

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

Tuesday, 24 February 2015 1.30 pm

Wigan Borough CCG Boardroom - Wigan Life Centre

AGENDA

Agenda Item		Time	Presenter	Pages/ Verbal	Action Required
1.	Chairman's Welcome	1.30 pm	Tim Dalton		
2.	Apologies for Absence		Tim Dalton		Record
3.	Declarations of Interest		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.	Minutes of Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 27 January 2015		Tim Dalton	1 - 20	Approve
5.	Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting		Tim Dalton	21 - 22	Approve
6.	Questions from Members of the Public				
7.	Key Messages	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
8.	New Business Items		1.55 pm			
	8.1	Voluntary and Community Strategy		Frank Costello/ Claire Roberts	23 - 42	Approve
	8.2	IG Framework		Julie Southworth	43 - 58	Approve
9.	Current Business Items					
	9.1	Association Governing Group meeting Summary Notes		Tim Dalton	59 - 66	Receive
	9.2	Corporate Report		Mike Tate	67 - 122	Receive
	9.3	Ambulance Contract Performance Update		Mike Tate	123 - 132	Receive
	9.4	Healthier Together Update		Tim Dalton/ Trish Anderson	Verbal Report	Receive
	9.5	Wigan Adult Safeguarding Report 2011-2014		Julie Southworth	133 - 176	Information
	9.6	Quality Report Quarter 3		Julie Southworth	177 - 196	Receive
10.	Governing Body Committee Updates					
	10.1	Healthier Together Committee in Common		Tim Dalton	197 - 208	Approve
	10.2	Chairperson's Report - Audit Committee		Maurice Smith		No meeting
	10.3	Chairperson's Report - Clinical Governance Committee		Ashok Atrey	209 - 214	Approve
	10.4	Chairperson's Report - Corporate Governance Committee		Tony Ellis	215 - 220	Approve
	10.5	Chairperson's Report - Finance and Performance Committee		Mohan Kumar	221 - 226	Approve
	10.6	Chairperson's Report - Service Design and Implementation Committee		Peter Marwick	227 - 230	Approve
11.	Locality Executive Updates					
	11.1	Atherleigh - January 2015		Deepak Trivedi	231 - 236	Receive

	11.2	Patient Focus - January 2015		Mohan Kumar	237 - 242	Receive
	11.3	Tyldesley Atherton Boothstown Astley - January 2015		Ashok Atrey	243 - 246	Receive
	11.4	Wigan Central - January 2015		Tony Ellis	247 - 250	Receive
	11.5	North Wigan - January 2015		Peter Marwick	251 - 254	Receive
	11.6	United League Collaborative - January 2015		Sanjay Wahie	255 - 260	Receive
12.	Any Other Business - To be accepted at the Chairman's discretion					
13.	Date and time of next meeting					
	Tuesday 24 March 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 27 January 2015 at 1.30pm in Meeting Room 17, Wigan Life Centre

Present:

Dr Tim Dalton, Chair (TD)

Trish Anderson, Chief Officer (TA)

Frank Costello, Deputy Chair and Lay Member (FC)

Julie Southworth, Director of Quality and Safety (JS)

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

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

Dr Ashok Atrey, Clinical Lead for TABA (AA)

Dr Deepak Trivedi, Clinical Lead for Atherleigh (DT)

Canon Maurice Smith – Lay Member (MS)

Helen Meredith – Nurse Governing Body Member

Craig Hall – Deputy Chief Finance Officer (CH – deputy for MT)

In Attendance:

Tim Collins, Assistant Director of Governance (TC)

Angela Cullen, Executive Assistant to Chief Officer - Minute Taker (AC)

Claire Roberts – Assistant Director Strategy and Collaboration (Localities) (CR)

Viv Smith - Public & Patient Engagement Development Officer (VS)

	AGENDA	ACTION
1.	Chairman's Welcome	
	The Chairman opened the meeting at 1.30pm formally welcoming all attendees and members of the public to the January meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting.	
2.	Apologies for Absence	Record
	<ul style="list-style-type: none"> • Mike Tate, Chief Finance Officer (MT) • Dr Mohan Kumar, Clinical Lead for Patient Focus (MK) • Dr Sanjay Wahie, Clinical Lead for United League Collaborative (SW) 	
3.	Declarations of Interest	Record
	<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</p>	

	<p>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>	
4.	Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 16 December 2014	Approve
	The minutes of the previous meeting were agreed as a true and accurate record, subsequently approved and signed by the Chair.	
5.	Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meetings	Approve
	To be read in conjunction with the action log: Item 8.3 (2, 5, 6) – closed. Item 7.1/7.2 (2, 3) – closed. Item 8.1 (1, 2, 3) – closed.	
6.	Questions From Members of the Public	
	There were no questions raised by members of the public.	
7.	Key Messages	Receive
7.1 / 7.2	<p>Chair’s & Chief Officer’s Key Messages</p> <p><u>7.1 Chair’s Report</u></p> <p>TD opened the meeting by reflecting on the last meeting where he summarised an end of year report and last year’s achievements. The forthcoming year should describe and confirm a vision now with a set of priorities in a year of pressures and an impending general election. Three priority areas include:</p> <ol style="list-style-type: none"> 1) Business as usual to deliver the functions utilising the structures and teams of the CCG. To remain focused upon quality, best practice and outcomes along with financial stability. 2) Deliver the currently planned reform plans based upon best evidence and best practice which is detailed and assured and agreed by all. Confirm that the 5 year vision, Dalton review and Keogh priorities are all aligned to local plans and use them to push agreed plans further and faster and drive the current procurements through. 	

		<p>3) Develop Primary Care capacity, reform cannot happen unless we do things differently addressing clarity and reform of the function of primary care, not the form of delivery. To focus upon the needs and experiences of patients, consider what works from best practice with clear standards to offer and the investment to deliver. This will commence with the GP initially but then will evolve to all of primary care.</p> <p>Key steps of the process are:</p> <ul style="list-style-type: none"> • Changes to the constitution, which have been updated. • The conflicts of interest process, which is a later agenda item. • An application for Primary care commissioning, which is a later agenda item. <p><u>7.2 Chief Officer’s Report</u></p> <p>TA verbally updated the Governing Body members on current key areas of interest since the December meeting:</p> <p><u>National</u></p> <p>The Forward View into Action – Planning for 2015/16.</p> <ul style="list-style-type: none"> • The guidance and planning framework was released just before Christmas. • Guidance has been produced in collaboration with Monitor, the NHS Trust Development Authority, the Care Quality Commission, Public Health England and Health Education England. • The guidance outlines the action which the NHS will be taking in relation to the recommendations made in the 5 year forward view. <p>The Mental Health Act 1983: Code of Practice.</p> <ul style="list-style-type: none"> • The Code of Practice provides good practice guidance on the implementation of the Mental Health Act. • The Code has been revised to take account of changes in legislation, case law, policy and professional practice since it was last revised in 2008. • The code will come into force on the 1st April 2015 subject to parliamentary approval. 	
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	<p>Diabetes UK: State of the nation: challenges for 2015 and beyond.</p> <ul style="list-style-type: none"> • The report from Diabetes UK argues that diabetes healthcare in England is leading to avoidable deaths, record rates of complications and huge costs to the NHS. • It shows that there has been very little overall improvement in diabetes healthcare in the past year. • It calls for CCG's to set themselves performance improvement targets and implement diabetes action plans. <p>National Audit Office (NAO): Progress in Improving Cancer Services and Outcomes in England.</p> <ul style="list-style-type: none"> • This report finds that since its last report in 2010 overall outcomes for cancer patients have continued to improve but there is still scope to make further improvements in cancer services. <p>Mental Health Services for Children and Young People.</p> <ul style="list-style-type: none"> • NHS England has published a new resource with tools for commissioning effective mental health services for children and young people. <p>HFMA – Chief Executive Forum.</p> <ul style="list-style-type: none"> • Attended the whole day by invitation, the keynote speaker was Don Berwick. <p><u>Regional</u></p> <p>AGG.</p> <ul style="list-style-type: none"> • Attended the Association of Greater Manchester CCG's meeting. • A summary of the notes of the meeting are included on the board agenda. <p>Lancashire and Greater Manchester Planning Event.</p> <ul style="list-style-type: none"> • A combined Lancashire and Greater Manchester planning event was held to work through the 2015/16 planning guidance. 	
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		<ul style="list-style-type: none"> • Details were given on financial allocations, co-commissioning, specialised commissioning and the opportunity to bid for vanguard status. <p>Association of Greater Manchester CCG's: Planning Day.</p> <ul style="list-style-type: none"> • The Association held a full day planning event to focus on 2 specific areas: progressing the Healthier Together work – particularly the sector working and the GM Devolution opportunity. • The meeting also focused on the need for revised and enhanced governance arrangements for the association. <p>Healthier Together Programme Board.</p> <ul style="list-style-type: none"> • Arrangements for the delivery of the ongoing work for the Healthier Together programme have been reviewed. • A new programme board has been established comprising of both commissioners and providers. Sub-groups focusing on specific detailed areas will provide supporting papers. • The Chair and Chief Officer are both offered a seat around the table. <p><u>Local</u></p> <p>Kings Fund: Future Hospital Services for the Borough.</p> <ul style="list-style-type: none"> • As part of the work Wigan Leaders are undertaking with the Kings Fund as one of the 4 integrated care communities, a full day partnership event took place on the 15th January 2015. • The event had a strong clinical representation and was focused on the future hospital size and shape. • The session also offered us the opportunity to discuss the potential options for future delivery as outlined in the Five Year Forward View and the chance to discuss a potential application for vanguard status – the timescale is tight with an extended deadline of the 9th February 2015. <p>Healthwatch.</p> <ul style="list-style-type: none"> • The Chair and Chief Officer met with the Chair and Chief Executive of Healthwatch. 	
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		<p>Overview and Scrutiny Committee.</p> <ul style="list-style-type: none"> • At the invitation of the Chair a group of senior managers from the CCG attended the Overview and Scrutiny Committee to present an outline of the urgent care system pressures. <p>Voluntary Sector Assembly.</p> <ul style="list-style-type: none"> • The CCG has established good working relationships with voluntary sector colleagues and has been meeting with the sector on a quarterly basis. • The session also shared a draft of the developing CCG Voluntary Sector Strategy for comments and inputs prior to discussion with the Board. <p>Meeting Wigan and Leigh College.</p> <ul style="list-style-type: none"> • Met with Councillor Ged Bretherton, Sue Counsell and Jan Bibby about the opportunities for greater links between the CCG and the college. • Discussion focused largely on the opportunities for work placements for students and potential training opportunities which could be available for staff members. <p>Ongoing Focus on System Pressures.</p> <ul style="list-style-type: none"> • A key priority for all staff at the moment is the ongoing focus on system pressures, particularly with Urgent Care Pressures. <p>FC added that he was pleased to learn that Simon Steven's vision contrasts with our 5 year vision and warmly received both and if it takes shape in the way intended things will be done very differently in the future. This will assist with the funding gap and will translate into better outcomes.</p> <p>TA confirmed that the CCG are required to revise the 5 year commissioning plan in line with the 5 year forward view.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and noted the reports. 	
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8.	New Business Items	
8.1	<p>Primary Care Co-Commissioning Submission</p> <p>NHS England has invited CCGs to make applications for the co-commissioning of primary care. Three levels of co-commissioning are available.</p> <p>There are three models of co-commissioning that CCGs could choose from:</p> <ol style="list-style-type: none"> 1. CCG having greater involvement in Primary Care: some closer working with the Area Team but arrangements mainly unchanged. 2. Joint Commissioning Arrangements: CCG to assume responsibility jointly with Area Team through a joint committee or committee in common. 3. Delegated Commissioning Arrangements: Full delegation of primary care commissioning (with some exceptions) – formation of local primary care committee to oversee. <p>At the closed session of the December Governing Body, the options were considered and a decision was made to make an application for full delegation of co-commissioning. The application was made in time for the national deadline on 9th January 2015, the Governing Body having delegated approval of the application to the CCG's Chief Officer, Chief Finance Officer and the Chair of the Audit Committee.</p> <p>This paper included a report summarising the steps taken so far on co-commissioning as well as the application made to NHS England on 9th January 2015. There were two documents accompanying the report.</p> <p>Document 1: A paper summarising the steps taken so far on co-commissioning.</p> <p>Document 2: Application for Full Delegation of Co Commissioning – submitted to NHS England on 9th January 2015.</p> <p>TA presented the document highlighting the key areas below:</p> <ul style="list-style-type: none"> • The intention of co-commissioning is to enable decisions about primary care to be taken at a local level, reflecting the needs of local populations. It is seen as part of the national direction of travel towards 'place-based' commissioning and budgets. 	Approve

	<ul style="list-style-type: none"> • The three options of co-commissioning that the CCG had to choose from. • The co-commissioning functions (for joint and full delegation models) as set out in the NHS England guidance. • There is now a moderation process within NHS England and we expect to learn the outcome of our application in February 2015. • The CCG will continue to plan for the local implementation of co-commissioning – including a further, more detailed assessment of all of the implications for the CCG. We will also work towards the establishment of the Primary Care Committee with the aim of this committee meeting in shadow form by March 2015. • The formal start date for delegated commissioning, should our application be accepted, is 1st April 2015. <p>Resolved:</p> <p>1. The Governing Body approved the submission.</p>	
8.2	<p>Conflicts of Interest Policy</p> <p>The CCG's policy has been revised in the light of NHS England's guidance released on 18 December 2014.</p> <p>The main changes are restricted to sections 7 and 8 with additions in red and deletions crossed through. The Audit Committee Chair has co-signed, with the Chief Officer, the submission to allow the CCG to carry out delegated commissioning of primary care from April 2015. The declaration reads:</p> <p><i>I hereby confirm that the CCG has in place robust conflicts of interest processes which have been reviewed in light of the CCG's statutory duties set out in the NHS Act 2006 (as amended by the Health and Social Care Act 2012), and the NHS England statutory guidance on managing conflicts of interest, prior to submission.</i></p> <p>The Chief Officer reviewed the draft policy and it was approved by the January 2015 Corporate Governance Committee meeting where a recommendation was made that more detailed guidance, particularly in respect of managing conflicts of interest in meetings, be made available in due course. This is currently being drafted.</p> <p>JS thanked TC for his work on the policy.</p>	Approve

		<p>Resolved:</p> <p>1. The Governing Body approved the policy.</p>	
	8.3	<p>Safeguarding Annual Report 13/14</p> <p>The purpose of the Safeguarding Children and Adults Annual report is to build on the previous safeguarding assurance reports that have been received by the CCG Governing Body during 2013–2014.</p> <p>In doing so this provides further assurance that the CCG is upholding its responsibility and commitment to inform Wigan Borough Clinical Commissioning Group (the CCG) of the safeguarding arrangements in place.</p> <p>The report provides assurance on how the CCG meets its statutory requirements for safeguarding children and adults at risk of abuse, as well as providing an overview of key achievements and priorities for 2014-2015.</p> <p>TA confirmed that priorities and arrangements for safeguarding were set to change in line with implementation of the care Act and changes to Local Authority structures.</p> <p>The Governing Body welcomed the report.</p> <p>Resolved:</p> <p>1. The Governing Body received the report.</p>	Receive
	8.4	<p>Public Sector Equality Duty Report (PSED)</p> <p>The PSED requires public authorities and others with public functions to consider the effect of their activities on different people and how those differing needs can be met.</p> <p>This is to encourage public bodies to make their policies and services more inclusive so that protected groups are not disadvantaged and can play a full role in society.</p> <p>The annual report is a requirement of compliance with the PSED and following approval by the Governing Body must be published on our website.</p> <p>JS presented the document highlighting the key areas below;</p> <p>1. The areas/aspects which our Equality & Diversity Strategy was developed to cover.</p>	Approve

		<ol style="list-style-type: none"> 2. The responsibilities of the CCG Leadership teams. 3. The CCG have undertaken a self-assessment by inviting an external review. A report will be available in the new financial year. 4. Procurement and commissioning forming our core functions with respect to hospitals, community services, medicines management, mental health, ambulance and the voluntary sector. 5. JS highlighted the detail at section 19 (<i>page 23 refers</i>) of the report – Workforce Information. <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the report. 	
9.	Current Business Items		
	9.1	<p>Patient Engagement Quarterly Report and Patient Forum Attendance</p> <p>Claire Roberts introduced the members of the Patients’ Forum present – Ernie Rothwell (ER), Barry Sharp (BS), Lillian Sharp (LS) and Suzanne Coggins (SC).</p> <p>The paper provided members of the Governing Body with an overview of patient engagement activity for the period September – December 2014.</p> <p>In particular, the paper presented members with an assessment of progress against area 2 of the Framework of Excellence in Clinical Commissioning, which focuses on the meaningful involvement of patients, carers and the public.</p> <p>Claire Roberts presented the item highlighting the below key areas:</p> <p>Item 3 – Engaging Young People</p> <p>In October the CCG, in partnership with Wigan Council, supported a health event which was run by the Wigan and Leigh Youth Cabinet. The “Aiming For Health” event was attended by 70 young people from across the Borough aged between 8 to 25 years with learning or physical disabilities. The CCG funded a video booth inviting young people to describe what good health care looks like to them and to detail what they feel is most important about health & wellbeing. A full report will be made available and shared with Governing Body members.</p>	Receive

		<p>Item 4 – Public and patient Involvement in Service Redesigns and Strategy Development</p> <p>The CCG has signed up to a free trial of ‘MyNHS’, which is a customer relationship management system that allows for auditable management of stakeholders, including PPG and patient group members, voluntary and community sector members. The software has been approved by NHS England, which is paying for all CCGs to have access to it until 30th June 2015.</p> <p>The CCG has recently commissioned a piece of local research to understand the public’s perceptions on primary care access. The research will be conducted through street based surveys from sites across the borough during January/ February 2015.</p> <p>Item 5 – Service User Experience</p> <p>Wigan Borough CCG currently uses a number approaches to capture feedback from people who use local healthcare services. The key mechanisms we use include Ulysses, Patient Opinion, surveys on the CCG website and targeted engagement approaches focused on specific themes or services.</p> <p>A paper was presented to Clinical Governance Committee in January which outlined proposals for collating and analysing this data in a more systematic way. From March 2015 integrated patient experience reports will be presented to the Clinical Governance Committee on a quarterly basis. These reports will be produced by one of the Business Analysts in the performance team and will highlight key themes and trends. The intelligence gathered from the data will be shared with relevant teams so that appropriate action can be taken.</p> <p>FC ran the Governing Body through the Framework for Excellence in Clinical Commissioning (<i>appx. A refers</i>) seeking input of the Governing Body members in respect of what we are working towards.</p> <p>Comments from members of the Patients’ Forum included:</p> <ul style="list-style-type: none"> • Feedback <p>ER stated that patients require more feedback and support to evidence that they are working well with the CCG. Ulysses is an excellent tool in doing this but needs to be done in a way which is logical.</p>	
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	<p>TA added that this item would warrant more in-depth debate reminding members what Ulysses was originally designed for and for us not to lose the thrust of why Ulysses was set up.</p> <p>FC responded by stating at this stage it would be to ensure that patients are aware that this service is available but at the same time being kept in proportion.</p> <p>AA suggested that this be advertised in practices.</p> <p>JS added that we need to be clear of what we are aiming to achieve. This may not be best achieved via the Ulysses system which could potentially increase workload for GPs.</p> <p>DT added that many patients speak to staff in practices therefore practices are our biggest source of information. DT further asked if staff should be included in the input of data.</p> <p>ER highlighted that there is a common thread from Ulysses in that feedback can benefit both parties and it should be available to both parties.</p> <ul style="list-style-type: none"> • Healthwatch <p>TA asked for the connection to Healthwatch to be refreshed to ensure a joined up approach.</p> <p>FC added that Healthwatch have a seat on the Patients' Forum and it is about how we then utilise the information.</p> <p>TA added that the voluntary sector is a potential untapped source in terms of capturing individual patient feedback and suggested that CR conduct a review of this.</p> <ul style="list-style-type: none"> • Service Redesign Work <p>ER made an observation regarding patient's involvement on the redesign of service work using the Out of Hours Service as an example. ER explained that that the patients view is put forward with an undertaking to see the final copy and to be invited to procurement but not with an intention of interfering with the work of the CCG.</p>	
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		<p>TA explained that as we move through the re-designs, engagement will generally be wider at the beginning of the process with the development of the specifications. As we move into a more structured process this has to become narrower due to the potential for parties to claim a fair/unfair advantage. TA agreed that this was for the CCG to articulate better and as we go into more formal procurement to look at how we construct the evaluation teams.</p> <p>GC highlighted the need to promote responsibility for sensible use of healthcare services.</p> <p>SC suggested that the CCG look at alternative ways to communicate with the public, such as local radio, adding that in her opinion there is generally not much appetite for the local written media.</p> <p>FC added that there were some real plusses contained within the report which the CCG may wish to share with NHS England.</p> <p>TA confirmed that she would agenda this item for the next quarterly assurance meeting.</p> <p>MS added that he would like to see a media report, similar to the report that currently goes to the Corporate Governance Committee, showing analysis from the audiences we reach rather than a list of communications we have issued.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the summary notes. 2. The Governing Body recognised the need to close the loop of engagement. 3. CR to conduct a review of the Voluntary Sector. 4. The Framework for Excellence in Clinical Commissioning to be an agenda item at the next Quarterly Assurance Meeting. 5. A report to be prepared analysing the audiences that we reach in terms of external communications for the March Corporate Governance Committee. 	<p style="text-align: right;">FC</p> <p style="text-align: right;">FC/CR TA</p> <p style="text-align: right;">JS</p>
	<p>9.2</p>	<p>Urgent Care Pressures</p> <p>TA shared the presentation for the information of Governing Body members. The presentation was delivered, by invitation, to the Health & Social Care Scrutiny Committee on Monday 19th January 2015.</p>	<p style="text-align: right;">Receive</p>

	<p>This presentation focused largely on myth busting in terms of attendance at A+E, conversion rates, activity levels and highlighted the additional support put into the system this winter (circa. £3m) to alleviate pressures and assist flow in the system. It also compared and contrasted with last year, 2013/14.</p> <p>TA highlighted discharge problems which raised a question in terms of flow and management.</p> <p>TA added that a set of investments had also been made in the community and confirmed that a range of new initiatives have gone into the system.</p> <p>Performance findings are that the 4 hour A+E target has not been met for 4 months previous months.</p> <p>Delayed transfers of care are receiving national scrutiny following an increase in numbers across the country.</p> <p>DT sought clarity on the exact level of extra investment for winter pressures.</p> <p>TA explained that this amounts to £3.2m of which £1.2m went directly to Wigan Wrightington and Leigh NHS Foundation Trust (WWL NHS FT).</p> <p>CH confirmed that circa £300,000 – £500,000 had been received by Bridgewater Community Healthcare Trust and 5 Boroughs Partnership and a broadly similar amount top the Local Authority for social care support.</p> <p>DT emphasised the importance of looking at the future transfer of work from secondary to primary care and the importance of the funding going forward.</p> <p>CG asked what reasons WWL NHS FT were suggesting for the delay in discharges, is it a combination of factors connected to clinical decisions and social care? GC further asked how much pressure the Local Authority is currently under.</p> <p>TA explained that the Local Authority have protected social care allocations as far as possible within a reducing budget.</p> <p>It appears from early evaluation that delays in discharge are linked to the internal processes at WWL.</p>	
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		<p>GC added that care of the elderly was experiencing recruitment problems.</p> <p>MS added that the best way of checking patient flows is to follow a cohort of patients through the system to ascertain why the blockages are happening.</p> <p>HM referenced work that had been undertaken by another Trust – ‘The Perfect Week’.</p> <p>AA added that it would be beneficial to decide what services are needed rather than adding more with additional clinics, as soon as a patient arrives there needs to be a plan of discharge drawn up.</p> <p>TA added that the CCG would have to look at investment for the forthcoming year due to additional funding not being available next year, as the additional central winter fund we had received last year will be included in our baseline allocation next year.</p> <p>FC raised the ambulance handover times and the emotional impact that this may be having on patients.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the update. 	
	<p>9.3</p>	<p>Association Governing Group Meeting Summary Notes – January 2015</p> <p>The Association Governing Group Meeting Summary Notes were shared with Governing Body members for information.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the notes. 	<p>Receive</p>
	<p>9.4</p>	<p>Corporate Report</p> <p>CH presented the report which is designed to give the Governing Body a regular monthly update on how the CCG is performing against its local priorities.</p> <p>The report also details CCG performance against the Everyone Counts Planning Guidance Indicators and the CCG Outcomes Indicator Set.</p>	<p>Receive</p>

	<p><u>Outcomes Ambitions: Headline Indicators</u></p> <p>The indicators performing below plan are IAPT Access Rate and Friends & Family A&E score. The Quarter 1 IAPT rate of 3.11% is below the target of 3.75%. The November Friends & Family A&E score has improved to 70.80 and is now above target.</p> <p>The Quarter 2 result of 69.87 is slightly below target.</p> <p><u>NHS Constitution: Headline Indicators</u></p> <p>December performance for A&E waits has fallen below the 95% target achieving 86.86%, with the Quarter 3 position also below at 93.73%.</p> <p>The 8 Minute Ambulance Response times for Red incidents remain below the standard of 75%.The November performance for Red1 calls is 67.96%. Performance for Red2 calls is slightly higher, with a November result of 69.56%.</p> <p>The November 19 Minute Ambulance Response times performance for all Red calls is below the standard of 95% at 93.05%.</p> <p><u>Acute Activity: Headline Indicators</u></p> <p>Five of the indicators are rated as Amber (within 5% of plan): Non-Elective Admissions, Subsequent Outpatient Attendances, and the three Elective Admissions indicators: Ordinary, Daycase and Total.</p> <p>The remaining six indicators - A&E Attends at WWL, GP Refs, Other Refs, Total Refs, First Outpatient Attendances Following a GP Referral and All First Outpatient Attendances are rated as Red (more than 5% greater than plan).</p> <p><u>Better Care: Headline Indicators</u></p> <p>It is not yet possible to assess performance against the Care Home Admissions, Reablement and Avoidable Admissions indicators. Delayed Transfer Days was equal to plan in November, year-to-date figure remains above plan.</p> <p>The number of Readmissions is more than 5% above plan in October. The year- to-date position also remains more than 5% above plan.</p>	
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	<p><u>Emerging Challenges</u></p> <ul style="list-style-type: none"> • Ongoing and future Urgent Care pressures. • Continuing pressure on acute sector contracts (particularly for T&O). This may result in significant contract over trading in 2015/16. • Funding growth is limited to 2.5% for Wigan compared to the average of 4.4%. This together with Winter pressure money now included in the baseline and inflationary pressures results in no real growth. • The year on year rise in GP referrals. This is currently being fully investigated. • Developing the QIPP programme for future years to meet the anticipated financial gaps including the use of all commissioning options and levers. • The impact of co-commissioning of Primary Care with NHS England. • The increase in demand for continuing care services. • The five year forward view and potential local response. • The seven day working initiative through the Prime Minister's Challenge programme. <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the report. 	
<p>9.5</p>	<p>Finance Report</p> <p>CH presented the item highlighting the below key areas:</p> <p>Underlying Recurrent Surplus:</p> <p>The CCG is on target to achieve a 2.5% recurrent surplus at the end of 2014/15.</p> <p>Surplus: Year To Date Performance:</p> <p>The year to date surplus (£4.08m) is in line with the planned surplus.</p> <p>Surplus: Full Year Forecast:</p> <p>At month 09 the CCG has total allocations of £428.561m, which has increased from month 08 by the £0.791m Quality Premium fund. The CCG is forecasting to achieve its statutory duties in 2014/15 and achieve the planned surplus of £5.4m which is made up of the required 1% surplus of £4.2m plus a further £1.2m of additionally agreed surplus to assist in the deliverability of the overall surplus of the Greater Manchester health economy.</p>	<p>Receive</p>

		<p>The CCG have been asked by NHS England to further increase the surplus as a result of the return of CHC risk share monies of £995k. The CCG are not proposing to increase the surplus and this has been communicated to the Area Team by the Chief Finance Officer.</p> <p>Running Costs: The running cost target is £7.9m, which equates to approximately £25 per head of population. The running cost expenditure at month 09 is forecasted £50k less than the target allocation.</p> <p>CH guided Governing Body members through the key messages for 2014/15 and 2015/16 contained within the report.</p> <p>MS requested a brief update report to the next meeting on the performance of the ambulance contract in terms of call out fails / arrival fails.</p> <p>FC noted that if expenditure in the second sector continues it will derail the CCG's five year forward view.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the report. 2. A brief update report to be prepared for the February meeting on the performance of the ambulance contract in terms of call out fails / arrival fails. 	<p>MT</p>
	<p>9.6</p>	<p>Healthier Together Update</p> <p>FC updated Governing Body members on the last Healthier Together Committee in Common which took place on the 21st January 2015.</p> <p>Key points to note were:</p> <ul style="list-style-type: none"> • The case for change to be confirmed. • The model of care to be confirmed, FC highlighted that the body of the report had been clear that the sector submissions were not viewed as alternative models but largely consistent with it. They continue to be evaluated for compliance and for the avoidance of doubt the resolution should reflect this. • FC confirmed that this appeared to be accepted but it was also suggested that we should share this locally. • It was suggested that the 3 and 6 site options be dismissed. 	<p>Receive</p>

		<ul style="list-style-type: none"> FC highlighted that we would want to see transparency of the decision making process and that verbal reports do not assist an effective governance structure. <p>TD thanked FC for attending the meeting on behalf of the CCG.</p> <p>Resolved:</p> <ol style="list-style-type: none"> The Governing Body received the report. 	
	9.7	<p>Wigan Health & Wellbeing Board Minutes</p> <p>The minutes of the Health and Wellbeing Board from the meeting on the 12th November 2014 were circulated for information.</p> <p>Resolved:</p> <ol style="list-style-type: none"> The Governing Body received the minutes. 	Receive
10.	Governing Body Committee Updates		Approve
	10.1	<p>Healthier Together Committee in Common</p> <p>The shared minutes of the Healthier Together Committee in Common held on the 17th December 2014 were shared with Governing Body members for information.</p> <p>Resolved:</p> <ol style="list-style-type: none"> The Governing Body received the minutes. 	Approve
	10.2/ 10.6	<p>Chairpersons' reports for December 2014 were circulated as below:</p> <p>10.2 Chairperson's Report: Audit Committee.</p> <p>10.3 Chairperson's Report: Clinical Governance Committee.</p> <p>10.4 Chairperson's Report: Corporate Governance Committee.</p> <p>10.5 Chairperson's Report: Finance and Performance Committee.</p> <p>10.6 Chairperson's Report: Service Design and Implementation Committee.</p> <p>Resolved:</p> <ol style="list-style-type: none"> The Governing Body approved the above listed reports. 	Approve

11.	Locality Executive Updates		Receive
	11.1-11.6	Locality Executive updates were circulated for December 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 Resolved: 1. The Governing Body received the above listed reports.	
12.	Any Other Business – accepted at the Chairman’s discretion		
	12.1	There were no items of any other business raised. The Chair closed the meeting at 15:55pm.	
14.	Date and time of next meeting		
	Tuesday 24 February 2015, 13.30pm in Room 17, Wigan Life Centre		

Signed
Dr Tim Dalton, Chair

Date:24.2.14.....

**ACTIONS FROM THE WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY
OPEN MEETINGS 2015**

Meeting Date	Agenda Item	Agreed actions from meeting	Action By	Deadline	Update
27.1.15	9.1	<p>Patient Engagement Quarterly Report and Patient Forum Attendance</p> <p>2. The Governing Body recognised the need to close the loop of engagement.</p> <p>3. CR to conduct a review of the Voluntary Sector.</p> <p>4. The Framework for Excellence in Clinical Commissioning to be an agenda item at the next Quarterly Assurance Meeting.</p> <p>5. A report to be prepared analysing the audiences that we reach in terms of communications – Corporate Governance Committee.</p>	<p>FC</p> <p>FC/CR</p> <p>TA</p> <p>JS</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>March 2015</p>	
27.1.15	9.5	<p>Finance Report</p> <p>2. A brief update report to be prepared for the February meeting on the performance of the ambulance contract in terms of call out fails / arrival fails.</p>	<p>MT</p>	<p>February 2015</p>	

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