board:</p> <ul style="list-style-type: none"> • Welcomes the possibility of having a third cycle from next year; • Welcomes the age change; • Approves the policy as revised with the clarification of wording on the number of embryos in 12.1 ; should also read - "in accordance with the clinician's guidance"; • Asks that the policy is aligned with Greater Manchester to provide uniformity and to ensure that Wigan patients are not disadvantaged; • Asks that the F&P Committee provide assurance that a block contract provides value for money; • Adopts this as the new policy for Wigan Borough CCG. <p>Action:</p> <p>MT to ask his team to align policy with Greater Manchester.</p> <p>Mohan to take to F&P committee for assurance that block contract provides value for money.</p>	<p>MT</p> <p>MK</p> <p>MT</p> <p>MK</p>
<p>7.3</p>	<p>PCT Closedown</p> <p>JS gave a verbal update:</p> <ul style="list-style-type: none"> • The closedown of the PCT is being driven nationally. All required proformas have been completed; 	

		<ul style="list-style-type: none"> • Staff destination data was submitted to Greater Manchester PCT in early March 2013. Wigan Borough CCG is the receiving organisation; • There are some issues that have not been resolved; a process is in place allowing the transfers of liability post April up to July 2013 for legacy issues; • Records management has been a complex issue. A recent archiving exercise has reduced archived boxes from 2,200 to 200. The Department of Health will manage the PCT's archive post April 2013. Information Governance has provided a very clear policy for archiving which can be applied rigorously in a smaller organization; • This CCG has retained staff who have a great source of local knowledge and therefore reduced risks during transition; • A paper detailing the transfer of staff to this CCG is on Part 2 of today's agenda. <p>Resolved: The Board:</p> <ol style="list-style-type: none"> 1. Thanks JS for the update 	
7.4		<p>Briefing Paper: Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry – Published 6 February 2013 (Francis Report)</p> <p>JS presented the paper to provide the Board with a brief account on the initial conclusion and lessons learned, information on the specific recommendations for Commissioners and suggestions as to the initial actions for Wigan Borough CCG.</p> <p>The Board is asked to review the information, support the actions noted within the paper and to identify any further actions as/if necessary.</p> <p>TA and JS attended a Conference on Friday 22nd March at which Robert Francis QC gave a powerful presentation.</p> <p>Wigan Borough CCG is currently updating the Ulysses system this will provide the bases of a web based system which will enable staff to feed information into the organisation.</p> <p>A discussion followed including the following salient points:</p> <ol style="list-style-type: none"> 1) Feedback from patients should be encouraged with sensitivity being shown to the fact that patients can be 	

		<p>reluctant to complain due to the fear of possible repercussions from clinicians during treatment.</p> <p>2) GPs need to be encouraged to actively listen to and to accept feedback and not to see it as a negative. Also provide such feedback to a wide audience as part of the Early Warning system.</p> <p>Resolved: The Board:</p> <p>1) Welcomes that this is work in action with timelines and momentum.</p> <p>2) Is passionate about changing the culture in the NHS.</p> <p>3) Eagerly acknowledges that this is everyone's responsibility.</p> <p>4) Welcomes the proactive approach to encourage feedback.</p> <p>5) Looks forward to a future report.</p>	
<p>8</p>		<p>Strategic Business Items</p>	
	<p>8.1</p>	<p>Chief Officer's Report</p> <p>TA presented the March Chief Officer's Report giving a detailed update of the following:</p> <p>National: -</p> <ul style="list-style-type: none"> • Authorisation Wave 4. The Wigan Borough CCG is now fully authorised with no conditions with effect from 1st April 2013; • Report of the Mid Staffordshire NHS Trust Public Enquiry; • The NHS 111 Service proposed launch; • Safeguarding Vulnerable People in the reformed NHS – Accountability and Assurance framework, launched on 21st March 2013. <p>Greater Manchester –</p> <ul style="list-style-type: none"> • Staff transition into new organisations; • Governance arrangements for the new Association of Greater Manchester CCGs which replaces the previous Greater Manchester Clinical Strategy Board; • Healthier Together governance arrangements which have been agreed in principle by CCGs subject to approval from all Boards. 	

		<p>Local –</p> <ul style="list-style-type: none"> • Safeguarding – SHA media launch on the independent investigation into care and treatment provided to an elderly couple, who later died, by the Five Boroughs Partnership and Wigan Council; • Transition – SLAs are being signed with the CSU, the memorandum of understanding for Public Health support is being finalised with the Local Authority and internal appointments into the CCG structure are continuing; • Contracting – progress is on schedule to meet the deadline for contract sign off on 31st March 2013. <p>Resolved: The Board:</p> <ol style="list-style-type: none"> 1) Asks for a Safeguarding report in relation to the independent investigation to be brought to April Board which focuses on the recommendations that are specific to this CCG. 2) Wants assurances that the CCG is commissioning quality services from Mental Health providers. <p>Action: Safeguarding report on 5 Boroughs investigation to be brought to April Board.</p>	<p>TA</p> <p>TA</p>
<p>8.2.i</p>	<p>Month 11 Finance Report</p>	<p>Craig Hall presented the report asking Board members to note the contents of the paper.</p> <p>The year to date surplus of £2,574k is in line with the projected planned surplus.</p> <p>Detailed financial positions are given for:</p> <ul style="list-style-type: none"> • Wigan Borough CCG budgets; • National Commissioning Board budgets; • Wigan MBC budgets; • Section 75 Single Commissioning Agency budgets. <p>Resolved: The Board:</p> <ol style="list-style-type: none"> 1. Receives the report. 	
<p>8.2.ii</p>	<p>Month 11 QiPP Report</p>		

	<p>Craig Hall presented the report asking Board members to note the contents of the paper.</p> <p>In the year to date the CCG has achieved £17,606k of savings which is 96.9% of the full QiPP target. The forecast full year savings remain the same at £18.2m</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> 1. Receives the report 	
8.2.iii	<p>Month 10 Performance Report</p> <p>Craig Hall presented the report asking the Board to note the contents of the paper.</p> <p>As at Month 10, one indicator domain is assessed as green, three are green/amber, five are amber/red and none are red.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> 1. Receives the report 	
8.2 iv	<p>CCG Financial Plan 2013/14 and QiPP Financial Plan 2013/14</p> <p>Craig Hall presented the reports in detail.</p> <p>The Financial Plan details key areas taken into account for the financial planning process including key risks to the CCG in achieving financial balance. It also contains the contract offer letters made to the three main NHS providers, WWL, Bridgewater, and 5 Boroughs Partnership.</p> <p>The report details the following:</p> <ul style="list-style-type: none"> • WBCCG has a detailed one year financial plan that delivers financial balance • The one year plan is underpinned by a five year financial plan • QiPP is integrated with the plan <p>The Board is asked to approve the 2013/14 financial plans for the CCG and to accept that the submitted financial plan forms the basis of the 2013/14 budgets.</p> <p>Resolved: The Board:</p>	

		<ol style="list-style-type: none"> 1. Accepts the recommendations 2. Approves the financial plan 3. Approves the QiPP plan 	
8.3	<p>WBCCG Board Assurance Framework</p> <p>JS presented the report which is intended to provide assurances to the Board on the mechanisms and controls in place to effectively manage the totality of risk in relation to the ability of the organisation to achieve its corporate objectives.</p> <p>The Board is asked to agree and endorse this approach to the development of the Board Assurance Framework during the transition period.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> 1. Thanks JS and her team for the Framework 2. Notes that this is Q3 not Q4 3. Acknowledges that Q4 will be based on the new Corporate Objectives which will give an opportunity to report on outcomes rather than process 4. Looks forward to sharper focus in future reports 		
9.	<p>9.1 – 9.8 Locality & Committee Updates</p> <p>Locality Updates for February 2013, Corporate Governance Committee February 2013, Finance & Performance Committee, Service Design & Implementation Committee update was on the agenda for information and were received.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> 1. Receives and approves all reports listed for information purposes. 2. Notes the risk raised at Corporate Governance regarding IM&T continuity. 		
10	<p>Any Other Business</p> <ol style="list-style-type: none"> 1. The Board welcomes the appointment of Sir Ian McCartney to the post of Chair of Healthwatch in Wigan which has been created to continue the work of LINK. A key objective of this CCG is to empower the local voice. 		

	<p>Part 1 of the meeting closed at 3.45pm.</p> <p>The Chairman thanked the members of the public for attending.</p> <p>Date & Time of Next Meeting Tuesday 23rd April 2013, 1.30pm Meeting Room 17, Wigan Life Centre</p>	
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