NHS
Wigan Borough
Clinical Commissioning Group

OPEN MEETING – FINAL DRAFT

Meeting of Wigan Borough Clinical Commissioning Group Governing Body
Held on Tuesday 17th December 2013 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)
Dr Ashok Atrey, Clinical Lead, TABA (AA)
Dr Pete Marwick, Clinical Lead for North Wigan (PM)
Dr Mohan Kumar, Clinical Lead for Patient Focus (MK)
Dr Sanjay Wahie, Clinical Lead for United League (SW)
Dr Tony Ellis, Clinical Lead for Wigan Central (TE)
Dr Deepak Trivedi, Clinical Lead for Atherleigh (DT)
Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)
Canon Maurice Smith, Lay Member (MS)

In Attendance:
Julie Southworth, Director of Quality & Safety WBCCG (JS)
Tim Collins, Assistant Director of Governance (TC)
Angela Cullen, Executive Assistant to Chief Officer - Minute Taker (AC)
Prof Kate Ardern, Director of Public Health (Wigan Council) – *item 8.1*
John Marshall, Associate Director, Strategy & Collaboration – *item 8.2*
Jonathan Barrett, Member of the Public (Cambridge Cognition)
Dave Nunn, Member of the Public (Chief Executive, Healthwatch Wigan)

	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 December meeting of the Wigan Borough Clinical Commissioning Group Governing Body.	
2.	**Apologies for Absence**	**Record**
	Apologies for absence were received from: Helen Meredith, Nurse Governing Body Member.	
3.	**Declarations of Interest**	**Record**
	There were no declarations of interest.	

	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. 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.	
4.	**Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 26th November 2013**	**Approve**
	The minutes of the previous meeting were agreed as a true and accurate record and subsequently approved.	
5.	**Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 26th November 2013**	**Approve**
	<u>November</u> Action 8.2 (3) – complete. JS confirmed that the patients have been recalled on two or more occasions and have been placed back into the annual review plan. Action 9.1 – Corporate Dashboard replaced with agenda item 9.1 '2014/15 Contacts' and item 9.2 'Winter Plan 2013/14'. Action 9.2 – complete. <u>October</u> Action 8.1 – complete, item 9.2 on the agenda. <u>July</u> Action 7.2 – complete. This item is being taken to the Clinical Governance Committee Meeting in December with a further paper back to the Governing Body in January 2014.	

6.	**Questions From Members of the Public**		**Receive**
	There were no questions raised by members of the public.		
8.	**New Business Items *(item 8.1 taken as the first agenda item)***		**Receive**
	8.1	**Presentation from Director of Public Health – Review of Public Health Priorities** Professor Kate Ardern, Director of Public Health, attended the meeting to deliver a presentation and present a paper 'Believe in Healthy Wigan: Update for WBCCG Governing Body on the 2013 Wigan Health Profile'. The report set out the key findings of the recently published 2013 Wigan Health profile and potential implications for the Borough in terms of joint health and well-being investment on preventable deaths and ill health. Priority challenges for each stage of the life course were identified along with suggestions for new approaches to tackling the internal health inequalities gap across the Borough. Prof Ardern focused on the key messages contained within the report: • The overall performance is good so far, we now need to concentrate our efforts on scale and pace in closing the internal equalities gap. • It was highlighted that since the report was written the Borough has reported the lowest rate of teenage pregnancies since 1985. • Childhood measurements in respect of year 6 have improved changing from Red to Amber. • **Start Well:** There will be a clear focus on tackling alcohol abuse in the under 18 years. The hospital admission rate due to alcohol related illness has increased by over seven times against the rate which was first reported in 2008 and is significantly worse than the England average. Young Peoples' drug and alcohol services are currently being re-commissioned with a clear remit to work with A+E and families of repeat attenders.	

- **Live Well:** KA confirmed that it is intended that lifestyle service would be looked at as a whole. A welcome fall in smoking prevalence sees Wigan Borough's rate fall to 22.8% which is a 2% reduction from 2012. Should Wigan achieve another 2% reduction in the coming year this will bring the Borough into line with the England Average.

- **Age Well:** Fuel Poverty is recorded as 19.8%, lower than the North West Average but higher than England. KA confirmed that the focus is on two key areas – fuel poverty and the new allocation formula proposed by ACRA. Focus needs to be directed to the front line and into the private rented sector.

KA stated that there are clear objectives, significant progress has been made and we continue to improve. In going forward we need to gain pace and become more targeted in our approach.

TD welcomed the presentation and report and opened up to the Governing Body for questions.

AA thanked KA for the report adding that we must make the most of our links with the Communications Teams in portraying messages to patients. This is a useful tool as sometimes patients can feel lectured to by General Practitioners.

KA agreed confirming that the message needs to be subtle. A multi-agency approach would be beneficial, particularly involving the Young Health Champions.

FC also thanked KA for the excellent report paying particular attention to the level of detail contained within Section 3: Start Well.

MK added that he found this document a useful summary and that it would be of interest to us to have listed the clear statistical results of each programme in order to track progress.

MK stated that it may be helpful to build in Public Health's contribution to the Integrated Teams.

GC raised a point in respect of cigarette and nicotine addiction. The North West has experienced a high take up of e-cigarettes but one of the manufacturers has reported a fall in sales. CG asked what exploratory work is being conducted to look at e-cigarettes.

		KA added that research conducted in New York recently, which looked into the amount of nicotine and toxins in an e-cigarette, proved to be more than in a regular cigarette. The problem we face is that they are not currently regulated and are flavored which appeals to youngsters. KA added that Wigan & Leigh have a shared policy. We are working with 'tobacco free futures' to understand the impact, we are working with 'smoke free touchlines' and are looking into smoke free play areas. KA confirmed that she would be happy to share a copy of the Cigarette Policy with GC. MS made reference to page 3 of the report and the graph containing 2012 to 2013 comparisons and queried the significant increase in the percentage of Physically Active Adults from 11% to 48.3%. KA responded that there was no question that we have seen a significant improvement but it may not be as big an increase as shown due to a possible problem with the baseline figure. KA further added that local sporting clubs are running programmes for parents and the Borough as a whole is becoming more physically active. AA made reference to tackling alcohol abuse in the under 18 years. With the significant increase in the hospital admission rate due to this he questioned if two dedicated case managers be sufficient in dealing with the workload. TD brought the item to a close welcoming the report and the invitation to be involved to ensure a fully united approach. **Resolved:** 1. **The Governing Body received the report and thanked Prof Ardern for taking the time to attend the meeting.**	
7.	**Key Messages**		**Information**
	7.1 / 7.2	**Chair's and Chief Officer's Key Messages** TA circulated a paper to update the Governing Body on key areas of current work: **National** • **NHS Mandate from the Government:** The mandate is structured around 5 main areas and the underpinning policies to support it.	

- **Clinical Commissioning & Direct Commissioning Assurance Frameworks:** two frameworks, CCG Framework and Direct Commissioning Framework, developed by NHS England to provide confidence to patients and the wider public that CCGs and NHS(E) are operating effectively.

- **Dr Foster Hospital Guide:** The guide looks at 4 key areas. For the first time the guide includes a review of how commissioning is developing now that the CCGs are taking responsibility. Two principles have been used to measure areas where money is being used more effectively with Wigan being rated good in both areas and is one of only 6 CCGs in the country to appear on both lists.

- **Commissioning Assembly – Lead Provider Framework:** Development work continues on the Framework for CSUs in terms of the criteria to be included, the determination of 'Lots', key questions to ask in the invitation to tender and the development of business cases should CCGs wish to move services in house. TA will be further looking to assess WBCCG against these criteria.

Regional

- **Checkpoint Meeting:** The second quarter meeting was held on 27th November with the Local Area Team (LAT) and focused on performance, planning and financial management. Discussion was held regarding mutual assurance required in relation to Specialised Commissioning and Primary Care Commissioning. There were no concerns raised by the LAT about WBCCG performance.

- **North West Regional Summit:** The briefing was attended by all Chief Executives across the North of England and was structured into two formal presentations and then a series of workshops.

- **Local Health Resilience Partnership (LHRP) / Health Economy Resilience Group (HERG) joint Chairs meeting:** A joint meeting, under the Chairmanship of Mike Burrows and Kate Ardern, was held in order to share best practice and resolve any emerging issues at an early stage.

- **Association of Greater Manchester CCG's (AGG):** The December meeting focused on an extension of bed capacity for neuro-rehab services and an update in relation to Specialised Commissioning Plans. The ongoing Healthier Together Programme was subject to much debate in terms of the operational workings and budgetary requirements. The summary notes from this meeting will continue to be presented to the Governing Body as an information item.

- **NHS Clinical Commissioning - Regional Meeting:** This is the only representative body which speaks for CCGs. The Greater Manchester event took place on 5th December, key issues debated at the meeting included the development of CSU arrangements and levels of satisfaction from CCGs, co-commissioning arrangements with NHS(E) and general feedback on planning and financial issues.

Local

- **Winter Management:** Winter pressures continue to be managed well. Whilst there have been one or two days of high demand in the last two to three weeks in general WWL Acute Trust and the local system is performing well.

- **Healthcare Acquired Infections (HCAIs):** Whilst WWL has breached its target, it is pleasing that there have been no further incidents of HCAIs reported.

- **Planning Round:** There has been considerable internal effort in developing our 2-5 year financial and commissioning plans. A full day Greater Manchester wide planning event has been scheduled for 9th January to work through financial allocations and a further event on 13th January for Specialised Commissioning.

TD welcomed the update confirming that we, as a CCG, need to prioritise. We have good clinical leadership and engagement and we need to focus our energies where we can gain the best outcomes for our population.

Resolved:

1. **The Governing Body received the update.**
2. **Written feedback from the Quarter 2 Checkpoint Meeting to be presented to a future Governing Body meeting.** — **TA**
3. **AGG summary notes to continue to be shared at future Governing Body meetings.** — **TA**

8.	New Business Items		Receive
	8.2	**Wigan Health Economy – Integrated Care Vision** John Marshall, Associate Director Strategy & Collaboration, presented a paper on 'The Wigan Health Economy - Integrated Care Vision'. This document has been developed with stakeholders from across the economy and summarises our vision for integration over the next five years. It sets out the context and the challenges facing us; our vision and how we intend to deliver this vision. The full five year strategy will be submitted to the Health and Wellbeing Board in January 2014 and to the Boards of local NHS organisations in February 2014. TD welcomed the report and opened up to members for any comments or questions. MS made reference to the table on page 2 detailing the summary of savings and asked if there was a risk of double counting the savings between us and providers. MT confirmed that the table may have been better presented without the total line, what this does emphasise however is the large financial challenge posed to provider organisations. GC questioned this as being a public document and highlighted the need to be clear on the definition in point 2.3 (1) *page 1 refers* of a 'good reason' why someone should not be in hospital, it is important that these are not just clinically based reasons. FC made reference to page 3 item 3.11 and thanked JM for his attendance at the last Patients' Forum to engage in dialogue with patients, this was very well received. FC admitted that they had been somewhat ambitious in aiming to deal with both the Primary Care Strategy and the Healthier Together agenda and that a further session is being arranged to repeat the conversations had, especially regarding Healthier Together. SW referenced page 1 item 2.3 (2) – 'that all services provided outside of hospital should be safe and of a high quality and part of an integrated system, led by primary care' questioning if all Governing Body members had agreed to this. JM explained that the wording was around co-ordination and that the Integrated System would be led by primary care.	

		DT highlighted his concern about the inevitable change, in particular the resources to deliver on the ground due to the current shortage of doctors and nurses in line with quality and safety. TA explained that this paper was a draft plan outlining future direction in order to obtain support for a broad shift. The explicit detail would be included within the phased plan and recognises that the workforce will need to alter. MT added that this is currently in the planning process, there are no other CCGs doing this work in such detail and by being ahead of the game could allow us to help shape the future workforce. The Governing Body members were asked to: 1. Support and agree the vision, aims and objectives; 2. Support the development of a joint detailed 2-5 year plan which will be considered by the Health and Wellbeing Board in January 2014. TD confirmed the clear support for the recommendations, formally welcomed the report and thanked JM for the work conducted to date. **Resolved:** **1. The Governing Body received the report and supported the two recommendations.**	
9.	**Current Business Items**		**Receive**
	9.1	**Update on 2014/15 Contracts (verbal)** MT confirmed that the contracting round for the next financial year was underway, all contracts are to be signed off by February 2014. Contracts are based on the Financial Plan for 2014/15 which is the first year of a challenging plan over a five year period. Savings of £20m are required during the next financial year rising to £50m by year 5 (check with Mike) .	

		We are currently in the process of identifying detailed work in respect of the in/out of hospital provision. This commenced with a Wigan Health Economy Seminar facilitated by the Kings Fund on 3rd October. A cohort of patients has been identified to be treated in/out of hospital and this has been shared with WWL. The communication plan, financial plan and contracts will be closely linked. MT confirmed that updates will be brought back to the Governing Body and the Finance and Performance Committee in the new year. FC asked if the 'out of hospital' work was being influenced by Attain. MT confirmed that Attain have been working closely with us and WWL FT looking at analytical work. Healthcare Reference Group codes have been assessed line by line for each patient. This is challenging work in looking at taking services out of hospital and the driver must be a quality service delivered closer to patients' homes. GC asked what groups of patients could be better managed out of hospital. MK added that the peer review work conducted at locality level ties into this work and may assist us with obtaining an accurate picture. TD welcomed the update and subsequent discussions highlighting that the key is engagement with Clinicians, Providers and Patients. **Resolved:** **1. The Governing Body received the update.**	
	9.2	**Update on Winter Plan 2013/14 (verbal)** MT provided the Governing Body with a verbal update on the winter planning process to date highlighting key points of note: • WWL FT are generally performing well. • This week 97-98% of WWL patients are being treated within 4 hours against year to date performance average of 96.2%.	

		• £1m of WBCCG funding has been invested in the Winter Plan and we have added a further £1.4m of investment. • The NHS(E) plan on a page has been submitted. • Triage at the front of WWL FT is being addressed as part of the in/out of hospital work. • In Leigh we have commissioned an additional GP for the Walk-in Centre and for the out of hours service. • The opening times of Leigh Walk-in Centre are being extended to close in line with GP triage at Wigan (22:00). TD welcomed the update and opened up to members for questions. TE stated that he had visited Leigh Walk-in Centre on the previous Sunday and that only two of the eight consulting rooms were being utilised, resulting in a long wait for patients. MT noted the concerns and will take this back to Bridgewater for further discussion. FC thanked MT for the response to the provision at Leigh. **Resolved:** **1. The Governing Body received the update.** **2. MT to raise the use of consulting rooms with Bridgewater.**	**MT**
	9.3	**Greater Manchester CCGs Association Governing Group (AGG) Update** The summary notes from the Greater Manchester Association of CCGs: Association Governing Group meeting on 5th November 2013 were shared for the Governing Body to receive. MS referred to item - 3.3 Service Transformation/Healthier Together Budget Report. The original agreed budget of £3.5m will be fully utilised during the financial year and the AGG were asked to authorise the increase in funding. The budget was increased to £4.6m to support the programme until the end of December 2013.	

MS highlighted his concerns in respect of the growth in spend, the governance and reporting methods further proposing that the Governing Body resolve to write to the Chair of the Committee in Common to ask for the history of assurance provided regarding the financial management of the programme, the cost of which the Governing Body understands will increase from the budgeted £3.5m, a projected spend at month 9 of £4.6m and an out-turn spend of £5.1m, projected to be 40% over budget. The CCG should also ask:

1. What budget monitoring systems were in place and were they reported?
2. What are the reporting links to the AGG/Committee in Common and back to the Governing Bodies which fund the programme.
3. What proportion of spend goes to consultants (ex-employees) and how many of these consultants were paid in excess of £750 per day.
4. What assurances can be given going forward into future financial years 1) protocols for further expenditure 2) measurements against outcomes.

TA explained that she and TD had raised the oversight of the figures at the last meeting. The programme has a lead CCG, Central Manchester, and we have raised on a number of occasions that we wish to have sight of a copy of the minutes. To date these have not been received. Concerns have been expressed previously around the governance of the programme.

MK suggested that it may be helpful to have clear outcomes and progress of areas of spend against targets along with approval for future spend.

SW stated that each CCG has their own 'pinch points' in terms of their own budgets and if the figure of £5.1m increases then what would happen if CCGs were unable to further fund due to lack of planning?

TD explained that this would most likely reflect back on the CCGs which are required to deliver financial surpluses year on year.

Resolved:

1. **The Governing Body received and noted the summary notes from the November 2013 AGG meeting.**

		2. A letter to be forwarded to the Chair of the Committee in Common expressing the Governing Body's concerns in relation to the budget.	**TD**
	9.4	**Minutes from Wigan Joint Health & Wellbeing Board** The minutes of Wigan Joint Health and Wellbeing Board held on 18th September 2013 were shared for the Governing Body to receive. **Resolved:** 1. **The Governing Body received the minutes of Wigan Joint Health and Wellbeing Board held on 18th September 2013.**	
10.	**Governing Body Committee Updates**		**Receive**
	10.1/ 10.4	Chairpersons reports for December 2013 were circulated as below: 10.1 Healthier Together Committee in Common 10.2 Chairperson's Report – Clinical Governance Committee 10.3 Chairperson's Report – Corporate Governance Committee 10.4 Chairperson's Report – Finance and Performance Committee 10.5 Chairperson's Report – Service Design and Implementation Committee AA highlighted key points of note in respect of the Chairperson's Report for the Clinical Governance Committee. • WWL is considering following GM-wide protocol for stools testing for C Difficile as well as changing the test to a more advanced PCR testing as compared to GDH testing. This is likely to be a more reliable indicator of infectious patients. PM added that the SDI Committee continues to get small projects off the ground and feedback on how these are functioning will be provided to future meetings. **Resolved:** 1. **The Governing Body received the above listed reports.**	

11.	**Locality Executive Updates**		**Receive**
	11.1-11.6	Due to the Governing Body meeting being brought forward in December 2013 there were no Locality Executive Updates available.	
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 3.42pm.	
13.	**Date and time of next meeting**		
	Tuesday 28th January 2013 at 13.30pm in Room 17, Wigan Life Centre		

Signed …… Date: ……
Dr Tim Dalton, Chair

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