

**WIGAN BOROUGH CLINICAL COMMISSIONING GROUP  
GOVERNING BODY - OPEN MEETING**

**Tuesday, 22 July 2014 1.30 pm**

**Wigan Borough CCG Boardroom - Wigan Life Centre**

**AGENDA**

Agenda Item		Time	Presenter	Pages/ Verbal	Action Required
1.	<b>Chairman's Welcome</b>	1.30 pm	Tim Dalton		
2.	<b>Apologies for Absence</b>		Tim Dalton		Record
3.	<b>Declarations of Interest</b>		All		Record
	Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of Wigan Borough Clinical Commissioning Group, 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.				
4.	<b>Minutes of Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 24 June 2014</b>		Tim Dalton	1 - 18	Approve
5.	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting</b>		Tim Dalton	19 - 20	Approve
6.	<b>Questions from Members of the Public</b>				
7.	<b>Key Messages</b>	1.40 pm			
7.1	Chair's Key Messages		Tim Dalton	Verbal Report	Information

	7.2	Chief Officer's Key Messages		Trish Anderson	Verbal Report	Information
<b>8.</b>	<b>New Business Items</b>		1.55 pm			
	8.1	Primary Care Strategy 2014 - 2019		John Marshall	21 - 66	Approve
	8.2	Report on the uptake of Ulysses by Practices		Julie Southworth	67 - 70	Receive
<b>9.</b>	<b>Current Business Items</b>					
	9.1	Association Governing Group meeting Summary Notes July 2014		Tim Dalton	71 - 86	Receive
	9.2	Monthly Corporate Report		Mike Tate	87 - 136	Receive
	9.3	Quarterly Finance Report		Mike Tate	137 - 154	Receive
	9.4	Quarterly QIPP Report		Mike Tate	155 - 170	Receive
	9.5	Healthier Together Update		Tim Dalton/Trish Anderson	To Follow	Receive
<b>10.</b>	<b>Governing Body Committee Updates</b>					
	10.1	Healthier Together Committee in Common		Tim Dalton	171 - 174	Approve
	10.2	Chairperson's Report - Audit Committee		Maurice Smith	To Follow	Approve
	10.3	Chairperson's Report - Clinical Governance Committee		Ashok Atrey	175 - 180	Approve
	10.4	Chairperson's Report - Corporate Governance Committee		Tony Ellis		No meeting
	10.5	Chairperson's Report - Finance and Performance Committee		Mohan Kumar	181 - 186	Approve
	10.6	Chairperson's Report - Service design and Implementation Committee		Peter Marwick	187 - 190	Approve
<b>11.</b>	<b>Locality Executive Updates</b>					
	11.1	Atherleigh - June 2014		Deepak Trivedi	191 - 194	Receive
	11.2	Patient Focus - June 2014		Mohan Kumar	195 - 198	Receive
	11.3	Tyldesley Atherton Boothstown Astley - June 2014		Ashok Atrey	199 - 202	Receive

	11.4	Wigan Central - June 2014		Tony Ellis	203 - 206	Receive
	11.5	North Wigan - June 2014		Peter Marwick	207 - 210	Receive
	11.6	United League Collaborative - June 2014		Sanjay Wahie	211 - 216	Receive
<b>12.</b>	<b>Any Other Business - To be accepted at the Chairman's discretion</b>					
<b>13.</b>	<b>Date and time of next meeting</b>					
	Tuesday 26 August at 13.30 in Room 17, Wigan Life Centre					

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**OPEN MEETING – UNRATIFIED**

**Meeting of Wigan Borough Clinical Commissioning Group Governing Body  
Held on Tuesday 24<sup>th</sup> June 2014 at 1.30pm in Meeting Room 17, Wigan Life Centre**

**Present:**

**Dr Tim Dalton, Chair (TD)**

Frank Costello, Lay Member – Deputy Chair (FC)

Trish Anderson, Chief Officer (TA)

Mike Tate, Chief Finance Officer (MT)

Julie Southworth, Director of Quality & Safety (JS)

Dr Ashok Atrey, Clinical Lead, TABA (AA)

Dr Sanjay Wahie, Clinical Lead for United League (SW)

Dr Tony Ellis, Clinical Lead for Wigan Central (TE)

Dr Pete Marwick, Clinical Lead for North Wigan (PM)

Dr Mohan Kumar, Clinical Lead for Patient Focus (MK)

Dr Deepak Trivedi, Clinical Lead for Atherleigh (DT)

Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)

Canon Maurice Smith – Lay Member (MS)

Helen Meredith – Nurse Governing Body Member

**In Attendance:**

Tim Collins, Assistant Director of Governance (TC)

Angela Cullen - Minute Taker (AC)

Alexia Mitton – Head of Communications (AM)

	<b>AGENDA</b>	<b>ACTION</b>
<b>1.</b>	<b>Chairman's Welcome</b>	
	<p>The Chairman opened the meeting at 1.30pm formally welcoming all attendees and members of the public to the June meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting.</p> <p>Members of the public included:</p> <ul style="list-style-type: none"> <li>• Dave Nunns, Healthwatch</li> </ul>	
<b>2.</b>	<b>Apologies for Absence</b>	
	There were no apologies for absence.	
<b>3.</b>	<b>Declarations of Interest</b>	
	Other than the previously recorded declarations of interest there were no additional declarations of interest for any items on this agenda.	

	<p>The Chairman reminded Governing Body 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 Wigan Borough Clinical Commissioning Group (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>	
<b>4.</b>	<b>Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 27<sup>th</sup> May 2014</b>	<b>Approve</b>
	The minutes of the previous meeting were agreed as a true and accurate record, subsequently approved and signed by the Chair.	
<b>5.</b>	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 27<sup>th</sup> May 2014</b>	<b>Approve</b>
	<p><u>May 2014</u></p> <p>Item 7.1 – Listed as an item on the closed June 14 meeting. Complete.          Item 8.1 – Complete, revisit as an agenda item in Dec 14.          Item 8.2 – (1) Complete (2) Complete, meeting scheduled for 25.6.14.          Item 8.3 – Deferred to July 14 meeting.          Item 11.1 – Complete.</p>	
<b>6.</b>	<b>Questions From Members of the Public</b>	
	There were no questions raised by members of the public.	
<b>7.</b>	<b>Key Messages</b>	<b>Receive</b>
	<p><b>7.1 / 7.2</b>     <b>Chair’s &amp; Chief Officer’s Key Messages</b></p> <p><b><u>Chief Officer’s Report</u></b></p> <p>TA circulated a report to update Governing Body members on current key areas of work:</p> <p><b><u>Recent Publications</u></b></p> <p>A list of recent publications and links to the website were included for information.</p>	

		<p><b><u>National Update</u></b></p> <p><b>Seven Day Service</b></p> <ul style="list-style-type: none"> <li>• NHS Improving Quality has launched a ‘Seven Day Service Self-Assessment Tool’ to help organisations get a better understanding of local needs.</li> <li>• WWL supported by the CCG is a pilot site and we will be looking to work with the trust to utilise both the tool and the shared learning from NHSIQ.</li> </ul> <p><b>NHS Confederation Conference (5-7 June)</b></p> <ul style="list-style-type: none"> <li>• The Chief Officer and Chief Finance Officer attended some of the sessions held at the Confederation.</li> <li>• Some helpful links were made with Monitor and an independent provider ‘Nanthealth’ which is working with a neighbouring CCG/Bridgewater CT on the development of out of hospital services.</li> </ul> <p><b>Inaugural Meeting of the HFMA CEO Forum (11 June)</b></p> <ul style="list-style-type: none"> <li>• TA has been invited to join the CEO National Forum which met on the 11<sup>th</sup> June and will meet generally 3 times per year.</li> <li>• The aim of the forum is to offer Chief Executive Officers and Chief Accountable Officers an opportunity to meet regularly to share best practice and work together to develop fresh approaches.</li> <li>• As well as drawing on HFMA’s focus on governance and finance, the aim is to allow NHS leaders to discuss ideas and solutions that would benefit whole health economies across organisational boundaries.</li> <li>• The day consisted of structured presentations from 7 key speakers, 2 from the United States who talked through their experience of managing care across hospital sites and developments in the management of long term cases.</li> </ul> <p><b>Kings Fund Integrated Care Collaborative Meeting (12 June)</b></p> <ul style="list-style-type: none"> <li>• Governing Body members will be aware that we are 1 of 4 CCGs nationally to be supported by the Kings Fund as we develop our plans for integrated care.</li> <li>• We are working with Cornwall, East London and Norwich.</li> <li>• A group of 6 representatives from across the health economy attended the first collaborative event on the 12<sup>th</sup> June.</li> </ul>	
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		<p>The programme covered:</p> <ul style="list-style-type: none"> <li>• National Policy updates and reflections.</li> <li>• Local systems and ambitions, facilitated discussions, to learn more about other communities.</li> <li>• The future role of DGH and the Voluntary Sector in delivering Integrated Care.</li> <li>• Action planning – individual programme with each community.</li> </ul> <p><b><u>Regional</u></b></p> <p><b>CCG Association Governing Group (3 June)</b></p> <ul style="list-style-type: none"> <li>• The key focus of the discussion was the development of primary care to deliver the Healthier Together ‘Out of Hospital’ standards and the opportunity to submit expressions of interest for co-commissioning responsibilities for primary care.</li> <li>• Other issues of note included a detailed presentation on Ambulance Commissioning, Winter Planning and the GM/Police Alcohol strategy.</li> </ul> <p><b><u>Local</u></b></p> <p><b>Wigan Leaders Event ‘The Journey So Far’ (4 June)</b></p> <ul style="list-style-type: none"> <li>• The CCG hosted an economy wide briefing event on behalf of Wigan Leaders.</li> <li>• The event was primarily focused on information giving to a range of clinicians and senior managers about the CCG 5 Year Commissioning Plan and an outline of some of the activities that have been undertaken across the economy by all partners.</li> </ul> <p>The afternoon was broken down into three distinct strands:</p> <ul style="list-style-type: none"> <li>- Context and strategic overview.</li> <li>- The work programme needed to ‘shrink’ our hospital section and to expand the community and primary care offer.</li> <li>- Individual organisations’ perspective on the impact and internal response.</li> <li>- A final activity included reflections from colleagues and any feedback on discussions.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• This session focused on our collective frontline staff, who we will be reliant upon to deliver our changes.</li> <li>• Given Primary Care’s pivotal role in the changes, we invited some limited representation from our localities in their provider capacity to contribute to the session.</li> <li>• The event was very well attended and the feedback we have received was very positive in terms of delivering the objectives of the day.</li> </ul> <p><b>Health Economy Estates Seminar (13 June)</b></p> <ul style="list-style-type: none"> <li>• To be able to deliver the ambitious plans for ‘out of hospital’ care outlined in our 5 Year Commissioning Strategy having the right buildings and space will be crucial.</li> <li>• To facilitate the development of a local economy wide ‘Estates Strategy’ the CCG along with its partners from ‘Community Health Partnerships’ and ‘Foundation for Life’ (the LIFTCo) hosted a half day seminar.</li> </ul> <p>The day focused upon:</p> <ul style="list-style-type: none"> <li>- Understanding the different organisations Estate Strategy.</li> <li>- Explore potential opportunities and identify 6 potential opportunities.</li> <li>- Discuss future options – changing needs, future ownership and collective ownership.</li> <li>- Next steps – governance, communications, leadership and rules.</li> </ul> <p><b>Local Voluntary Sector Organisations Event (19 June)</b></p> <ul style="list-style-type: none"> <li>• Voluntary sector partners have a key role to play in the development of our 5 Year ‘Out of Hospital’ care plans.</li> <li>• The CCG is keen to develop a relationship with the sector and to explore how we can work more closely with them.</li> <li>• To aid that discussion the CCG hosted a half day voluntary sector event to brief partners on the 5 Year Commissioning Plan and to explore with them positive ways of building relationships and working with the sector.</li> </ul> <p>FC stressed the importance of recognising the added value the voluntary sector can bring, if we harness this in the right way.</p>	
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		<p>FC added that we must be mindful that voluntary sector organisations are bidding for work against organisations that employ professional bid-writers.</p> <p>SW made reference to the Tower Hamlets desktop icon referral system for GPs and asked if, to assist the hubs, we could look to adopt this locally.</p> <p>The event was very well attended and initial feedback is that the event was well received. A further event will be held later in the year.</p> <p><b><u>Chair’s Report</u></b></p> <p>TD verbally updated the Governing Body on key messages, highlighting:</p> <p><b>CCG Current Position</b></p> <ul style="list-style-type: none"> <li>• The CCG has now been in existence for 450 days, it is now 318 days until the next general election. TD referenced the need to continue to move from the planning phase to the implementation phase to make long term differences to services that our patients and members will recognise.</li> </ul> <p><b>Quarter 4 Meeting</b></p> <ul style="list-style-type: none"> <li>• A Q4 sign off meeting was held with the Area Team, the final report has yet to be received. This was a positive meeting in terms of progress, quality and safety with the transformational agenda.</li> </ul> <p><b>CCG Westminster Forum</b></p> <ul style="list-style-type: none"> <li>• TD spoke at the Westminster Forum on 12<sup>th</sup> June. The speech largely focused on the priorities of the CCG – The Chair used a quote from Mahatma Ghandi ‘<i>Action expresses priorities</i>’ as a theme of expressing these priorities. Reference was made to the work with the Kings Fund and the engagement work with patients and clinicians based on understanding our current challenges using the ‘If Wigan was a village of 100 people’ model. The presentation was warmly received.</li> </ul>	
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		<p><b>Committee in Common</b></p> <ul style="list-style-type: none"> <li>Listed as item 8.4 on today's agenda. Progress may not be to the level that we may have wished for.</li> </ul> <p><b>National Recognition</b></p> <ul style="list-style-type: none"> <li>The CCG was pleased to accompany Wigan Council to an awards ceremony to celebrate their being shortlisted for the Best Council in England.</li> <li>TD was invited to No. 10 Downing Street on the 19<sup>th</sup> June to talk with other senior leaders about what we are doing in the local economy to make Clinical Commissioning work.</li> <li>The local Health and Social Care Economy is gaining national recognition as being innovative and setting standards.</li> </ul> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li><b>The Governing Body received and noted the reports.</b></li> </ol>	
<b>8.</b>	<b>New Business Items</b>		
	8.1	<p><b>Quality &amp; Safety Annual Report</b></p> <p>The CCG must ensure that it is competent and capable to deliver quality along the whole commissioning cycle as part of its core business functions, in combination with effective systems of governance.</p> <p>The work undertaken by the CCG Quality and Safety Directorate provides assurance to the CCG Governing Body via the Clinical Governance Committee.</p> <p>The report provides a retrospective view of the year 2013-14 and details the innovative approach that the CCG has adopted to respond to how quality has, and is, continuing to influence the commissioning of safer healthcare locally whilst ensuring the best possible use of available finance.</p> <p>JS brought the below key areas to members attention:</p> <ul style="list-style-type: none"> <li>National Patient Safety Reports (<i>section 4 – page 2 refers</i>)</li> <li>Quality Safety and Safeguarding Groups – All NHS Trusts (<i>section 6 – page 3 refers</i>)</li> <li>Commissioning for Quality – the Commissioner Visits (<i>section 21 – page 18 refers</i>)</li> </ul>	<b>Receive</b>

		<p>FC said that from a lay perspective this was an excellent document, it has come a long way in a short space of time. FC made the following observations:</p> <ul style="list-style-type: none"> <li>- <i>(page 3 refers)</i> – suggested to add dialogue with providers</li> <li>- <i>(page 20, 23.1 refers)</i> – remove ‘same sex’ and replace with ‘mixed sex’.</li> <li>- <i>(page 12, 14.5 refers)</i> – are we being vigilant in the monitoring of care homes.</li> </ul> <p>JS confirmed that it is the responsibility of the Local Authority to ensure the CCG that homes within the borough are of a good quality. The CCG are in the process of setting up a working group to include a clinical staff perspective.</p> <p>TD referenced the Patient Opinion online anonymous feedback mechanism <i>(page 23, 30.1 refers)</i> and asked if the CCG is pro-actively promoting this tool.</p> <p>JS confirmed that we do receive a limited response but we can look to collate this into meaningful data. We are currently in the process of having posters and leaflets printed to promote via the GP Practices.</p> <p>Dave Nunns, member of the public was invited to comment. DN confirmed that there are links to Patient Opinion on each of the provider’s websites.</p> <p>FC referenced the Next Steps in terms of education support and advice in the development and implementation of the organisation’s plans. Education in house is excellent, however, this goes further. FC suggested that the CCG could take the education further via Healthy Living and Public Health.</p> <p><b>Resolved:</b></p> <p style="padding-left: 20px;"><b>1. The Governing Body received the report.</b></p>	
	<p><b>8.2</b></p>	<p><b>Infection Prevention and Control Strategy (IPC)</b></p> <p>WBCCG has a responsibility to ensure that, in so far as reasonably practicable, systems and processes are in place to support the management, prevention and control of Health Care Associated Infections (HCAIs). The strategy will support the delivery of clinically effective safer healthcare and drive improvements in the care delivery across the Wigan Borough.</p>	<p><b>Approve</b></p>

		<p>A zero tolerance approach is now prevalent in relation to avoidable HCAI: methicillin resistant <i>Staphylococcus aureus</i> (MRSA) bloodstream infections and challenging objectives have been set to reduce the incidence of Clostridium <i>difficile</i> Infection (CDI) for Acute Trusts and CCGs.</p> <p>Going forward the WBCCG IPC Surveillance and Audit Lead will work with all stakeholders in implementing and operationalising this Strategy.</p> <p>JS confirmed that there had been two new sections added (<i>page 6 item 4 and page 7 item 5 refers</i>) to provide a clear understanding of the CCG and Local Authority responsibilities.</p> <p>JS made reference to the Medicines Management Group (MMG) (<i>page 12 section 11 refers</i>). The MMG review all antibiotic prescribing at Practice level and compare the results to regional and national benchmarked data. JS confirmed that excellent progress has been made in this area and proposed that a paper be prepared for a future meeting to update Governing Body members.</p> <p>SW confirmed that CDI had become a standing item on the locality dashboard and, encompassed with sharing learning of the Root Cause Analysis (RCA) feedback on CDI, was really helpful at locality level.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li><b>1. The Governing Body approved the Strategy.</b></li> <li><b>2. A MMG antibiotic prescribing paper to update Governing Body members on progress to be brought to a future meeting.</b></li> </ol>	JS
	8.3	<p><b>Commissioning Strategy (2014/15 – 2018/19)</b></p> <p>JS confirmed that there have been very slight amendments made to the Commissioning Strategy that was presented to the Governing Body meeting in May. The final version was submitted to NHS England on the 19<sup>th</sup> June along with the Financial Plan.</p> <p>TA and JS are working on an abridged version, this will then be placed onto the website as the more public facing document.</p> <p>TA confirmed that this was received and accepted by the HSC Scrutiny Committee on 23<sup>rd</sup> June and will be presented to the Health &amp; Wellbeing Board tomorrow.</p>	Receive

		<p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li><b>The Governing Body received the report.</b></li> </ol>	
	<p><b>8.4</b></p>	<p><b>Healthier Together (HT) Pre-consultation Business Case, Parts 1 and 2</b></p> <p>TD confirmed that the Healthier Together pre-consultation business case has been split into two halves:</p> <ol style="list-style-type: none"> <li>April – Case for change, single service model (which has been distributed)</li> <li>June – Financial implications and options of single service (not yet released to the public)</li> </ol> <p>There have been recent reports in the press regarding the split of specialist and local hospitals – 3 trusts proposed for specialist (Central Manchester, Salford Royal and Oldham) and 3 trusts for local (Trafford, Bury and North Manchester).</p> <p>An extraordinary meeting was held prior to the Committee in Common (CiC) on the 4<sup>th</sup> June to discuss the approach where members engaged in debate and were invited to raise any issues in terms of the governance and model.</p> <p>Following this meeting TD wrote to the HT CiC members to formally record the position of Wigan Borough CCG for absolute clarity at this key point in the process towards public consultation. The letter confirmed that the Governing Body would wish to support the programme in its entirety despite remaining concerned about a number of aspects of the programme. For the CCG to give other than limited support for the hospital reform programme TD, on behalf of the Governing Body, requested to see:</p> <ul style="list-style-type: none"> <li>The opportunity for additional options other than the single service model to be explored and in particular the opportunity for more sector based solutions to come forward as a means of achieving the same end point.</li> <li>A clearer demonstration of the clinical evidence for change and a broader debate from a wider range of clinicians on its benefits and risks.</li> <li>A clarification on the practicality of adopting a “4 site option” even as an early option in terms of it being clinically credible for a large part of the GM population.</li> </ul>	<p><b>Receive</b></p>

		<ul style="list-style-type: none"> <li>• As a key supporting factor to the proposed hospital changes, a greater articulation on the detail of what would constitute “out of hospital” health and social care to address the obvious reasonable queries of who, what, how, when, where and who funds.</li> <li>• Clarification that the projected savings as outlined from the hospital changes will in no way address the savings required across the GM economy with a recognition and description of the manner in which that gap could be bridged by other means than this programme.</li> <li>• A review of the methodology of assessment of transport impact to specifically balance the needs of peripheral economies both within, and without, the borders of Greater Manchester.</li> </ul> <p>TD confirmed that approval had been reached to submit the model to NHS England (NHSE) by 18<sup>th</sup> June, the views of NHSE are awaited. Consultation is due to commence during early July. The model will be tabled at the CiC meeting on 2<sup>nd</sup> July.</p> <p>TA added that discussions at the Association Governing Group (AGG) on 3<sup>rd</sup> June had largely centered on how we can invest in Primary Care but this is not being matched by a full and costed plan.</p> <p>TA requested that thoughts be directed into how we will handle the consultation collectively across the economy and supporting our local hospital in becoming a specialist centre.</p> <p>SW referred to the governance arrangements asking if the paper submitted to NHS England required amendment would this then be subject to a Committee revote.</p> <p>TD confirmed that we would most probably be asked to re-approve the business case if changes are made but go to consultation, if we make the changes recommended by NHSE.</p> <p>TD highlighted detail within the 4 site option confirming that there had been further work on the strategy to look at hospitals around the outskirts of Greater Manchester. The recalculation of the outcome is awaited.</p> <p>Reference was made to the proposed consultation document, in the current format, not being a public friendly document and the need for us to ensure that this feedback is translated into sensible change.</p>	
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	<p>TD had received feedback that it was better but at this time he had not seen the final version.</p> <p>DT raised a concern in relation to the shift of secondary care into primary care and asked how Primary Care would cope.</p> <p>TA explained that locally we are looking to make investment and that the Joint Commissioning Group (JCG) has an important role to play in focusing investment on out of hospital care.</p> <p>TA further added that there is a real need for change in the acute sector and that work is being conducted to look for solutions across the North West sector – to be less competitive and more collaborative. One of the biggest issues we face is identifying where Wigan sits in terms of neighbouring health bodies outside Greater Manchester. It was agreed that collective agencies should have an agreed strategy with strong leadership to take the agenda forward.</p> <p>GC asked if there was a danger that the consultation period could be shortened.</p> <p>TD confirmed that this had been debated previously and that it was for the CiC to decide.</p> <p>TA confirmed that a local consultation plan is currently being developed to run with as soon as public consultation commences.</p> <p><b>Resolved:</b>  <b>1. The Governing Body received the report.</b></p>	
<b>9.</b>	<b>Current Business Items</b>	
<b>9.1</b>	<p><b>Association Governing Group Meeting – Summary Notes June 2014</b></p> <p>The Chair presented the summary notes from the June 2014 meeting of the Association Governing Group meeting for the information of Governing Body members.</p> <p><b>Resolved:</b>  <b>1. The Governing Body received the notes of the meeting.</b></p>	<b>Receive</b>
<b>9.2</b>	<p><b>Corporate Dashboard</b></p> <p><i>(Note: Many of the indicators used to measure Outcomes Ambitions are only published on an annual basis. As such it is not yet possible to assess performance against some of the indicators, these are shown in white).</i></p>	<b>Receive</b>

		<p>The Corporate Dashboard and Performance Framework Overview were shared to give Governing Body members an update on how the CCG is performing against its local priorities.</p> <p>Furthermore, the dashboard details the CCG's performance against the Everyone Counts Planning Guidance Indicators and the CCG Outcomes Indicator Set.</p> <p><u>Emerging Issues</u></p> <ul style="list-style-type: none"> <li>• The CCG is engaging in an economy wide conversation to influence the Healthier Together agenda.</li> <li>• Delivering the 2014/15 QIPP requirements and developing the programme for future years is a significant challenge. The CCG is working collaboratively with providers and the local authority to meet these challenges and it is recognised that there will need to be an economy wide approach if future year financial savings targets are to be met.</li> <li>• The implementation of national Directed Enhanced Services (DES).</li> <li>• Meeting the mental health challenges and providing Later Life and Memory Services (LLAMS), the CCG is currently working with Five Boroughs Partnerships on this issue.</li> </ul> <p>Headline outcomes as at April 2014 are reported as:</p> <p><u>Outcomes Ambitions: Headline Indicators</u></p> <p><b>2 Indicators: white.</b>  Performance cannot yet be assessed.</p> <p><b>3 Indicators: green.</b>  IAPT Access Rate, Avoidable Admissions and Friends and Family Inpatient Score.</p> <p><b>1 Indicator: red.</b>  Friends and Family A&amp;E score, 2013/14 outturn of 70.47 against actual at April 65.50.</p> <p><u>NHS Constitution</u></p> <p>Virtually all of the headline indicators used to measure performance against the NHS Constitution are performing at or better than standard. These include all 18 weeks RTT, Cancer Waiting Times and Ambulance Response Times.</p>	
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	<p><b>1 Indicator: amber.</b> Diagnostic Waits. 4.69% patients waiting at the end of April had been waiting longer than six weeks against a standard of 1%.</p> <p><b>1 indicator: amber.</b> A&amp;E Waits. During May 93.93% of patients had a total time less than 4 hours in A&amp;E, against a standard of 95%. The year-to-date position is also below standard at 92.43%.</p> <p><u>Acute Activity</u></p> <p>Of the ten activity indicators that can be assessed only two achieved plan in April, Day Cases and Total Elective Admissions.</p> <p><b>5 indicators: amber.</b> Non-Elective Admissions, All First Outpatient Attendances, First Outpatient Attendances Following a GP Referral, A&amp;E Attendances at WWL and Other Referrals. Although greater than plan all five of these indicators recorded lower activity than April 2013.</p> <p><b>3 indicators: red.</b> Ordinary Admissions, GP Referrals and Total Referrals are currently performing at more than 5% greater than plan.</p> <p><u>Better Care</u></p> <p>The headline metrics used to measure performance against the Better Care Fund Initiative are comprised of both health and social care indicators. With the exception of the local pink metric (Readmissions) all indicators measure performance at a local authority (LA) level.</p> <p>Both of the social care measures – Care Home Admissions and Reablement are measured on an annual basis. In addition, data for Avoidable Admissions at LA level is published with a time-lag. As such it is not yet possible to assess performance against these three indicators.</p> <p><b>1 indicator: green.</b> The Delayed Transfer Days indicator is performing better than plan in April.</p> <p><b>1 indicator: red.</b> Readmissions are worse than plan in march and Quarter 4. However, the full year plan was achieved.</p>	
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		<ul style="list-style-type: none"> <li>• There still remains a potential national issue with respect to the proposed accounting treatment for Continuing Health Care legacy provisions. The proposed guidance carries with it a risk that the CCG could effectively have to pay twice for something previously accounted for by the PCT. If NHS England confirm this treatment it is likely to be after the year end cut off and the CCG would only be able to meet the cost by reducing its surplus position.</li> </ul> <p>MT confirmed that the pressure is increasing with building next year's financial plans. A letter has been received from Claire Yarwood, Director of Finance Greater Manchester, in respect of the Greater Manchester Strategic Levy. The letter requests that prior to approval of financial plans and the allocation of non-recurrent resources:</p> <ol style="list-style-type: none"> <li>1. CFOs to work together to identify the further pressures and risks that are currently in the system and are being planned to be funded collaboratively to be included in the GM Strategic Levy for 2014/15 e.g. GPIT, continuing health provisions and others.</li> <li>2. The GMCCG to consider the expansion of the levy for 2015/16 and beyond to reflect the necessary service transformation required over the next 5 years to achieve financial viability of Providers and CCGs in order that a proposal is agreed before the end of March 2015.</li> </ol> <p>MK highlighted the importance of the QIPP Schemes delivering.</p> <p>DT raised his concern surrounding the potential resourcing pressures for Primary Care, adding to an already high level of pressure.</p> <p>AA asked if there was a proven model that takes Secondary Care to Primary Care.</p> <p>TA explained that it was for us to test the model and utilise the best bits.</p> <p>MS confirmed that he found the report helpful and that it would be beneficial to view this against the Assurance Framework. The Audit Committee will be reviewing the reports at a future meeting to be clear that we are meeting our overall objectives.</p>	
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		<p>MT confirmed that he had prepared a background paper to address a query from SW in relation to the Under 75 Mortality Rate: Cancer (<i>page 107 refers</i>). It appears that Wigan is not evidencing an improving trend.</p> <p><b>Resolved:</b></p> <p><b>1. The Governing Body received the report.</b></p>	
<b>10.</b>	<b>Governing Body Committee Updates</b>		
	<p><b>10.1/ 10.5</b></p>	<p>Chairpersons reports for May 2014 were circulated as below:</p> <p>10.1 Healthier Together Committee in Common Briefing Note of the Public Meeting (4<sup>th</sup> June)/Minutes of the Committees in Common (6<sup>th</sup> June)</p> <p>10.2 Chairperson's Report: Clinical Governance Committee, May 2014.</p> <p>10.3 Chairperson's Report: Corporate Governance Committee, May 2014.</p> <p>10.4 Chairperson's Report: Finance and Performance Committee, May 2014.</p> <p>10.5 Chairperson's Report: Service Design and Implementation Committee, May 2014.</p> <p><u>Clinical Governance</u></p> <p>AA highlighted the risk with self-referrals, a non commissioned independent midwifery service, and confirmed that these have been reported to the GM Quality Surveillance Group meeting. It has been agreed that Trafford will undertake a review of this provider on behalf of all CCGs. The CCG are seeking a legal view on writing to patients.</p> <p><b>Resolved:</b></p> <p><b>1. The Governing Body approved the above listed reports.</b></p>	<p><b>Approve</b></p>

11.	<b>Locality Executive Updates</b>		
	11.1- 11.6	<p>Locality Executive updates were circulated for May 2014:</p> <ul style="list-style-type: none"> <li>11.1 Atherleigh</li> <li>11.2 Patient Focus</li> <li>11.3 Tyldesley Atherton Boothstown Astley</li> <li>11.4 Wigan Central</li> <li>11.5 North Wigan</li> <li>11.6 United League Collaborative</li> </ul> <p><b>Resolved:</b></p> <p style="padding-left: 20px;">1. The Governing Body approved the above listed reports.</p>	<b>Approve</b>
12.	<b>Any Other Business – accepted at the Chairman’s discretion</b>		
	12.1	<p>There were no items of any other business raised.</p> <p>The Chair closed the meeting at 15.40pm.</p>	
13.	<b>Date and time of next meeting</b>		
	<b>Tuesday 22<sup>nd</sup> July at 13.30pm in Room 17, Wigan Life Centre</b>		

Signed ..... Date: .....22.7.14.....  
Dr Tim Dalton, Chair

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**ACTIONS FROM THE WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY  
OPEN MEETINGS 2014**

Meeting Date	Agenda Item	Agreed actions from meeting	Action By	Deadline	Update
27.5.14	8.1	CR and FC to liaise with Localities to encourage GPs to attend PPG meetings.	FC/CR	<b>October 2014</b>	To revisit this action in 6 months time.
27.5.14	8.3	1. Clinical Governance Committee to note duty of candour and safe staffing levels of providers and report back to Governing Body at the August meeting.	JS	<b>August 2014</b>	Deferred from June meeting.
		2. Report to be produced on uptake of Ulysses by Practices.	JS	<b>July 2014</b>	
24.6.14	8.2	2. A MMG antibiotic prescribing paper to update Governing Body members on progress to be brought to a future meeting.	JS	<b>Ongoing</b>	

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