

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

**Tuesday, 16 December 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 25 November 2014</b>		Tim Dalton	1 - 14	Approve
5.	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting</b>		Tim Dalton	15 - 16	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	CCG Constitution Changes		Julie Southworth	17 - 42	Approve
	8.2	NHS England Quarter 2 Checkpoint Report		Julie Southworth	Verbal Report	Receive
<b>9.</b>	<b>Current Business Items</b>					
	9.1	Association Governing Group Meeting Summary Notes November 2014		Tim Dalton	43 - 56	Receive
	9.2	Quality Briefing Paper		Julie Southworth	57 - 70	Receive
<b>10.</b>	<b>Governing Body Committee Updates</b>					
	10.1	Healthier Together Committee in Common		Tim Dalton	71 - 80	Receive
	10.2	Chairperson's Report - Audit Committee		Maurice Smith		Papers January
	10.3	Chairperson's Report - Clinical Governance Committee		Ashok Atrey		Papers January
	10.4	Chairperson's Report - Corporate Governance Committee		Tony Ellis	81 - 86	Approve
	10.5	Chairperson's Report - Finance and Performance Committee		Mohan Kumar		Papers January
	10.6	Chairperson's Report - Service Design and Implementation Committee		Peter Marwick	87 - 90	Approve
<b>11.</b>	<b>Locality Executive Updates</b>					
	11.1	Atherleigh - November 2014		Deepak Trivedi	91 - 96	Receive
	11.2	Patient Focus - November 2014		Mohan Kumar	97 - 102	Receive
	11.3	Tyldesley Atherton Boothstown Astley - November 2014		Ashok Atrey	103 - 106	Receive
	11.4	Wigan Central - November 2014		Tony Ellis	107 - 110	Receive
	11.5	North Wigan - November 2014		Peter Marwick	111 - 116	Receive
	11.6	United League Collaborative - November 2014		Sanjay Wahie	117 - 122	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 27 January 2015 at 13.30 in Room 17, Wigan Life Centre				

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**OPEN MEETING – Unratified**

**Meeting of Wigan Borough Clinical Commissioning Group (WBCCG) Governing Body  
 Held on Tuesday 25<sup>th</sup> November 2014 at 1.30pm in Meeting Room 17, Wigan Life Centre**

**Present:**

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

Trish Anderson, Chief Officer (TA)

Mike Tate, Chief Finance Officer (MT)

Julie Southworth, Director of Quality and Safety (JS)

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

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

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

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

Dr Ashok Atrey, Clinical Lead for TABA (AA)

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

Angela Cullen, Executive Assistant to Chief Officer - Minute Taker

Alexia Mitton – Head of Communications

Chloe Holehouse – Communications Apprentice

	<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 November meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting.</p> <p>Two members of the public were in attendance.</p>	
<b>2.</b>	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>• Frank Costello, Lay Member – Deputy Chair.</li> </ul>	
<b>3.</b>	<b>Declarations of Interest</b>	<b>Record</b>
	<p>Other than the previously recorded declarations of interest there were no additional declarations of interest for any items on this agenda.</p>	

	<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 28 October 2014</b>	<b>Approve</b>
	<p>The minutes of the previous meeting were agreed as a true and accurate record, subsequently approved and signed by the Chair.</p>	
<b>5.</b>	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meetings</b>	<b>Approve</b>
	<p>Action log refers:</p> <p><u>September 2014</u></p> <p>Item 8.3 (2, 5, 6): To be listed for January 2015.</p> <p><u>October 2014</u></p> <p>Item 3.0: closed.</p> <p>Item 7.1/7.2: slides to be circulated and item closed.</p> <p>Item 9.1: closed.</p> <p>Item 9.2: closed.</p> <p>Item 10.1: closed, listed as an item on the November agenda.</p> <p>Item 10.2: closed.</p>	
<b>6.</b>	<b>Questions From Members of the Public</b>	
	<p>There were no questions raised by members of the public.</p>	

7.	Key Messages	Receive
7.1 / 7.2	<p><b>Chair's &amp; Chief Officer's Key Messages</b></p> <p><b><u>Chair's Report</u></b></p> <p>TD verbally updated the Governing Body on the key messages highlighting:</p> <ul style="list-style-type: none"> <li>• Governing Body Effectiveness Framework Session which was held on the 4<sup>th</sup> November which was beneficial in terms of reflecting as a group.</li> <li>• Kings Fund Annual Conference looked at best practice both in the UK and internationally, in particular the work undertaken in Seattle by Virginia Mason, a systematic approach to risk and openness to staff have improved clinical practice greatly.</li> <li>• Greater Manchester Devolution and the high level strategic conversations being held between 10 Local Authorities and the Treasury around education, training and transport which is now being expanded to include health and social care. TD explained that this brings real opportunities but the CCG must be clear of the risks it presents and how we take this forward with the Local Authority.</li> </ul> <p><b><u>Chief Officer's Report</u></b></p> <p>TA opened by formally congratulating Dr Tim Dalton and Dr Mohan Kumar on their recent fellowship of the Royal College of GP's.</p> <p>TA verbally updated the Governing Body members on current key areas of work over the past month:</p> <p><b><u>National</u></b></p> <ul style="list-style-type: none"> <li>• NHS England circulated a document 'Next Steps Towards Primary Care Co-Commissioning'. The paper outlines the vision and aims for co-commissioning, the scope of co-commissioning models and the approval and implementation process. A detailed report outlining the options and considerations will be brought to the Board in December prior to submission to NHSE in January 2015.</li> </ul>	

		<ul style="list-style-type: none"> <li>• The National Information Board has launched plans to improve health through digital technology – “Personalised Health and Care 2020: a framework for action”. The plans set out how technology should work better for patients by 2020 through a range of advancements including online access by patients to their GP record, which was the subject of much debate.</li> <li>• Received an invitation to be a Member of the Health Service Journal Judging Panel.</li> <li>• Attended the 2 day Health Service Journal Annual Policy Summit.</li> <li>• Attendance, with the Chair, at the Kings Fund Annual Conference.</li> </ul> <p><u>Regional</u></p> <ul style="list-style-type: none"> <li>• Business meeting of the Association of GM CCGs. Notes of the meeting not yet received.</li> </ul> <p><u>Local</u></p> <ul style="list-style-type: none"> <li>• The Board underwent a second half day Effectiveness Framework Development Session, focusing on Clinical Leadership.</li> <li>• A local health economy public sector reform event hosted by Wigan Council took place with good attendance from all public sector partners. The session focused on key areas for improving integration across the whole of the sector.</li> <li>• Met with the Chief Executive, Medical Director and Senior Managers from the hospice. This was a positive meeting to discuss further work on end of life care.</li> </ul> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received and noted the reports.</b></li> </ol>	
<b>8.</b>	<b>New Business Items</b>		
	<b>8.1</b>	<p><b>Mental Health Strategy</b></p> <p>GC presented the paper to Governing Body members.</p>	<b>Approve</b>

		<p>The Joint Mental Health Commissioning Strategy (2014-2019) sets out a vision for mental health services in the Borough over the next five years.</p> <p>The strategy aligns with Wigan’s Integrated Care Strategy and focuses on parity of esteem for mental health by making it part of the integrated system and contains an action plan for delivery, setting out the timescales for the proposed changes.</p> <p>The document was considered by the Wigan Leaders meeting on 16<sup>th</sup> October.</p> <p>A strategic board will be set up to understand local needs across the patch.</p> <p>GC formally thanked Paul Lynch for his assistance in preparing the strategy.</p> <p>GC drew attention to a recent editorial in the British Medical Journal (BMJ) regarding parity of esteem and affording respect to people with mental health issues.</p> <p>The Governing Body was asked to approve the Joint Mental Health Commissioning Strategy 2014-2019.</p> <p>The Governing Body welcomed the document and thanked GC and Paul Lynch for producing a logical and methodical Wigan Health Economy document.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li><b>1. The Governing Body approved the strategy.</b></li> </ol>	
	<p><b>8.2</b></p>	<p><b>Antibiotic Prescribing Report</b></p> <p>JS presented the paper to the Governing Body.</p> <p>The two main areas of concern for the Clinical Commissioning Group (CCG) with regards to antibiotic use are antimicrobial resistance and healthcare associated infections.</p> <p>A delicate balance must be struck between discouraging indiscriminate use of antibiotics and promoting the timely and appropriate treatment of probable bacterial infections.</p>	<p><b>Receive</b></p>

		<p>Medicines optimisation aims to ensure that the right patients get the right choice of medicine, at the right time to improve patient outcomes and medication safety. Appropriate use of antimicrobials forms a key part of the CCG Medicines Optimisation Work Plan delivered by the Medicines Management Team.</p> <p>Work carried out by GP Practices across the Borough, supported by the Medicines Management Team, has resulted in both a reduction in the overall number of antibiotics prescribed and a reduction in the use of those antibiotics more commonly associated with <i>Clostridium difficile</i> infection in 2013/14 compared to 2012/13.</p> <p>This has resulted in the CCG average for both prescribing of all antibiotics and the percentage of antibiotic prescriptions for cephalosporin's and quinolones being below the England average in 2013/14.</p> <p>The Governing Body warmly received the report and extended their thanks to the Medicines Management Team, patients, practices and clinicians for their exertion in this area.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received the report.</b></li> </ol>	
	8.3	<p><b>Emergency Preparedness Resilience and Response Assurance Report</b></p> <p>JS presented the paper to the Governing Body members to seek approval of the statement of compliance.</p> <p>In their letter of 12 August 2014, Mike Burrows and Kate Adern, as Co-Chairs of Greater Manchester (GM) Local Health Resilience Partnership (LHRP), wrote to Accountable Emergency Officers (AEOs) of GM NHS organisations to set out LHRP requirements for the assurance process against the 2014-15 NHS Core Standards for EPRR.</p> <p>The LHRP requested NHS organisations to:</p> <ol style="list-style-type: none"> <li>1. Undertake a self-assessment against the relevant core standards identifying the level of compliance for each standard (red, amber, green).</li> <li>2. Review their EPRR action plan developed from the 2013-14 assurance process and include further actions required from this year's self-assessment within a revised EPRR Core Standards improvement plan.</li> </ol>	Approve

	<p>3. Complete a statement of compliance identifying the organisation's overall level of compliance (full, substantial, partial, non-compliant).</p> <p>4. Present the statement of compliance and improvement plan to the appropriate governing body.</p> <p>In addition, NHS provider organisations were requested to inform their relevant commissioning organisation(s) as to the outcome of their self-assessment. Using the information from providers alongside their own self-assessment results, CCG AEOs were asked to email a health economy update to GM LHRP by 21 November 2014.</p> <p>The paper details the outcome of Wigan Borough CCG's self-assessment against the relevant Core Standards and is accompanied by the CCG's statement of compliance and EPRR Core Standards improvement plan.</p> <p>JS confirmed that she, as the AEO, had signed and submitted this return on behalf of the CCG and sought retrospective approval of the Governing Body. The CCG self-assessed as being in full compliance with the core standards.</p> <p><b>Resolved:</b></p> <p><b>1. The Governing Body retrospectively approved the statement of compliance.</b></p>	
8.4	<p><b>CCG Constitution Amendments</b></p> <p>JS presented the paper to the Governing Body.</p> <p>The CCG has two opportunities in the year to change its constitution 1<sup>st</sup> June and 1<sup>st</sup> November (postponed to 6<sup>th</sup> January 2015 on this occasion). Work is ongoing to review the document for any corrections including accurate details of all member practices and these will be included in the submission to NHS England.</p> <p>The changes on committee in common and governing body roles were recommended for inclusion by NHS England and the election process which required clarification was a recommendation from the GP master class.</p> <p>The additional amendment appearing in section 6.6.4 is model wording recommended for adoption by NHS England mainly to allow primary care co-commissioning to proceed.</p>	Approve

		<p>The three substantive changes for Governing Body approval were included in red with the current text from the constitution in black. Crossed-through text was recommended for removal from the constitution.</p> <p>The paper explained the CCG's constitution amendments which are to be submitted for approval by NHS England in January 2015, which cover:</p> <ul style="list-style-type: none"> <li>• Chair and Clinical Executive Appointments</li> <li>• Governing Body Roles</li> <li>• Joint Committees</li> <li>• Greater Manchester Committee in Common</li> </ul> <p>A debate ensued around the composition of the Governing Body brought about by the addition of the Director of Quality &amp; Safety as full voting member. Two options were then considered in relation to the CCG being clinically led in its broadest sense or led by locally based practicing clinicians.</p> <p>MS highlighted the below areas:</p> <ul style="list-style-type: none"> <li>- Page 100: he is happy for the Director of Quality and Safety to become a voting member.</li> <li>- The role of the Secondary Care Specialist Doctor and the Registered Nurse Practitioner needs to be clearer in terms of what is being deleted (<i>Constitution section 6.2.2 refers</i>).</li> <li>- If the Governing Body wishes to be GP led the detail in the standing order will need to be amended accordingly.</li> </ul> <p>DT sought clarity on the voting (<i>Constitution section 3.7.1 b refers</i>).</p> <p>MT confirmed that at present the voting members consist of 6 locality leads, 2 lay members, 1 Chief Officer and 1 Chief Finance Officer, 1 Secondary Care Clinician and 1 Lead Nurse – not including the Chair.</p> <p>MT highlighted that it may be a move away from good practice to give the Chair a regular vote as when the CCG was originally set up the Chair was to be an independent local Wigan GP Chair not linked to any locality.</p> <p>TE asked that in the case of a deputy attending on behalf of clinicians do they have a full vote.</p>	
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		<p>TC confirmed that members deputising do have a vote.</p> <p>GC stated that if you removed the phrase ‘locally based practising’ then the Governing Body would still retain a majority of clinicians as the Secondary Care Specialist Doctor and the Registered Nurse Practitioner would be included.</p> <p>PM stated that the spirit of the Health &amp; Social Care Act was that CCGs should be led by locally based practicing GPs and questioned whether GC’s proposal would undermine that position.</p> <p>TA stated that in the wider clinician model there would be a majority of GPs.</p> <p>After further debate TD asked for an indication from members as to which position they would support.</p> <p>6 members indicated their preference for the wider clinical definition (SW, GC, TA, MK, MT, HM).</p> <p>3 members indicated preference for locally based practising clinician definition (DT, PM, AA).</p> <p>2 members abstained (MS, TE).</p> <p>The other three changes to the Constitution were approved:</p> <ol style="list-style-type: none"> <li>1. Expanded descriptions of GB roles.</li> <li>2. The addition of reference to the GM CCG’s Committee in Common.</li> <li>3. The model wording from NHSE to accommodate the joint committees and co commissioning.</li> </ol> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Assistant Director of governance present a further paper to the December meeting for consideration of the Governing Body recommending constitutional change to reflect the debate.</b></li> <li>2. <b>The other three changes to the constitution were approved.</b></li> </ol>	
			TC
			TC

9.	Current Business Items		
	9.1	<p><b>Greater Manchester Association of CCGs Governing Group (AGG) Meeting Summary Notes November 2014</b></p> <p>Summary notes of the meeting of the AGG held on 4 November 2014 were not received to share with Governing Body members.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li><b>1. The Governing Body await to receive the summary notes.</b></li> </ol>	Receive
	9.2	<p><b>Healthier Together Update</b></p> <p>TD provided a verbal update, combined with item 10.0 'Healthier Together Committee in Common' on the agenda.</p> <p>TD circulated three additional items for Governing Body members to receive for information:</p> <ol style="list-style-type: none"> <li>1. Healthier Together Committee in Common – Responses to Consultation from the Wigan Health and Well Being Board.</li> <li>2. Healthier Together Committee in Common – Responses to Consultation, Healthwatch Wigan Response to the Consultation Executive Summary and the Transport and Access Study.</li> <li>3. Healthier Together Committee in Common – Response to Consultation from Wroughtington, Wigan and Leigh (WWL) NHS FT and North West Sector Acute Trusts.</li> </ol> <p>At a recent meeting attended by FC the feedback was that at present the focus is on evaluating responses and work is underway to model up the various options.</p> <p>PM asked if the analysis period remains unchanged.</p> <p>Dave Nunns, Healthwatch, queried the date of the 15<sup>th</sup> September 2015 for decision.</p> <p>TD explained that assuming there is no need to go to procurement (model yet to be decided) a decision will be made in September 2015.</p> <p>TA confirmed that the decision is scheduled for July/August 2015 with implementation from September 2015 onwards.</p> <p>TA added that the North West Sector work is moving but we do need to see more firm proposals to ensure it is the best option for our populations needs.</p>	Receive

		<p><b>Resolved:</b></p> <p><b>1. The Governing Body received the update.</b></p>	
	9.3	<p><b>Corporate Report</b></p> <p>Mike Tate, Chief Finance Officer, shared the Performance Report as at October 2014 with Governing Body members to update them on how the CCG is performing against its local priorities.</p> <p>Headline outcomes as at October 2014:</p> <p><u>Outcomes Ambitions: Headline Indicators</u></p> <p><b>6 Indicators: white.</b> Performance cannot yet be assessed.</p> <p><b>2 Indicators: green.</b> Avoidable Admissions &amp; Friends and Family Inpatient Score.</p> <p><b>2 Indicators: Amber.</b> IAPT Access Rate and Friends &amp; Family A&amp;E Score.</p> <p><u>NHS Constitution</u></p> <p><b>1 indicator: White.</b></p> <p><b>13 Indicators: Green.</b></p> <p><b>3 Indicators: Amber.</b> Ambulance response times.</p> <p><u>Acute Activity</u></p> <p><b>6 indicators: amber.</b> Non-Elective Admissions, A+E Attendance at WWL, All First Outpatient Attendances, Subsequent Outpatient Attendances and the three Elective Admissions indicators: Ordinary, Daycase and Total.</p> <p><b>5 indicators: red.</b> GP Referrals, Other Referrals, Total Referrals, First Outpatient Attendances Following a GP referral and all First Outpatient Attendances.</p>	Receive

		<p><u>Better Care</u></p> <p>It is not yet possible to assess performance against the Care Home Admissions, Reablement and Avoidable Admissions indicators.</p> <p><b>2 indicators: red.</b> Delayed Transfer Days and Readmissions.</p> <p>MT highlighted significant and continuing pressure on acute sector contracts. Performance report triangulation shows 24 lines highlighted, the majority of which relate to the acute sector.</p> <p>Growth in elective demand through increased referrals, particularly Trauma &amp; Orthopaedics, continues to cause financial pressure. The CCG Chief Finance Officer and the Director of Finance at the Trust are meeting to discuss the contract and the forecast outturn in order to agree organisational position; discussions are ongoing with agreement not yet reached.</p> <p>MT reported a £350m deficit starting point for specialised services and confirmed that next year we may have to pick up a portion of this debt.</p> <p>MT confirmed that orthopaedics increase by approximately 70%-80% year on year, for anything above 40% we should be targeting individual practices. The challenge to localities is to manage referrals to a stable position and then manage them down.</p> <p>MT confirmed that Kim Godsman is currently working up a series of options to manage the elective side with WWL. A report will be presented to the Finance and Performance Committee of the overall position in December.</p> <p>JS reported that there have been 2 reports of Never Events at WWL (<i>page 109: Treating &amp; Caring for People in a Safe Environment</i>).</p> <p>MS sought clarification of the ambulance service contract.</p> <p>MT confirmed that this was a joint contract with Blackpool CCG and that the GM group acts upon our behalf with North West Ambulance Service (NWAS). The contract operates on contractual levers to increase performance.</p> <p>GC asked how confident we are that numbers will come back within plan to meet our end of year target.</p>	
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		<p>MT confirmed that we know the exact cause of the issue and as a CCG we need to take specific actions to manage the situation, this will be difficult but actions and proposals will be presented at the Finance &amp; Performance Committee in December. These will also be shared at a future Masterclass and Senior Leadership Team meeting where there will be some difficult decisions to make.</p> <p>MK highlighted that there is no indication to increase of need; it is more of an increase of contact to GPs from the secondary care sector.</p> <p>SW added that there is a vacuum in some educational events with GPs receiving lots of emails about specialities from alternative providers.</p> <p>SW referenced the limited resource attached to Primary Care Co-commissioning and asked if could expect to see the headcount increase.</p> <p>MT confirmed that we are presently at the highest staffing number that we will reach and over the next 2 years we need to look to reduce staffing costs by 10%, there is no expectation of receiving any more resources.</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>		<b>Approve</b>
	<p><b>10.1/ 10.6</b></p>	<p>Chairpersons' reports for October 2014 were circulated as below:</p> <p>10.1 Healthier Together Committee in Common 15 October 2014 – discussed at item 9.2.</p> <p>10.2 Chairperson's Report: Audit Committee, no meeting.</p> <p>10.3 Chairperson's Report: Clinical Governance Committee, 5 November 2014.</p> <p>10.4 Chairperson's Report: Corporate Governance Committee, no meeting.</p> <p>10.5 Chairperson's Report: Finance and Performance Committee, 27 October 2014.</p> <p>10.6 Chairperson's Report: Service Design and Implementation Committee, 21 October 2014.</p>	

		<b>Resolved:</b> <b>1. The Governing Body approved the above listed reports.</b>	
<b>11.</b>	<b>Locality Executive Updates</b>		<b>Receive</b>
	<b>11.1-11.6</b>	Locality Executive updates were circulated for October 2014: 11.1 Atherleigh 11.2 Patient Focus 11.3 Tyldesley Atherton Boothstown Astley 11.4 Wigan Central 11.5 North Wigan 11.6 United League Collaborative  <b>Resolved:</b> <b>1. The Governing Body received the above listed reports.</b>	
<b>12.</b>	<b>Any Other Business – accepted at the Chairman’s discretion</b>		
	<b>12.1</b>	There were no items of any other business raised.  The Chair closed the meeting at 15:40pm.	
<b>14.</b>	<b>Date and time of next meeting</b>		
	<b>Tuesday 16 December, 13.30pm in Room 17, Wigan Life Centre</b>		

Signed .....  
Dr Tim Dalton, Chair

Date: .....16.12.14.....

**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
23.9.14	8.3	<p><u>Patient Engagement Briefing and Patient Forum Attendance</u></p> <p>2. A self-assessment will be undertaken of current activity and plans using the Framework for Excellence in Commissioning. This will be presented to the Governing Body at the December 2014 meeting.</p> <p>5. The case of the 103 year old lady to be investigated further.</p> <p>6. An update, at a future meeting, from members of the Wigan Youth Cabinet on the findings of the work being conducted around depression among young people.</p>	<p>FC/CR</p> <p>FC/CR</p> <p>FC/CR</p>	<p><b>January 2015</b></p> <p><b>January 2015</b></p> <p><b>January 2015</b></p>	<p>Added to forward plan.</p> <p>Added to the forward plan.</p>
25.11.14	8.4	<p><u>CCG Constitution Amendments</u></p> <p>The Assistant Director of governance present a further paper to the December meeting for consideration of the Governing Body recommending constitutional change to reflect the debate.</p>	<p>TC</p>	<p><b>December 2015</b></p>	

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