

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

**Tuesday, 24 November 2015 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 27 October 2015</b>		Tim Dalton	1 - 24	Approve
5.	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting</b>		Tim Dalton	25 - 28	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	Locality Report		Trish Anderson	29 - 86	Approve
	8.2	Quality, Safety and Safeguarding Briefing Paper - Quarter 2		Julie Southworth	87 - 110	Receive
	8.3	Healthier Together Judicial Review		Tim Dalton	111 - 122	Receive
<b>9.</b>	<b>Current Business Items</b>					
	9.1	Association Governing Group meeting Summary Notes		Tim Dalton	123 - 132	Receive
	9.2	Corporate Report		Mike Tate	133 - 152	Receive
<b>10.</b>	<b>Governing Body Committee Updates</b>					
	10.1	Healthier Together Committee in Common Minutes		Tim Dalton	To Follow	Approve
	10.2	Chairperson's Report - Audit Committee		Maurice Smith		No Meeting
	10.3	Chairperson's Report - Clinical Governance Committee		Ashok Atrey	153 - 158	Approve
	10.4	Chairperson's Report - Corporate Governance Committee		Tony Ellis		No Meeting
	10.5	Chairperson's Report - Finance and Performance Committee		Mohan Kumar	To Follow	Approve
	10.6	Chairperson's Report - Service Design and Implementation Committee		Peter Marwick	159 - 162	Approve
	10.7	Chairperson's Report - Primary Care Commissioning Committee		Gary Cook		No Meeting
<b>11.</b>	<b>Locality Executive Updates</b>					
	11.1	Atherleigh		Mohan Kumar		No Meeting
	11.2	Patient Focus		Mohan Kumar		No Meeting
	11.3	Tyldesley Atherton Boothstown Astley		Ashok Atrey		No Meeting
	11.4	Wigan Central		Tony Ellis	163 - 166	Receive

	11.5	North Wigan		Peter Marwick	167 - 170	Receive
	11.6	United League Collaborative		Sanjay Wahie	171 - 174	Receive
<b>12.</b>	<b>Any Other Business - To be accepted at the Chairman's discretion</b>					
<b>13.</b>	<b>Date and time of next meeting</b>					
	Tuesday 26 January 2016 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 October 2015 at 1.30pm in Meeting Room 17, Wigan Life Centre**

**Present:**

Frank Costello, Deputy Chair and Lay Member (FC)  
Trish Anderson, Chief Officer (TA)  
Julie Southworth, Director of Quality and Safety (JS)  
Mike Tate, Chief Finance Officer (MT)  
Dr Tony Ellis, Clinical Lead for Wigan Central (TE)  
Dr Pete Marwick, Clinical Lead for Wigan North (PM)  
Dr Mohan Kumar, Clinical Lead for Patient Focus (MK)  
Dr Ashok Atrey, Clinical Lead for TABA (AA)  
Dr Anis on behalf of Dr Sanjay Wahie (DA)  
Canon Maurice Smith, Lay Member (MS)  
Helen Meredith, Nurse Governing Body Member (HM)

**In Attendance:**

Tim Collins, Assistant Director of Governance (TC)  
Angela Cullen, Executive Assistant to Chief Officer - Minute Taker (AC)  
Alexia Mitton, Head of Communications (AM)  
Claire Roberts, Assistant Director Strategy and Collaboration (Localities) (CR)  
Rachel Richardson, Patients' Forum and Public Engagement Officer (RR)

	<b>AGENDA</b>	<b>ACTION</b>
<b>1.</b>	<b>Chairman's Welcome</b>	
	<p>The Deputy Chairman opened the meeting at 1.30pm formally welcoming all attendees and members of the public to the October meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting.</p> <p>3 members of the public were present.  2 members of the Patient Forum were in attendance.</p>	
<b>2.</b>	<b>Apologies for Absence</b>	<b>Record</b>
	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Dr Tim Dalton, Chair</li> <li>• Dr Sanjay Wahie, Clinical Lead for United League Collaborative</li> <li>• Dr Gary Cook, Secondary Care Consultant Governing Body Member</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 22 September 2015</b>	<b>Approve</b>
	The minutes were agreed as a true and accurate account of the meeting and subsequently signed by the Deputy Chair.	
<b>5.</b>	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meetings</b>	<b>Approve</b>
	<p>To be read in conjunction with the action log:</p> <p>28.7.15, item 7.2 – complete.  28.7.15, item 8.1 – deferred to November due to the Judicial Review.  28.7.15, item 8.4 – complete.  25.8.15, item 7.1 – ongoing for November.  25.8.15, item 8.1 – ongoing, for discussion at the Clinical Leadership Team.  22.9.15, item 8.2 – ongoing for November.  22.9.15, item 8.3 – to be raised at the next Health and Wellbeing Board, 18 November.  22.9.15, item 8.5 – ongoing.  22.9.15, item 9.2 – complete.</p>	
<b>6.</b>	<b>Questions From Members of the Public</b>	
	There were no questions raised by members of the public.	
<b>7.</b>	<b>Key Messages</b>	
<b>7.1</b>	<p><b>Chair’s Key Messages</b></p> <p>In the absence of Dr Tim Dalton FC updated members on the acquisition of Ashton Town Hall which is now approaching a resolution. FC relayed his particular thanks for the hard work conducted by the former Primary Care Trust, the current Clinical Commissioning Group, Julie Southworth, Director of Quality and Safety and Maurice Smith, Lay Member.</p>	

		<p>Ernie Rothwell (Chair of Atherleigh &amp; Patient Focus PPG Locality) asked if it would be possible to obtain a copy of a framework for work at Ashton to share at the PPG meetings.</p> <p>JS confirmed that this would be available once the deal is finalised.</p>	
	<p>7.2</p>	<p><b>Chief Officer's Key Messages</b></p> <p><u>National</u></p> <ul style="list-style-type: none"> <li>• NHS 111</li> </ul> <p>NHS England (NHSE) are proposing a new urgent health care service bringing together NHS111, GP out of hours and clinical advice and will offer patients improved access to 24/7 urgent clinical assessment.</p> <p>Commissioners are being recommended to establish urgent care clinical hubs and new guidance has been issued on how to bring together call handling and assessment, clinical advice and treatment under a single commissioning framework.</p> <ul style="list-style-type: none"> <li>• Mental Health Service Passport for Children and Young People</li> </ul> <p>Children, young people and their parents have worked with NHS England to produce a passport style brief to summarise their use of mental health services. The passport will help them to tell their story when moving between services and will avoid having to keep repeating their stories.</p> <ul style="list-style-type: none"> <li>• NHSE has appointed three new National Clinical Directors <ul style="list-style-type: none"> <li>- Cally Palmer (CEO of the Royal Marsden) – National Cancer Director</li> <li>- Dr Arvind Madan (GP from the Hurley Group) – National Director of Primary Care</li> <li>- Dr Jonathan Fielden (Medical Director of UCL) – National Director of Specialised Commissioning</li> </ul> </li> <li>• The Care Quality Commission has produced the 2015 'State of Care' report which is the annual overview of health and adult social care in England.</li> <li>• Public Health England has launched its new Cold Weather Plan for England to help prevent the major avoidable effects on health during periods of cold weather in England.</li> </ul>	

	<ul style="list-style-type: none"> <li>• NHS England has issued a letter regarding the early access to medicines scheme (EAMS) through which a novel medication for heart failure will be introduced. The scheme is intended to enable patient access to medicines for treatment of life threatening or seriously debilitating conditions where there is a current need. The drug will be managed through specialist heart failure services.</li> <li>• The Department of Health is seeking views on the responsibilities of the Statutory National Data Guardian for health and social care. The responses will form a major part of the development for more detailed proposals to establish the Data Guardian on a statutory footing. The consultation closes on 17<sup>th</sup> December 2015.</li> <li>• Care Quality Commission (CQC) has launched a public consultation seeking views on the new role of a National Guardian who will be responsible for leading local ambassadors across the country so that staff feel safe to raise concerns and feel confident they will be heard. The new role will be hosted by CQC.</li> <li>• Colleagues from the Wigan Leaders Executive Group attended the Integrated Care Collaborative meeting at the Kings Fund. The event included two key international presentations as a basis for discussion.</li> <li>• The first a presentation from the Robert Wood Johnson Foundation in the USA described a radical approach to improving population health by seeking to change the emphasis of what is meant by health by describing what all individuals can do – in their work, families and communities to support active and healthy living.</li> <li>• The second was a presentation from a primary care Federation in Canterbury New Zealand talking through their experience of developing and running an integrated community focussed service.</li> </ul> <p><u>Regional</u></p> <ul style="list-style-type: none"> <li>• The Association of GM CCGs are focusing largely on the development of the governance and infrastructure arrangements needed to deliver the Devolution Agenda.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• From the 1 October 2015 the arrangements started to operate in 'shadow' form and representatives for the various meeting structures are currently being determined.</li> <li>• Work continues on the development of the GM Clinical and Financial Sustainability Plan – underpinned by the ten local plans for each of the Boroughs.</li> <li>• Expressions of interest for circa 63 transformation initiatives are being reviewed and grouped together to form part of the financial plan for the Comprehensive Spending Review.</li> </ul> <p><u>Local</u></p> <ul style="list-style-type: none"> <li>• After many years and many disappointments we have finally been able to make progress on the development of a new health facility for Ashton.</li> <li>• Through partnership discussions with Eric Wright and the Local Authority, led by Julie Southworth, an agreement has been reached between Eric Wright Ltd and Wigan Council for the purchase of Ashton Town Hall to be redeveloped as a health facility for the area.</li> <li>• TA was delighted to be invited to speak at a local Age UK event to support the development of an Age UK piece of work on promoting engagement by older people in a variety of issues affecting their lives including the design and evaluation of services.</li> <li>• Last Wednesday afternoon the CCG hosted the second Silver Service event and launched a broader consultation on the shape and design of services for the future for our older residents. With a broad range of speakers and interactive discussions at tables participants began the process of redesigning our system for the future.</li> <li>• On Tuesday of last week the CCG hosted its annual membership QIPP engagement event. The event was once again well attended by all practices and focused on discussions for future redesign of services which will improve both value for money and quality.</li> </ul>	
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		<ul style="list-style-type: none"> <li>The Chair and TA met with the programme lead for the NW Sector work being undertaken by WWL, Bolton and Salford to deliver the Healthier Together Programme. The focus was on developing the partnership arrangements to support the work over the next two years.</li> </ul> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>The Governing Body received the item.</li> <li>A copy of the framework for work at Ashton to be shared with the Patients' Forum once available.</li> </ol>	JS
8.	New Business Items		
	8.1	<p><b>Patient Engagement Briefing and Patient Forum Attendance</b></p> <p>Ernie Rothwell (ER), Chair of Atherleigh &amp; Patient Focus PPG Locality and Alan Mohring (AMo), Chair of Wigan North &amp; Wigan Central PPG Locality were in attendance.</p> <p>Claire Roberts (CR) presented the item.</p> <p>Rachel Richardson, the newly appointed Patient and Public Engagement Officer, was introduced to members.</p> <p>The paper provided members of the Governing Body with an overview of patient engagement activity for the period June- October 2015.</p> <p>CR gave a brief update against each of the work streams.</p> <p>The past five months have seen a great deal of activity to involve patients, carers and members of the public in CCG led programmes.</p> <p>AMo referred to the update and learning sessions (<i>page 3, para 2.3 refers</i>) and the PPG increasing in confidence as it develops. AMO thanked CR, AM and RR for assisting with the education sessions which has enabled such learning.</p> <p>ER endorsed AMo's comments.</p> <p>Reference was made to the work undertaken by the Engagement and Communications Team to benchmark awareness of the CCG amongst the general public. On speaking to 100 people in Wigan and Leigh results showed that 11% of people in Wigan had heard of the CCG and 12% of people had heard of the CCG in Leigh.</p>	

	<p>CR updated members on the 'Commissioning for Better Patient Experience Project' (appendix A refers). Wigan Borough CCG is one of 10 commissioning organisations that have been selected to work with NHS England and Macmillan to find ways to commission for better patient experience. The 10 CCGs will form a community of practice, sharing experience and learning throughout the programme.</p> <p>The support available via NHS England and Macmillan will run until April 2016. The learning and tools devised at the end of the programme will be shared with the wider commissioning community to hopefully embed good practice and improve standards.</p> <p><b>Resolved:</b></p> <p><b>1. The Governing Body received the report.</b></p>	
<p><b>8.2</b></p>	<p><b>Locality Plan</b></p> <p>TA presented the item.</p> <p>Paul Lynch, Assistant Director Strategy and Collaboration, attended to support the item.</p> <p>The Wigan Locality Plan for Health and Social Care describes our local transformation programme over the next five years and how the opportunity of Greater Manchester Devolution can act as a catalyst to this reform programme.</p> <p>The document presented was the first version of this plan. Drafts of the plan were shared with the Wigan Leaders Group before its submission to the Greater Manchester team by the required deadline.</p> <p>A refreshed version of this plan, taking into account local feedback, is being developed to be submitted by 30<sup>th</sup> October 2015.</p> <p>Accompanying this was an Executive Summary document and an Implementation Plan.</p> <p>PL explained the main elements of the GM Transformational Programme over the next five years:</p> <ul style="list-style-type: none"> <li>• A radical upgrade in Population Health and Prevention.</li> <li>• Enabling Better Care</li> <li>• Transforming Community-Based Care</li> <li>• Transforming Hospital-Based Care</li> </ul>	

	<p>The locality plans will inform the Comprehensive Spending Review (CSR).</p> <p>The locality plan is presently being edited to take into account feedback by Price Waterhouse Cooper (PWC) and will be circulated to stakeholders today for review.</p> <p>Final submission to Greater Manchester for sign off is the 6 December 2015.</p> <p>FC referred to the Financial Plan and enablers (<i>Appx B</i>) suggesting that this area requires further explanation.</p> <p>The absence of the implementation plans was noted.</p> <p>PL explained that work had begun locally, and at a GM level, on the implementation plans looking at the financial impact and workforce development.</p> <p>FC asked that the Governing Body receive assurance that the plans can come to fruition.</p> <p>FC asked that future submissions to the Governing Body have the changes clearly highlighted.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received the plan.</b></li> <li>2. <b>Amendments to the plan to be made in respect of Appendix B.</b></li> <li>3. <b>Future amendments to the plan to be clearly identified for future meetings.</b></li> </ol>	<p></p> <p>JS</p> <p>JS</p>
<p>8.3</p>	<p><b>System Resilience Plan (Winter)</b></p> <p>MT presented the item.</p> <p>The document sets out the steps that are being undertaken across the Wigan Borough health and social care community to ensure that appropriate arrangements are in place to provide high quality and responsive services over the winter period.</p> <p>The plan and related work areas will be monitored through the Wigan Borough System Resilience Group (WBSRG), which has the remit to develop robust demand management strategies, promote best practice and ensure that the whole system is aware of changes to the levels of predicted activity, enabling the system to respond accordingly</p>	<p></p>

		<p>A key element of the plan is each organisation's response to escalation. The system Escalation Plan has been developed to improve coordination of responses by the health economy. A common escalation policy has been agreed with each organisation and an agreed definition set to aid consistency and communications. The Borough-wide system resilience planning approach builds on the whole system approach which acknowledges the usual peaks in demand over the Christmas and New Year period, plus unusual peaks in demand as a result of adverse weather conditions.</p> <p>Our commitment is to ensure that we have adequate 'system wide' resilience plans, to respond to operational difficulties in parts of the system, such as delayed transfers of care, waiting times in accident and emergency, ambulance delays, unplanned ward or home closures. In addition this needs to be managed whilst still achieving elective capacity and associated targets that are set out in the NHS Constitution.</p> <p>The system resilience plan seeks to ensure:</p> <ul style="list-style-type: none"> <li>• Plans are in place to ensure that the NHS Constitution targets are met in both urgent and elective care</li> <li>• Clear identification of the escalation process</li> <li>• Key organisational contacts are identified</li> <li>• Potential risks have been identified and contingencies have been put in place</li> <li>• Provision of high quality patient services are maintained through periods of pressure</li> <li>• That national targets and finance are managed during pressured periods</li> <li>• Governance structures for system resilience are robust and inclusive in strategic development and operational management.</li> </ul> <p>MT drew members attention to two important aspects of the plan:</p> <ul style="list-style-type: none"> <li>- High Impact Interventions (<i>page 57, item 3 refers</i>)</li> <li>- Winter 2014/15 Diagnostic Reviews and Findings (<i>page 61, item 4 refers</i>)</li> </ul> <p>MT confirmed the Winter Resilience Schemes as agreed by the System Resilience Group (SRG) highlighting that, from a provider perspective, all requests in the borough plan have been funded by the CCG (<i>page 65, item 4.5 refers</i>).</p>	
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	<p>Details of additional services commissioned in 2015/16 are contained within the plan (<i>page 80, item 5.5 refers</i>).</p> <p>The plan has received borough wide support and has been well received by NHS England.</p> <p>MT confirmed that the SRG are now moving into the implementation phase and explained that the CCG do, on occasion, fine the acute provider for underperformance on the contract and confirmed that any money from such fines will be ring-fenced by the SRG for redistribution.</p> <p>FC noted that the 2014/15 plan worked very well.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li><b>1. The Governing Body received the plan.</b></li> </ol>	
<p><b>8.4</b></p>	<p><b>Greater Manchester (GM) Devolution Update</b></p> <p>TA presented the report.</p> <p>The Governing Body was asked to receive the Greater Manchester Health and Social Care Devolution governance proposal with the recommendation to:</p> <ul style="list-style-type: none"> <li>• Support the in principle shadow governance arrangements set out in the report.</li> <li>• Note that the shadow structure will be in place from October 2015 and that the arrangements will be subject to review and development during the shadow period to ensure that they are fit for purpose for devolution in April 2016.</li> <li>• Note that the in principle shadow governance arrangements are also agreed by the Greater Manchester Combined Authority/ Association of Greater Manchester Authorities (GMCA/ AGMA)</li> </ul> <p>The paper set out the proposals for governance from October 2015, in shadow form, and April 2016, in final form, for the first phase of health devolution, recognising that this may change as the system becomes more self assured and is able to demonstrate sustainability and maturity.</p>	

	<p>TA highlighted that clarity is required on decisions on funding, commissioning and (subject to ongoing detailed discussions with Monitor and CQC) the application of regulatory regimes. Providers will not take part in commissioning decisions.</p> <p>MS referred to the Statutory Functions (<i>page 125, item 1.3, bullet 2 refers</i>) seeking assurance that CCGs and Local Authorities will retain their statutory functions and their existing accountabilities for current funding flows.</p> <p>MT explained that there are currently 2 debates being held which are wider than just GM:</p> <ol style="list-style-type: none"> <li>1. NHS England Allocations, the current level of allocation and what we receive in future years – linked to the Government’s promise of £8bn which is linked to the second discussion of;</li> <li>2. GM Devolution</li> </ol> <p>MT added that the current allocation plus inflation may be off the table; it may be that the CCG receive the allocation roll over with no growth or inflation uplift.</p> <p>TA highlighted the proposed structure:</p> <ul style="list-style-type: none"> <li>- Strategic Partnership Board (not a legal body with non-binding decisions) to meet quarterly.</li> <li>- Strategic Partnership Board Executive to meet monthly.</li> </ul> <p>Provider representation will be through nomination by the Provider Federation Board and will be independently chaired.</p> <p>Primary Care being largely taken at locality level was noted as a concern.</p> <p>Dave Nunns, Healthwatch, raised the Memorandum of Understanding (MOU) which was signed in June. The MOU specifically named Healthwatch as a partner who are now absent in recent documentation.</p> <p>MS referenced the Assurance and Performance (<i>page 135, item 18 refers</i>) highlighting no reference to audit procedures. MS added that he would wish to see a greater deal of scrutiny to provide a clear check and balance with external oversight.</p> <p>MT echoed this comment.</p>	
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		<p>FC noted the below reservations of the Governing Body around the:</p> <ul style="list-style-type: none"> <li>- Allocation mechanisms</li> <li>- Lack of patient engagement</li> <li>- Lack of Primary Care input</li> <li>- Position of Healthwatch</li> <li>- Lack of audit committee involvement and external scrutiny/oversight</li> <li>- In aggregate these precluded unqualified support for the proposed arrangements.</li> </ul> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. The reservations of the Governing Body to be raised as a matter of concern.</li> <li>2. As a consequence the Governing Body is only able to offer qualified support in principle to the shadow governance arrangements set out in the report.</li> <li>3. The Governing Body noted that the shadow structure will be in place from October.</li> <li>4. The Governing Body noted that the in principle shadow governance arrangements are also agreed by the GMCA/AGMA.</li> </ol>	TA
	8.5	<p><b>Draft Primary Care Commissioning Committee Terms of Reference</b></p> <p>The draft terms of reference for the Primary Care Commissioning Committee (PCCC) were presented to the September 2015 committee meeting for approval.</p> <p>Following discussion a small number of changes were recommended by the PCCC covering patient forum membership and the establishment of a Personal Medical Services (PMS) review panel.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. The Governing Body approved the Terms of Reference.</li> </ol>	
<b>9.</b>	<b>Current Business</b>		
	9.1	<p><b>GM Association of CCGs: Association Governing Group Meeting – Summary Notes</b></p> <p>The Governing Body is asked to receive the minutes of the meetings of the GM Association of CCGS (AGG) held on the 6 October 2015 for information.</p>	

		<p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li><b>The Governing Body received the notes.</b></li> </ol>	
	<p><b>9.2</b></p>	<p><b>Corporate Report</b></p> <p>MT presented the item.</p> <p>The report was provided to give the Governing Body a regular monthly update on how the CCG is performing against its local priorities. Furthermore, the report details CCG performance against the Everyone Counts Planning Guidance Indicators and the CCG Outcomes Indicator Set.</p> <p><u>Emerging Issues</u></p> <ol style="list-style-type: none"> <li>The emerging Greater Manchester (GM) Devolution agenda and potential funds transfer to the devolution budget.</li> <li>Fully meeting the requirements of Winterbourne.</li> <li>Closing the in-year QIPP gap of £6.7m.</li> <li>Managing demand in the acute sector, particularly over performance at WWL.</li> <li>Community care providers developing enough capacity to receive patients and services deflected from Acute Hospital care.</li> <li>Managing and resourcing the co-commissioning of Primary Care with NHS England.</li> <li>Patient Transport Services contract will not be finalised until 2016/17.</li> </ol> <p>Challenges for 2016/17 which include:</p> <ol style="list-style-type: none"> <li>The resources (Commissioner and Provider) necessary to support the service transformation in 2016/17 detailed in the strategic plan. Delivery will require major commitment from all stakeholders.</li> <li>Further developing the QIPP programme.</li> <li>Increasing cost pressures on the CCG.</li> <li>Future Mental Health tariff</li> <li>Potential cuts to local authority budgets as a result of the new Comprehensive Spending Review (CSR) for the five years following 2016/17</li> </ol> <p><u>Outcomes Ambitions: Headline Indicators</u></p> <p>Many of the indicators used to measure Outcomes Ambitions are only published on an annual basis; often with a time-lag. As such, it is not yet possible to assess performance against five of the ten indicators; these are shown as white (None).</p>	

		<p>Of the remaining five indicators, all five are rated Green:</p> <p>IAPT Access Rate for June 2015 is above the target of 1.25% achieving 1.51%.</p> <p>Emergency Admissions: Composite Measure for the period April to July 2015 is 37 below (better) than target.</p> <p>The Friends &amp; Family A&amp;E, Inpatient and Maternity scores are all above target for the year to date (April to August).</p> <p><u>NHS Constitution: Headline Indicators</u></p> <p>For the year to date (April to August) all of the NHS Constitution indicators performed better than standard.</p> <p>All of the sixteen indicators with a national standard are currently rated as Green.</p> <p>Three indicators have failed to achieve target in month (August), these are;</p> <p>A&amp;E Waits: Total Time Within 4 Hours, Cancer: Treatment Within 31 Days of Decision to Treat, and Cancer: NHS Referral Screening to Treatment in 62 Days.</p> <p><u>Acute Activity: Headline Indicators</u></p> <p>The CCG reported significant reductions in acute activity during 2014/15. The CCG has now developed further stretching activity plans, which reflect initiatives to prevent or divert activity from acute trusts, on top of the reductions seen last year.</p> <p>Five of the indicators are currently rated as Green.</p> <p>One of the indicators is rated as Amber (within 5% of plan). This is Other Referrals (G&amp;A Only).</p> <p>The three remaining indicators are rated as Red: Elective Day cases (All Specialities), First Outpatient Appointments Following a GP Referral (All Specialities), and GP Referrals (G&amp;A Only).</p> <p><u>Better Care: Headline Indicators</u></p> <p>The headline metrics used to measure performance against of the Better Care Fund initiative are comprised of both health and social care indicators. With the exception of Readmissions all indicators measure performance at local authority (LA) level.</p>	
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	<p>It is not yet possible to assess performance against the Care Home Admissions and Reablement indicators.</p> <p>The remaining three indicators are rated Green based on year-to-date performance.</p> <p>MT highlighted the financial position (<i>page 183 refers</i>) and the increased dips in performance contained within the monthly performance tracker.</p> <p>TE queried the 18W Referral To Treatment (RTT): Incomplete Patients Waiting &gt; 52 weeks.</p> <p>MT explained that this figure was correct and explained that the breach amounted to 1 patient who was first seen at the Royal Bolton Hospital and subsequently treated by Wrightington, Wigan and Leigh. The CCG is allowed a certain percentage to miss the target.</p> <p>AA asked how current performance compares with past performance.</p> <p>MT explained that the number of exception reports is increasing and overall performance is slightly deteriorating.</p> <p>MS confirmed that he found the narrative to be particularly helpful.</p> <p>FC echoed these comments and asked if the narrative captures everything important to patients locally in terms of developing and improving areas, stressing the importance of this dialogue.</p> <p>MT explained that this is the performance framework that NHS England uses to manage the CCG. MT suggested that a local framework could be developed however reporting mechanisms would need to be discussed due to the potential volume of data that could be included.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li><b>1. The Governing Body received the report.</b></li> </ol>	
<p><b>9.3</b></p>	<p><b>Finance Report – Month 6 (September 2015)</b></p> <p>MT presented the report containing the below areas:</p> <ul style="list-style-type: none"> <li>• Executive Summary</li> <li>• Dashboard and Executive Summary</li> <li>• Key Messages</li> <li>• Finance Scorecard</li> <li>• Material Budgets</li> </ul>	

		<ul style="list-style-type: none"> <li>• Contract Updates</li> <li>• Exception Reports</li> <li>• Risk Register</li> <li>• Management of Working Balances</li> </ul> <p>The CCG is on target to achieve a 1.0% recurrent surplus at the end of 2015/16.</p> <p>The year to date surplus (£2.16m) is in line with the planned surplus at month 6.</p> <p>At month 06 the CCG has total allocations of £486.4m. The CCG is forecasting to achieve its statutory duties in 2015/16 and achieve the planned surplus of £4.5m.</p> <p>The CCG continues to report a risk adjusted surplus position of £4.5m (i.e. no net risks).</p> <p><b>Key messages 2015/16:</b></p> <ul style="list-style-type: none"> <li>• The CCG risk adjusted surplus position remains at £4.5m. This means that the CCG is currently matching its risks with possible mitigations. These mitigations are based around the contractual position to be reported by Wrightington, Wigan and Leigh NHS Foundation Trust (WWLFT). If it becomes clear that these mitigations are insufficient the CCG will report an overall net risk which will amend the risk adjusted forecast surplus. This will be reviewed by month 07 (October). If the net risks are clearly going to affect the outturn position and can't be mitigated against they will be reflected in the forecast position by month 08 (November) at the latest.</li> <li>• The CCG recognises that the performance in the acute sector, particularly with WWLFT, remains its most significant risk. The CCG and trust have met regularly in recent weeks to discuss and agree a Quarter 1 financial position. At month 06 the CCG is reporting a forecast over performance of £1.0m with WWLFT (<i>page 7 refers</i>). The CCG believes that it can manage the contract within these parameters at this moment in time; however increased referrals and/or pressures over the winter period could affect this forecast.</li> <li>• The CCG met with WWLFT on the 14<sup>th</sup> October and reached an agreement on a Quarter 1 financial position. This agreement now allows both organisations to work towards agreeing a Quarter 2 position.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• The CCG continues to take action to mitigate against this level of overtrade continuing in the remaining months of the year and is focusing on schemes that will stem the level of over performance including MSK Clinical Assessment and Triage services, GP referral strategies as well as activity validation work and further QIPP schemes.</li> <li>• The CCG QIPP gap has reduced from £7.3m at month 05 to £6.7m at month 06 following the Quarter 1 agreement with WWLFT. The data validation business case is now being implemented by the CCG and staff are being recruited into posts so that data validation can commence as soon as possible. Other business cases are being progressed to address the currently unidentified QIPP. The separate QIPP report gives further details.</li> <li>• The Medicines Management team has recommended that the month 05 forecast overspend of £2.3m for GP Prescribing be maintained at the level reported in month 05. This increased cost is being reflected in other CCGs within GM and nationally. The forecast reflects the overspend although it is anticipated that there may be a potential price reduction from October 2015 as has been the case in previous years.</li> <li>• The prior year legacy provision to meet the CCG's continuing care restitution cases was £3.9m, of which the CCG plans to discharge £1.7m throughout 2015/16. At the end of September £342k of this has been discharged. NHS England is requesting that CCGs review whether they will be able to discharge the full planned value in cash. Whilst the CCG is confident that cases can be assessed, consideration will need to be given to whether the cases can be paid in cash given the time that it can take to get the required evidence and invoices often due to legal issues such as probate. The CCG has reviewed this and it is considered too early in the year to fully understand the potential cash payments as an element of this is beyond the control of the CCG. However, the CCG will reconsider this by month 08 when further data will be available.</li> <li>• The month 06 position reported by NHS England against Primary Care Co-Commissioning budgets shows an under performance of £640k. This is split between Directed Enhanced Services (DES) - £469k, and Premises - £171k. However, the CCG position continues to remain breakeven since the current NHS England guidance states that an allocation adjustment will take place to return this funding to NHS England as it is in excess of core contract requirements.</li> </ul>	
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		<p>The CCG is liaising with NHS England with regard to how the funding flows will work for delegated Primary Care Co-Commissioning budget should a financial pressure or underspend occur as current guidance is unclear.</p> <ul style="list-style-type: none"> <li>The CCG has a target of paying 95% of its invoices within 30 days of the date that the invoice was received or the date the goods or services were received, measured both by number of invoices and value of invoices, split between NHS and Non-NHS invoices. The CCG has met the required target at month 06 for both the number and value of invoices across both NHS and Non-NHS invoices.</li> </ul> <p><b>Other Information</b></p> <ul style="list-style-type: none"> <li>In month 06 the CCG has agreed to fund the financial pressure within the GP Out of Hours service of the Wigan Division of Bridgewater Community NHS Foundation Trust on a non recurrent basis until the end of this financial year, to ensure the stability of this service.</li> <li>The CCG has not yet had a reply to its response from Monitor, regarding the letter from a solicitor acting on behalf of a care home in the North West of England. The CCG prepared a response on behalf of Greater Manchester CCGs which was submitted to Monitor on the 28<sup>th</sup> August. The response outlined the approach taken to ensure that Monitor guidance had been adhered to when setting prices for nursing homes.</li> </ul> <p><b>Other Key Risks</b></p> <ul style="list-style-type: none"> <li>Recent national information reports that 118 out of 151 Foundation Trusts are reported as being in a deficit position at the end of Quarter 1 of c£1bn. The associated risks to commissioning organisations cannot be overstated if this trend continues for the rest of the financial year. The CCG is closely monitoring all contracts with its Trusts and Foundation Trusts providers but there remains a risk that this will impact on the CCG financial position.</li> <li>Increased demand on acute services through higher than anticipated growth and winter pressures.</li> <li>The effect of the change in pathways across Greater Manchester is not yet known and whilst the Greater Manchester CCG's risk share has set aside funds to cover transition it's unclear whether this will be sufficient.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Increased demand and growth in Continuing Healthcare services and individual packages of care for mental health, physical and learning disability patients.</li> <li>• The Greater Manchester Framework contract for Continuing Healthcare is currently being renegotiated and is expected to be completed by the 1<sup>st</sup> November. The CCG currently expects that the existing budget will be adequate to cover costs, however until the contract is finalised the overall financial impact cannot be fully assessed.</li> <li>• Increased expenditure on GP Prescribing through higher than anticipated demand, and the anticipated price reduction on generic medicines is not received; and NHS England delegate Specialised Commissioning services back to the CCG with insufficient funding which is an added cost pressure, which could increase the CCG's QIPP.</li> </ul> <p>The contractually challenged position at the end of quarter 1 was £2.7m over performance. The CCG and Trust have met regularly in recent weeks to discuss and agree a quarter 1 financial position, the agreed position to date now stands at an over performance of £1.0m.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received the item.</b></li> </ol>	
	<p><b>9.4</b></p>	<p><b>Quality Issues</b></p> <p>JS presented the item.</p> <p>The purpose of the Briefing Papers was to provide the Governing Body with an overview on the current activity of the Quality Team specifically relating to:</p> <ol style="list-style-type: none"> <li>1. Mortality</li> <li>2. Clostridium Difficile Infection (CDI)</li> <li>3. Alexandra Court Intermediate Care Provider</li> </ol> <p>The briefing papers highlighted any current areas of concern relating to the Providers and seek to evidence the actions that are being taken to drive the required improvements in quality and safety.</p> <p><u>Mortality</u></p> <ul style="list-style-type: none"> <li>• WWLFT are an outlier for weekend Summary Hospital Level Mortality Indicator (SHMI).</li> </ul>	

		<ul style="list-style-type: none"> <li>• Performance is monitored through the bi-monthly Quality Safety Safeguarding Group (QSSG) meeting.</li> <li>• WWLFT are not an outlier in Greater Manchester for overall, weekday or weekend Hospital Standardised Mortality Rate (HSMR).</li> <li>• The CCG Quality Team have developed a local Mortality CQUIN which aims to support the Trust to achieve its ambition of reducing SHMI to 100 and HSMR to 83 by 2017.</li> <li>• The Trust is committed to improving its benchmarked position within GM and actions have included the establishment of a 'Task and Finish' group, inviting SHMI experts from NHS England and AQUA and a SHMI improvement plan is being monitored by QSSG.</li> <li>• The Trust commissioned Dr Foster intelligence to undertake a review against key mortality metrics in June 2015. Several recommendations were made.</li> </ul> <p>The Quality Team will continue to monitor the Trust's progress against the SHMI Improvement Plan and related activities to improve mortality via the QSSG and ultimately the Clinical Governance Committee.</p> <p>TA stated that the CCG had invested £2.1m to support weekend working at WWL so expressed concern that the Trust was an outlier for SHMI.</p> <p>HM stated that new national guidance may result in a different method of recording mortality and possibly produce different outcomes.</p> <p>AA stated that the figures were high for WWL.</p> <p>It was recommended that the Trust Mortality Leads be invited to deliver a presentation on Mortality to the Governing Body.</p> <p><u>Clostridium Difficile Infection (CDI)</u></p> <ul style="list-style-type: none"> <li>• Both nationally and locally there has been a notable increase in the rates of <i>C. difficile</i> infections in 2014/15.</li> <li>• The WBCCG Root Cause Analysis (RCA) Review process is well established across the Borough.</li> <li>• 33 cases of <i>C. difficile</i> were reported from 1 April 2015 to 31 July 2015.</li> <li>• <i>C. difficile</i> infections continue to affect the elderly, vulnerable population, associated with antibiotic and Proton Pump Inhibitor (PPI) prescribing, co-morbidities and hospital admissions – 70% being over 65 years of age.</li> </ul>	
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		<p>The CHQA Lead will continue to attend ACIC bi-weekly to support quality improvement and monitor progress against the outstanding areas from the Commissioner Visit Action Plan.</p> <p>The CQC report will be shared as soon as it becomes available.</p> <p>A further Joint Commissioner Provider meeting will be convened and hosted by the CCG to support discharge/processes between WWL and ACIC.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received the reports.</b></li> <li>2. <b>The Trust Mortality Leads be invited to deliver a presentation on Mortality to the Governing Body in January 2016 and the Clinical Governance Committee to be asked to give prior consideration to the issues to be raised.</b></li> <li>3. <b>JS to liaise with John Marshall, Associate Director of Strategy and Collaboration, to reinforce the cessation of <i>C.difficile</i> retests.</b></li> </ol>	<p style="text-align: center;">JS</p> <p style="text-align: center;">JS</p>
<b>10. Governing Body Committee Updates</b>			
	<p><b>10.1/ 10.7</b></p>	<p>Chairpersons' reports were circulated as below:</p> <p>10.1 Healthier Together Committee in Common Minutes.</p> <p>10.2 Chairperson's Report: Audit Committee.</p> <p>MS confirmed that the Audit Committee were seeking to appoint a qualified accountant in line with recommendations.</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>10.7 Chairperson's Report: Primary Care Commissioning Committee.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body approved the above listed reports.</b></li> </ol>	

11.	<b>Locality Executive Updates</b>		
	11.1/ 11.6	<p>Locality Executive updates were circulated for September 2015:</p> <ul style="list-style-type: none"> <li>11.1 Atherleigh</li> <li>11.2 Patient Focus</li> <li>11.3 Tyldesley Atherton Boothstown Astley</li> <li>11.4 Wigan Central</li> <li>11.5 North Wigan</li> <li>11.6 United League Collaborative</li> </ul> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received the above listed reports.</b></li> </ol>	
12.	<b>Any Other Business – to be accepted at the Chairman’s discretion</b>		
		<p>There were no items of any other business raised.</p> <p>The meeting closed at 3.40pm.</p>	
13.	<b>Date and Time of Next Meeting</b>		
	<b>Tuesday 24 November 2015 at 1.30pm in Room 17, Wigan Life Centre</b>		

Signed .....  
Dr Tim Dalton, Chair

Date: .....24.11.15.....

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**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
28.7.15	8.1	<b>Healthier Together:</b> TD to provide progress report, including the conditions paper, to September Governing Body Meeting.	<b>TD</b>	<b>November</b>	Deferred due to Judicial Review.
25.8.15	7.1	<b>Quality, Safety and Safeguarding Briefing Paper – Quarter 1, 2015/16</b> <ul style="list-style-type: none"> <li>Themes of quality issues being discussed at locality level to be captured and feed into the next quarterly report.</li> <li>Include the exchange of information between the CCG and provider organisations at the Quality Safety and Safeguarding Group (QSSG) meeting in future reports.</li> <li>MS to provide advice on inspection to AA.</li> </ul>	<b>JS</b>  <b>JS</b>  <b>MS/AA</b>	<b>November</b>  <b>November</b>  <b>Ongoing</b>	
25.8.15	8.1	<b>Corporate Report</b> <ul style="list-style-type: none"> <li>Everyone Counts: Planning For Patients 2015/16 Activity Indicators to be discussed at the next Clinical Leadership Team meeting (CLT).</li> </ul>	<b>MT</b>	<b>November</b>	Deferred from the September/October meetings.

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

22.9.15	8.3	<b>Safeguarding Adults and Children Annual Report 2014/15</b> <ul style="list-style-type: none"> <li>Smoking cessation during pregnancy to be raised at the next Health and Wellbeing Board.</li> </ul>	TA	18 November	Next HWBB 18 November.
22.9.15	8.5	<b>Financial Control Environment Assessment</b> <ul style="list-style-type: none"> <li>The recommendation to change the membership in line with NHS compliance for 2016/17 was approved.</li> </ul>	MT	Ongoing	
27.10.15	7.1	<b>Chair's Key Messages</b> <ul style="list-style-type: none"> <li>The Patients Forum to be provided with a copy of a framework for work at Ashton once available.</li> </ul>	JS	Ongoing	
27.10.15	8.2	<b>Locality Plan</b> <ul style="list-style-type: none"> <li>Amendments to the plan to be made in respect of Appendix B.</li> <li>Future amendments to the plan to be clearly identified.</li> </ul>	JS JS	Ongoing Ongoing	
27.10.15	8.4	<b>Greater Manchester (GM) Devolution Update</b> <ul style="list-style-type: none"> <li>The reservations of the Governing Body to be raised as a matter of concern.</li> </ul>		TA	



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