

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

**Tuesday, 26 April 2016 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 22 March 2016</b>		Tim Dalton	1 - 18	Approve
5.	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting</b>		Tim Dalton	19 - 22	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	5 Boroughs Partnership NHS Foundation Trust Care Quality Commission Quality Summit and Action Plan		Gail Briers	Present-ation	Receive
	8.2	Governing Body Forward Plan 2016/17		Julie Southworth	23 - 26	Approve
	8.3	North West Sector Partnership Memorandum of Agreement		Trish Anderson	27 - 36	Receive
	8.4	GM Strategic Partnership Board Update		Trish Anderson	37 - 64	Receive
<b>9.</b>	<b>Current Business Items</b>					
	9.1	Performance Report Month 12		Mike Tate	65 - 102	Receive
<b>10.</b>	<b>Governing Body Committee Updates</b>					
	10.1	Healthier Together Shadow Joint Committee		Tim Dalton		No minutes available
	10.2	Chairperson's Report - Audit Committee		Maurice Smith	To Follow	Approve
	10.3	Chairperson's Report - Clinical Governance Committee		Ashok Atrey		No meeting
	10.4	Chairperson's Report - Corporate Governance Committee		Tony Ellis	103 - 106	Approve
	10.5	Chairperson's Report - Finance and Performance Committee		Mohan Kumar	107 - 110	Approve
	10.6	Chairperson's Report - Service Design and Implementation Committee		Peter Marwick	111 - 114	Approve
	10.7	Minutes - Primary Care Commissioning Committee		Gary Cook	115 - 122	Approve
<b>11.</b>	<b>Locality Executive Updates</b>					
	11.1	Atherleigh		Gen Wong	123 - 128	Receive
	11.2	Patient Focus		Mohan Kumar	129 - 134	Receive
	11.3	Tyldesley Atherton Boothstown Astley		Ashok Atrey	135 - 140	Receive

	11.4	Wigan Central		Tony Ellis	141 - 144	Receive
	11.5	North Wigan		Peter Marwick	145 - 148	Receive
	11.6	United League Collaborative		Sanjay Wahie	149 - 154	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 24 May 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 22 March 2016 at 1.30pm in Meeting Room 17, Wigan Life Centre**

**Present:**

Dr Tim Dalton, Chair (TD)  
Trish Anderson, Chief Officer (TA)  
Julie Southworth, Director of Quality and Safety (JS)  
Mike Tate, Chief Finance Officer (MT)  
Frank Costello, Lay Member (FC)  
Dr Pete Marwick, Clinical Lead for Wigan North (PM)  
Dr Ashok Atrey, Clinical Lead for TABA (AA)  
Dr Mohan Kumar, Clinical Lead for Patient Focus (MK)  
Dr Sanjay Wahie, Clinical Lead for United League Collaborative (SW)  
Dr Gen Wong, Acting Clinical Lead Atherleigh (GW)  
Canon Maurice Smith, Lay Member (MS)  
Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)

**In Attendance:**

Tim Collins, Assistant Director of Governance (TC)  
Angela Cullen, Executive Assistant to Chief Officer - Minute Taker (AC)  
Craig Hall, Deputy Chief Finance Officer (CH) – item 8.5  
Alexia Mitton, Head of Communications  
Julie Screen, PA to Associate Director Quality, Safety and Safeguarding (SF)  
Rachel Richardson, Public & Patient Engagement Officer

	<b>AGENDA</b>	<b>ACTION</b>
<b>1.</b>	<b>Chairman's Welcome</b>	
	<p>The Chairman opened the meeting at 1.30pm formally welcoming all attendees and members of the public to the March meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting.</p> <p>2 members of the Patient Forum were present.  1 member of the public was present.</p> <p>TD welcomed Dr Gen Wong, the newly appointed Clinical Lead for Atherleigh.</p>	
<b>2.</b>	<b>Apologies for Absence</b>	<b>Record</b>
	<ul style="list-style-type: none"> <li>• Helen Meredith, Nurse Governing Body Member (HM)</li> <li>• Dr Tony Ellis, Clinical Lead for Wigan Central (TE)</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>ALL</b>
<b>4.</b>	<b>Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 23 February 2016</b>	<b>Approve</b>
	The minutes were agreed as a true and accurate account of the meeting and subsequently signed by the 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><u>26.1.16</u></p> <p>Item 8.1 – 26 April meeting.  Item 8.2 – ongoing.  Item 8.4 – 26 April meeting.</p> <p><u>23.2.16</u></p> <p>Item 8.1 – 24 May meeting.</p>	
<b>6.</b>	<b>Questions From Members of the Public</b>	
<b>7</b>	There were no questions raised by members of the public.	
<b>7.</b>	<b>Key Messages</b>	
<b>7.1</b>	<p style="text-align: center;"><b>Chair’s Key Messages</b></p> <p>TD opened the meeting by reflecting upon the progress of the CCG in terms of:</p>	

		<ul style="list-style-type: none"> <li>• The relationships and leadership with partners and the increased sharing of data.</li> <li>• The history of financial balance and delivery on performance targets through a systematic approach to commissioning and delivery of ambitious QIPP targets.</li> <li>• Positive performance in respect of Elective Care and Urgent Care.</li> <li>• The introduction to Rapid Assessment Interface Discharge (RAID) which demonstrated a reduction of 16 beds per day.</li> <li>• The excellent work around the quality agenda and the eating disorder Commissioning for Quality and Innovation Payment Framework (CQUIN) for children and young people being recognised nationally as exemplar by the Department of Health.</li> <li>• The annual prescribing QIPP savings delivery of circa. £2m.</li> <li>• The reduction of Healthcare Associated Infections and prescribing of antibiotics.</li> <li>• Advancing technology and Wigan Live leading the way across Greater Manchester.</li> <li>• Voluntary and Community Sector Service and the investment in the Voluntary Community Sector (VCS) led programmes and the systematic involvement of patients and carers in strategy development and service redesign.</li> <li>• The strong infrastructure which builds upon our Patient Participation Group network which reaches out to other VCS organisations such as HealthWatch Wigan and the memberships of Wrightington Wigan and Leigh NHS Foundation Trust (WWL) and Bridgewater Community Healthcare NHS Foundation Trust (BCHCT).</li> </ul> <p>TD commended the excellent leadership of the CCG and the work of the Clinical Teams, staff, practices, providers and external stakeholders.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received the item.</b></li> </ol>	
	7.2	<p><b>Chief Officer’s Key Messages</b></p> <p>TA tabled a report updating Governing Body members on the below areas of interest:</p>	

		<p><u>National</u></p> <p><b>Junior Doctors Strike</b></p> <p>Further industrial action took place by Junior Doctors on Wednesday 9.3.16 and 2 further dates are planned for Wednesday 6<sup>th</sup> April and Tuesday 26<sup>th</sup> April. Each will start at 8am and last for 48 hours where junior doctors will provide emergency care only. The System Resilience Group is overseeing preparations.</p> <p><b>Personal Health Budgets</b></p> <p>The new CCG improvement and assessment framework has been designed to fit with new Sustainability and Transformation plans and to ensure alignment with the 5 Year Forward View.</p> <p>The ‘markers of progress’ survey tracks CCG progress in delivering personal health budgets and has been amended to link with the new framework.</p> <p>CCG leads have been asked to complete the survey by 21<sup>st</sup> March 2016.</p> <p><b>Mental Health Access and Waiting Time Guidance</b></p> <p>The Mental Health Services Data Set (MHSDS) is now collecting data to support the access and waiting time standards for early intervention in psychosis and baseline data to support development of children and young people with an eating disorder standard.</p> <p>Supporting guidance has been produced outlining the data required and how the indicator is constructed.</p> <p><b>Urgent Care</b></p> <p>NHSE has produced a ‘quick guide to sharing information for urgent and emergency care’ which is designed to support frontline providers and commissioners to confidently share information.</p> <p>NHSE has produced the ‘urgent emergency care footprint tool and emergency care performance trends pack’ which will support emerging urgent and emergency care networks to deliver the national vision.</p>	
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	<p><b>National Programme to combat antibiotic over usage</b></p> <p>NHSE has launched the largest healthcare incentive scheme for hospitals, primary care and other providers to prevent the growing problem of antibiotic resistance.</p> <p>The new programme goes live in April 2016 and will offer hospitals incentive funding worth up to £150 million to support review and reduction of inappropriate antibiotic prescribing.</p> <p><b>New standards for communicating patient diagnostic test results</b></p> <p>NHSE has developed a new set of standards for the communication of diagnostic test results and discharge from hospital.</p> <p>This is part of a wider national patient safety programme to protect patients from harm caused by delay in communication of information.</p> <p><b>Commissioning for Quality and Innovation Guidance 2016/17</b></p> <p>NHSE has published a new guidance document to support the (CQUIN) scheme.</p> <p>Two new indicators are introduced, one improving the health and wellbeing of NHS staff and the other focussing on 62 day wait cancer times.</p> <p><b>Quality Premium – Guidance for 2016/17</b></p> <p>NHSE has published a guidance document to support the 2016/17 quality premium scheme.</p> <p><u>Regional</u></p> <p><b>Meeting with John Rouse: Director General, Social Care, Local Government and Care Partnerships – Department of Health</b></p> <p>WBCCG was invited, along with colleagues from Bury and Manchester, to attend a discussion with John Rouse and Nick Seddon/Camilla Cavendish, Senior Policy Advisors from the Prime Minister’s Office. The meeting was to discuss progress with the development of Integrated Care arrangements.</p>	
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	<p>The discussion was part of a planned visit across Greater Manchester and the CCG and partners were invited as a result of the progress we have made. A team from Wigan attended led by the Chief Officer.</p> <p><b>North West Sector Programme Board</b></p> <p>Detailed planning is continuing across the NW Sector for the implementation of the Healthier Together proposals and the Board continues to meet monthly.</p> <p><b>GM Wide Visit from Simon Stevens</b></p> <p>Wigan hosted a GM wide event to outline the progress made on preparing for the formal handover of devolution responsibilities on 1 April 2016.</p> <p>The key note speaker was Simon Stevens (Chief Executive NHSE) who followed presentations from Lord Peter Smith (Leader Wigan Council) Sir Howard Bernstein (Chief Executive Manchester City Council) and other stakeholders.</p> <p>The morning session was followed by an afternoon local Wigan event hosted by Healthwatch with Simon Stevens and a local panel of stakeholders including the CCG Chair and Chief Officer.</p> <p><b>Strategic Partnership Board</b></p> <p>The GM Strategic Partnership Board met on Friday 18<sup>th</sup> March 2016 and approved a range of papers including the Greater Manchester Joint Commissioning Strategy.</p> <p>Detailed papers will come to the next Governing Body meeting.</p> <p><u>Local</u></p> <p><b>Primary Care New Models of Care Event</b></p> <p>The CCG hosted a borough wide event with primary care colleagues and other local partners to discuss the opportunities for working together to modernise the delivery of primary care to help cope with rising demand and expectation.</p> <p><b>Army Engagement Event</b></p> <p>The Chief Officer attended a local Army briefing event designed for a broad range of local stakeholders to outline the changes taking place within the Armed Forces.</p>	
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	<p><b>Transformation Fund Support</b></p> <p>As part of the development of our Locality Implementation Plan and associated financial investment plan the Wigan Leaders Executive Board (WLEB) has agreed to invite Price Waterhouse Cooper (PWC) to review our plan to identify any areas and opportunities for improvement which will ensure we are well placed to access the Transformation Fund.</p> <p>TA confirmed that a paper detailing the progress of the Healthier Together North West Sector programme will be brought to a future meeting.</p> <p>TA proposed a wrap-around report to a future meeting to update members on the Greater Manchester Devolution work.</p> <p>TA wished to place on record her thanks personally, and on behalf of the Governing Body, for the support of Sir Ian McCartney and wished him a long, happy and healthy retirement.</p> <p>FC referred to comments made by Simon Stevens, Chief Executive of NHSE, on his recent visit to Wigan whereby he mentioned the centrality of primary care to new delivery models.</p> <p>FC confirmed that he had read that the public accounts committee had given NHSE until Christmas to notify them of remedial action in respect of the 12% gap in funding and asked how this would be addressed locally to ensure we have the resources to deliver the change.</p> <p>GC asked when the Governing Body would begin to see the outputs of the primary care new models of care.</p> <p>TA explained that this was currently being explored with colleagues to determine the best way to present this aligned to the GM and Local Strategy. TA suggested that a report be prepared after the inaugural meeting tomorrow.</p> <p>MK confirmed that primary care host training in practices and we currently have 20 to 22 GPs training in the borough. MK added that he had led on a piece of work around primary care workforce at a Lancs and GM level and sought permission of the Chair to share this learning.</p> <p>A discussion was held around the workload and the importance of staff retention within primary care given the shift in workload from secondary care.</p>	
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		<p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. The Governing Body received the item.</li> <li>2. A Briefing to be provided to Governing Body of the progress of North West Sector Programme Board.</li> <li>3. A 'wrap around' report to be brought to Governing Body on the various papers approved by the Greater Manchester Strategic Partnership Board at its March 2016 meeting.</li> <li>4. Primary Care Workforce Strategy approved by Health Education Council and working with Preston/Chorley CCGs to be brought to Governing Body.</li> </ol>	<p>TA</p> <p>TA</p> <p>MK</p>
<b>8.</b>	<b>New Business Items</b>		
	<p><b>8.1</b></p>	<p><b>Patient Engagement Briefing and Patient Forum Attendance</b></p> <p>Frank Costello presented the item to provide members with an overview of patient engagement activity for the period October 2015 to February 2016 and gave a brief update against each of the work streams and activities undertaken.</p> <p>FC introduced 2 members of the Patients Forum – Fred Lever (FL) and Margaret Hughes (MH).</p> <p>The Patients' Forum has met twice since the last report to the Governing Body during December 2015 and February 2016 and FC provided members with an update.</p> <p>FC confirmed that WWL had requested to join the Patients' Forum on a permanent basis.</p> <p>The Patient Representatives congratulated the CCG on the last 3 years achievements given the current challenges. Concerns were raised around the Greater Manchester Devolution Agreement and the Wigan Borough receiving proportionate funding.</p> <p>TD explained that the CCG's statutory duties do remain post 1 April.</p> <p>TA explained that, in her opinion, our track record of provider assurance and having the ability to be able to demonstrate our achievements by way of delivery indicates that Wigan would be a good investment. In addition, strong patient voices are hugely important to our success.</p> <p>MK echoed the sterling work of the Patients' Forum and thanked them, on behalf of the Governing Body, for their support to date.</p>	

	<p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received the report.</b></li> <li>2. <b>Patient Forum Representatives to return to Governing Body and assist in presenting quarterly report.</b></li> </ol>	<p><b>FC</b></p>
<p><b>8.2</b></p>	<p><b>Wrightington, Wigan &amp; Leigh NHS Foundation Trust Deaths Audit Identified Themes March 2016</b></p> <p>JS presented the item.</p> <p>In January 2016 the WWL NHS FT Deaths Audit Annual Review 2015 was published and shared at the Trust's Quality and Safety Committee and with WBCCG.</p> <p>The aim of the report was to inform the Governing Body of actions taken to address areas of concern highlighted in the Deaths Audit Annual Review 2015. The report includes action being taken to improve the treatment of common conditions identified by regional mortality data.</p> <p>The Trust reviews approximately 350 deaths annually to identify patterns, themes or errors occurring endemically. The reviews are undertaken by a doctor, nurse and clinical coder. This corporate review of deaths is undertaken most weeks throughout the year with the aim to achieve a review of approximately 400 deaths annually, which is just under half of all deaths that occur in hospital. The review focuses on 'Box 4' deaths which are defined as 'deaths of patients that are not in Intensive Care Units and deaths for patients not on the care of the dying pathway'. Box 4 deaths are classified as follows:</p> <ol style="list-style-type: none"> <li>1. Deaths shortly after admission (admitted to die)</li> <li>2. Deaths where care of dying would have been appropriate or death was predicted</li> <li>3. Deaths not, or easily predicable</li> </ol> <p>Deaths are reviewed against standards of care. The reviews also include an audit of cardiac arrests and a report on current inpatients with a length of stay over 30 days.</p> <p>A debate is ongoing to clarify the validity of the Summary Hospital-level Mortality Indicator (SHMI) data.</p> <p>JS acknowledged the openness of the report and the commitment of WWL to listen and willingly respond to comments in an open manner.</p>	

		<p>JS offered her congratulations to WWL NHS FT being confirmed as the sixth best Trust in the country for openness and transparency. The Governing Body echoed the comments.</p> <p>GW asked if the standards of care were set nationally.</p> <p>JS explained that these were actions derived from a series of visits by the Care Quality Commission (CQC), Doctor Foster reports and the Professor Sir Brian Jarman Report.</p> <p>GC raised his ongoing concern over the weekend death rate and asked if the CCG were represented at the deaths meeting.</p> <p>JS confirmed that she would provide GC with a response to his query, taking into account the SHMI data lag.</p> <p>SW confirmed that a Clinician had been appointed to attend the deaths meeting to gain a system-wide understanding.</p> <p>AA stated that a CQC recommendation was that WWL ‘buddies up’ with a similar organisation to compare the data.</p> <p>TD welcomed the transparency of the report and the approach into the broader health economy.</p> <p>The Governing Body welcomed a report, in due course, on the updating of SHMI data.</p> <p>DN added that HealthWatch would be keen to be involved in the work around unified Do Not Attempt Cardio Pulmonary Resuscitation (uDNACPR)</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received the report.</b></li> <li>2. <b>The paper has not addressed or explained the increased death rate at weekends previously reported by the Trust and this information should be requested.</b></li> <li>3. <b>Dave Nunns advised that with regard to the ‘Unified Do Not Attempt Cardio Pulmonary Resuscitation’ category HealthWatch was dealing with three linked complaints and requested that they be involved in any follow up work. This will be raised with the Trust.</b></li> </ol>	<p style="text-align: right;">JS</p> <p style="text-align: right;">JS</p>
	<p><b>8.3</b></p>	<p><b>Information Governance Framework</b></p> <p>JS presented the item.</p>	

		<p>This document is the overarching document to cover Information Governance policies and procedures in place within WBCCG. This is underpinned by the already approved Information Governance Policies.</p> <p>As part of the IG Toolkit submission for the CCG the Information Governance Framework was presented for approval of Governing Body.</p> <p><b>Resolved:</b></p> <p><b>1. The Governing Body approved the report.</b></p>	
	<p><b>8.4</b></p>	<p><b>Locality Plans – i) Final Locality Plan, ii) Transformation Fund Proposals and iii) Better Care Fund</b></p> <p>TA presented the item.</p> <p>1. <u>Locality Plan</u></p> <p>The Wigan Locality Plan for Health and 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>Updates to the document are highlighted in red as per the request at a previous Governing Body meeting.</p> <p>The latest iteration of the plan will continue to be refreshed as we drive forward our transformational programme of work. This will include an updated finance section once 2016/17 contracts are signed with NHS providers.</p> <p>The document now includes the ‘Nine Must Dos for the NHS in 2016-17’ as an appendix in line with this year’s planning round.</p> <p>Implementation plans are being put into place for the Locality Plan programmes and projects which links to the investment proposition for the GM Transformation Fund.</p> <p>TA confirmed that the Locality Plan will be considered by the Health and Wellbeing Board subject to the approval of the Governing Body.</p> <p>GC asked how we would measure success of delivery.</p> <p>TA confirmed that this detail would be included within the Implementation Plan.</p>	

		<p>MK noted the challenge in aligning the outcomes.</p> <p>2. <u>Greater Manchester Transformation Fund</u></p> <p>Greater Manchester has agreed with NHSE that a new fund of £450m should be established to drive transformational change in health and care in GM. The fund will be available over the next five years. The fund is designed to support one-off investment and double running costs.</p> <p>The fund is open for business as of 1<sup>st</sup> April 2016. GM has committed to working with localities to develop their investment propositions. The report describes the process under way to work up our local investment proposal.</p> <p>In order to be in the best position possible to secure investment from the fund we need to:</p> <ul style="list-style-type: none"> <li>• Ensure that our proposition is clearly based on the vision set out in the Locality Plan, and;</li> <li>• Ensure that we have developed a robust, evidence-based investment proposition, drawing on our track record of delivery, clearly describing the business cases underpinning our transformation schemes and setting out the opportunity and investment required for scaling up.</li> <li>• It is imperative that our proposition meets all of the GM Fund criteria and design principles which are currently being confirmed.</li> </ul> <p>TA confirmed that a refined draft will be presented to the next Health &amp; Wellbeing Board.</p> <p>TA added that the Vanguard Bids will now require further scrutiny due to being funded from the Transformation Fund.</p> <p>As per the timeframe referenced in section 3.2, if the Governing Body is in support of the principles outlined in the paper, our investment proposal for the Transformation Fund will be developed for the Health and Well Being Board's consideration on 30<sup>th</sup> March.</p> <p>Prior to the Health and Well Being Board, the draft proposal will be shared with local partners via the WLEB.</p> <p>PWC will work with us to identify areas for improvement to support our investment proposition to the fund.</p> <p>The list of investment opportunities will be refined and prioritised.</p>	
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	<p>The proposal will be presented as a central part of our implementation plan for the Locality Plan.</p> <p>TD noted the need for plain language and suggested that the authors include illustrations of how the plan translates to members of the public.</p> <p>WBCCG have identified proposals for the following sums against the Transformation Fund across a range of programmes:</p> <p>Year 1: £21m Year 2: £11m Year 3: £17m Year 4: £4m Year 5: £1m</p> <p>MT highlighted that WWL has applied for a capital bid as part of the process to develop the Leigh Site for social housing in 2018/19 and neuro rehabilitation.</p> <p>3. <u>Better Care Fund</u></p> <p>2016/17 is the second year of the Better Care Fund. In 2015/16 a joint investment programme was agreed between the CCG and Council based on our strategy for integrated care. The key performance metric for the BCF in 2015-16 was based on non-elective admissions and Wigan has performed strongly in this respect with a 2.7% reduction, as per the latest (quarter 3) report to NHS England.</p> <p>It is proposed that the schemes currently under the Better Care Fund are rolled over into 2016-17. The schemes will support the first year of delivery of our Locality Plan in 2016-17.</p> <p>SW asked if the CCG are conducting a performance review of year 1 schemes.</p> <p>MT confirmed that the Joint Commissioning Group (JCG), attended by Paul McEvvitt, Deputy Chief Executive Wigan Council, and himself reviews non-recurrent spend regularly and the Better Care Fund on a quarterly basis. MT offered to provide members with a copy of the last report.</p> <p>The Governing Body welcomed an overview report to review performance of the BCF via the Finance and Performance Committee with escalation to the Governing Body if appropriate.</p>	
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	<p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. The Governing Body received the Locality Plan and approved its progression to the Health and Wellbeing Board for approval.</li> <li>2. Detailed reporting of how the BCF schemes were being managed financially, particularly those where Wigan Council was the Lead Organisation, should be reported quarterly to Finance &amp; Performance Committee and brought to Governing Body if appropriate.</li> </ol>	<p>TA</p> <p>MT</p>
<p>8.5</p>	<p><b>Wigan Borough Clinical Commissioning Group Financial Plan 2016/17</b></p> <p>Craig Hall, Deputy Chief Finance Officer, presented the item.</p> <p>The document outlines the CCG's proposed financial plan for the year 2016/17.</p> <p>It highlights the CCG's funding allocations, proposed expenditure and the level of financial efficiencies required to deliver the planned expenditure and the associated risks regarding delivering the statutory financial duties of the CCG.</p> <p>This plan, if approved will also form the organisation's budgets for the 2016/17 financial year.</p> <p>CH highlighted the areas for Governing Body members to note:</p> <ul style="list-style-type: none"> <li>• This is a one-year financial plan as outlined in Appendix 1</li> <li>• Currently balanced by a financial efficiency target of £20.8m</li> <li>• £5.4m unidentified commencing 1<sup>st</sup> April</li> <li>• 1.0% (£4.9m) H.M. Treasury mandated withhold</li> <li>• Lowest growth allocation in Greater Manchester</li> <li>• Contract with main provider not agreed</li> <li>• Unprecedented debt positions of provider organisations</li> <li>• 2.5% swing on tariff inflation</li> <li>• Significant contribution to BCF schemes</li> <li>• Delivers statutory duties and business rules</li> </ul> <p><u>GM Sustainability Transformation Plan</u></p> <ul style="list-style-type: none"> <li>• For Wigan CCG the Sustainability Transformation Plan footprint is aligned to GM</li> <li>• STP plans must set out a '<i>mixture of demand moderation, allocative efficiency, provider productivity and income generation required for the NHS locally to balance its books</i>'</li> <li>• The GM Transformation Fund is excluded from our financial plan as submitted to NHS England.</li> </ul>	

		<p><u>Growth</u></p> <ul style="list-style-type: none"> <li>• The CCG was allocated 3.0% of ‘Programme’ growth as outlined in Appendix 3.</li> <li>• This was the lowest allocation to a CCG within Greater Manchester.</li> <li>• It includes £737k new CAMHS funding.</li> <li>• Balance is ‘inflation only’ - therefore no true growth funding.</li> </ul> <p><u>Top 5 Key Risks</u></p> <ul style="list-style-type: none"> <li>• CCG access to non-recurrent 1.0% contingency, GM CFOs have agreed a GM risk share of 0.25% that should be funded from this source. This has not yet been agreed with NHSE/GM/Treasury.</li> <li>• Organisations in the health economy fail to work together and aggregate financial balance is not achieved in 2016/17.</li> <li>• Wigan Borough does not receive the required level of access to the GM Transformation Fund – insufficient funds available for non-recurrent pump-priming of transformational schemes;</li> <li>• Unsigned contract with WWLFT – Financial uncertainty for both organisations;</li> <li>• Non-identification/delivery of efficiency schemes – failure to achieve statutory financial business rules;</li> </ul> <p><u>Planning Assumptions</u></p> <ul style="list-style-type: none"> <li>• Are based upon guidance from NHSE</li> <li>• Reported to the F&amp;P committee in January and March</li> <li>• Reported to Governing Body in January</li> <li>• 1.0% (£4.9m) wholly uncommitted non-recurrent reserve</li> <li>• 0.5% (£2.5m) in-year contingency</li> <li>• No increase in CCG running costs</li> <li>• Parity of esteem for mental health budgets</li> </ul> <p>MT confirmed that there was significant additional investment in Primary Care. The total programme budget is £53.8m for 2016/17, an increase of £9.0m year on year (based on the difference between 15/16 outturn and 16/17 budgets), £3.2m growth funding (which includes additional budget for voids and subsidies with NHS Property Services of £2.6m) and £5.8m CCG funding.</p> <p>MT requested the assistance of Clinical Governing Body members to ensure that this expenditure delivers pathways to ensure that the CCG remains in financial balance.</p>	
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		<p>The Governing Body were asked to approve the 2016/17 financial plan for the CCG which will form the basis of the 2016/17 detailed budgets devolved to budget holders within the CCG.</p> <p><b>Resolved:</b></p> <p style="padding-left: 20px;">1. <b>The Governing Body approved the report.</b></p> <p><i>Margaret Hughes of the Patient Forum left the meeting at 3.30pm.</i></p>	
<b>9. Current Business</b>			
	<p><b>9.1</b></p>	<p><b>Corporate Report, Month 11 (February 2016)</b></p> <p>MT presented the item.</p> <p>The report is designed to give the Governing Body a regular monthly update on how the CCG is performing against its local priorities. The report also summarises CCG performance against the Everyone Counts Planning Guidance Indicators.</p> <p>Each directorate has identified key areas to inform the report which are highlighted below:</p> <p><b>Emerging Challenges</b></p> <ol style="list-style-type: none"> <li>1) The emerging Greater Manchester (GM) Devolution agenda and potential funds transfer to the devolution budget.</li> <li>2) Identify additional opportunities to address the CCGs cumulative shortfall in funding identified in the Locality Plan submitted as part of GM devolution.</li> <li>3) Fully meeting the requirements of Winterbourne.</li> <li>4) Managing demand in the acute sector, particularly over performance at WWL.</li> <li>5) Community care providers developing sufficient capacity to receive patients and services deflected from Acute Hospital care.</li> </ol> <p><b>Challenges for 2016/17 include:</b></p> <ol style="list-style-type: none"> <li>1) 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>2) Further developing the QIPP programme to meet 2016/17 requirements and beyond.</li> <li>3) Increasing cost pressures on the CCG.</li> <li>4) Potential cuts to local authority budgets as a result of the new Comprehensive Spending Review (CSR) for the five years following 2016/17 and its impact on health costs.</li> </ol>	

		<p>5) The need to return the local system to 'aggregate financial balance'.</p> <p>6) It is anticipated that Nursing Homes and Domiciliary care providers who support CHC patients will be reviewing their charges as the impact of the increase in living wage is implemented. This could place a challenge on the CHC budget in the next two to three years. A 5% increase has been placed within the financial plan and this will require close monitoring in year. Nationally the DH is reviewing the fee paid by CCGs for Funded Nursing Care Patients to allow for the increase in living wage. It is not yet known the scale of the increase.</p> <p>MT highlighted the large proportion of exception reports that relate to pressures in the Urgent Care System.</p> <p>MT confirmed that there are continuing pressures within Independent Access to Psychological Therapies (IAPT), the CCG are liaising with the three providers.</p> <p><b>Resolved:</b></p> <p style="padding-left: 20px;"><b>1. The Governing Body received the item.</b></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 Shadow Joint Committee meeting, 16 March 2016.</p> <p>10.2 Chairperson's Report: Audit Committee – no meeting.</p> <p>10.3 Chairperson's Report: Clinical Governance Committee.</p> <p>10.4 Chairperson's Report: Corporate Governance Committee – no meeting.</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 Ratified Minutes: Primary Care Commissioning Committee.</p> <p><b>Resolved:</b></p> <p style="padding-left: 20px;"><b>1. The Governing Body approved the above listed reports/minutes.</b></p>	

11.	<b>Locality Executive Updates</b>		
	11.1/ 11.6	<p>Locality Executive updates were circulated for February 2016:</p> <ul style="list-style-type: none"> <li>11.1 Atherleigh – joint report</li> <li>11.2 Patient Focus – joint report</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. The Governing Body received the above listed reports.</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 for discussion.</p> <p>The meeting closed at 3.35pm.</p>	
13.	<b>Date and Time of Next Meeting</b>		
	Tuesday 26 April 2016 at 1.30pm in Room 17, Wigan Life Centre		

Signed .....  
Dr Tim Dalton, Chair

Date: .....24.5.16.....

**DRAFT ACTIONS FROM WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY  
OPEN MEETINGS 2016**

Meeting Date	Agenda Item	Agreed actions from meeting	Action By	Deadline	Update
26.01.16	8.2	<b>Healthier Together Judicial Review</b>  TD to relay back to the Committee in Common the omission of the Primary Care Sector from the conditions paper.	<b>TD</b>	<b>16/03/16</b>	To be passed on at the next meeting of the committee.
26.01.16	8.4	<b>Governing Body Assurance Framework</b>  An assessment to be undertaken of the risk associated with the financial viability of care homes in the borough and the contingency plan if one or more failed.	<b>JS</b>	<b>24/05/16</b>	
23.02.16	8.1	<b>Quality, Safety and Safeguarding Report, Quarter 3</b>  <ul style="list-style-type: none"> <li>Quality Improvement Plan (Westwood Lodge) to be used as a model for nursing homes – progress report to be provided to a future Governing Body.</li> <li>Bed Capacity Review: a report on the outcomes of this work to be brought to the April Governing Body meeting.</li> </ul>	<b>JS</b>  <b>MT</b>	<b>24/05/16</b>  <b>26/04/16</b>	
22.03.16	7.2	<b>Chief Officer's Key Messages</b>  <ul style="list-style-type: none"> <li>A Briefing to be provided to Governing Body of the progress of North West Sector</li> </ul>	<b>TA</b>	<b>24/05/16</b>	

**DRAFT ACTIONS FROM WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY  
OPEN MEETINGS 2016**

		<p>Programme Board.</p> <ul style="list-style-type: none"> <li>• A 'wrap around' report to be brought to Governing Body on the various papers approved by the Greater Manchester Strategic Partnership Board at its March 2016 meeting.</li> <li>• Primary Care Workforce Strategy approved by Health Education Council and working with Preston/Chorley CCGs to be brought to Governing Body.</li> </ul>	<p align="center"><b>TA</b></p>	<p><b>26/04/16</b></p>	
			<p align="center"><b>MK</b></p>	<p><b>28/06/16</b></p>	
22.03.16	8.1	<p><b>Patient and Public Involvement</b></p> <ul style="list-style-type: none"> <li>• Patient Forum Representatives to return to Governing Body and assist in presenting quarterly report.</li> </ul>	<p><b>FC/CR</b></p>	<p><b>28/06/16</b></p>	
22.03.16	8.2	<p><b>Deaths Audit Annual Review 2015 – WWL Response to Identified Themes</b></p> <ul style="list-style-type: none"> <li>• The paper has not addressed or explained the increased death rate at weekends previously reported by the Trust and this information should be requested.</li> <li>• Dave Nunns advised that with regard to the 'Unified Do Not Attempt Cardio Pulmonary Resuscitation' category HealthWatch was</li> </ul>	<p><b>JS</b></p>	<p><b>28/06/16</b></p>	
			<p><b>JS</b></p>	<p><b>26/04/16</b></p>	

**DRAFT ACTIONS FROM WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY  
OPEN MEETINGS 2016**

		dealing with three linked complaints and requested that they be involved in any follow up work. This will be raised with the Trust.			
22.03.16	8.4iii	<p><b>Better Care Fund 2016/17</b></p> <ul style="list-style-type: none"> <li>Detailed reporting of how the BCF schemes were being managed financially, particularly those where Wigan Council was the Lead Organisation, should be reported quarterly to Finance &amp; Performance Committee and brought to Governing Body if appropriate.</li> </ul>	<b>MT</b>	<b>July 2016 F&amp;P Committee</b>	

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