

MEETING: Governing Body

Item Number: 10.1

DATE: 28 June 2016

REPORT TITLE:	Healthier Together Shadow Joint Committee Meeting Minutes: 1 June 2016
CORPORATE OBJECTIVE ADDRESSED:	All four corporate objectives are met.
REPORT AUTHOR:	Phil Watson, CBE
PRESENTED BY:	Dr Tim Dalton
RECOMMENDATIONS/DECISION REQUIRED:	Receive
EXECUTIVE SUMMARY	
The Governing Body are asked to receive the minutes of the Healthier Together Shadow Joint Committee Meeting held on the 1 June 2016.	
FURTHER ACTION REQUIRED:	None
EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.	

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Shared Minutes of the Healthier Together Shadow Joint Committee Meeting held in Public

Agenda Item Number 1.4

Date of meeting: 16th March 2016

Date of paper:	15th June 2016
Subject:	Healthier Together Shadow Joint Committee
Decision / Opinion Required:	For approval
Author of paper and contact details:	Catherine Georgeson Catherine.georgeson@nhs.net
Purpose of paper:	For record of the Shared Minutes of the Healthier Together Shadow Joint Committee meeting on 16th March 2016.
The item has been discussed previously at these meetings:	n/a

Title	Minutes taken at the meeting of the Greater Manchester CCG Healthier Together Shadow Joint Committee		
Author	Catherine Georgeson		
Version	0.1		
Target Audience	Healthier Together Shadow Joint Committee		
Date Created	16.03.2016		
Date of Issue			
To be Agreed	15.06.2016		
Document Status (Draft/Final)	Draft		
Description	Greater Manchester CCG Healthier Together Committees in Common minutes of meeting 16/03/2016		
Document History:			
Date	Version	Author	Notes
16.03.2016	0.1	C Georgeson	Draft minutes created
06.06.2016	0.2	S Hargreaves	SH amends
Approved:			
Signature:			<p>.....</p> <p>Phil Watson CBE, Chairman</p>

Greater Manchester CCG Healthier Together Shadow Joint Committee (HTJC)

SHARED MINUTES OF MEETING

Wednesday 16th March 2016
Mersey B & C, 3 Piccadilly Place, Manchester
Chair – Phil Watson CBE

ATTENDANCE

Confirm meeting of the 12 Committees of :

Bolton CCG
Bury CCG
Central Manchester CCG
Heywood, Middleton & Rochdale CCG
North Manchester CCG
Oldham CCG
Salford CCG
South Manchester CCG
Stockport CCG
Tameside and Glossop CCG
Trafford CCG
Wigan Borough CCG

Other organisations in Attendance:

Transformation Unit
Healthwatch

Voting Members in Attendance:

Steve Allinson	Chief Operating Officer, NHS Tameside & Glossop CCG (Deputy)
Dr Paul Bishop	Strategic Partnerships & Planning Clinical Lead, NHS Salford CCG
Dr Tim Dalton	Chair, NHS Wigan Borough CCG
Dr Mike Eeckalaers	Chair, NHS Central Manchester CCG
Sam Evans	Deputy Director of Finance, NHS Heywood, Middleton & Rochdale CCG (Deputy)
Dr Ranjit Gill	Chief Clinical Officer, NHS Stockport CCG
Denis Gizzi	Managing Director, NHS Oldham CCG (Deputy)
Caroline Kurzeja	Chief Officer, NHS South Manchester (Deputy)
Su Long	Chief Officer, NHS Bolton CCG (Deputy)
Dr Kiran Patel	Chair, NHS Bury CCG
Dr Martin Whiting	Chief Clinical Officer, NHS North Manchester CCG

Other Attendees:

Phil Watson CBE	Independent Chair
Debbie Austin	Governing Body GP, NHS North Derbyshire CCG
Rob Bellingham	Director of Commissioning, GM Health & Social Care Transformation
Fleur Blakeman	Director of Strategy & Transformation, NHS Eastern Cheshire CCG
Ann Day	Chair, Healthwatch Trafford
Ed Dyson	Interim Chief Operating Officer, Central NHS Manchester CCG
Nick Lees	Consultant General Surgeon, Salford Royal FT

Katy Coope	Assistant Director, NHS Transformation Unit
Catherine Georgeson	Executive Business Manager, NHS Transformation Unit
Sophie Hargreaves	Associate Director, NHS Transformation Unit
Claire Postlethwaite	Associate Director, NHS Transformation Unit

Apologies:

Dr Wirin Bhatiani	Chair, NHS Bolton CCG
Dr Alan Dow	Chair, NHS Tameside & Glossop CCG
Dr Chris Duffy	Chair, NHS Heywood, Middleton and Rochdale CCG
Dr Nigel Guest	Chief Clinical Officer, NHS Trafford CCG
Steven Pleasant	Lead Local Authority Chief Executive for Health AGMA Representative
Dr Bill Tamkin	Chair, NHS South Manchester CCG
Dr Ian Wilkinson	Chief Clinical Officer, NHS Oldham CCG

Members of the Public attendance

Elaine Baker
Wendy Cocks

Quorate Requirements:

The meeting was quorate.

MEETING NARRATIVE & OUTCOMES

1	Welcome and Introductions		
	<p>The Chair welcomed all to the meeting, including two members of the public, and introductions were made. This is the second Shadow Joint Committee; the first in the format that is anticipated will be employed going forward.</p> <p>The Chair highlighted that some members may have seen some papers previously through their membership of the Programme Board. The Chair asked members to appreciate however that this meeting is in public and for the benefit of members of the public in the room and reading papers online, some items would be discussed again today. Furthermore, the Joint Committee is the decision making group for Healthier Together – the Programme Board can make recommendations to the Joint Committee.</p> <p>It is hoped that the next meeting will be a formal Joint Committee as Terms of Reference and constitutional changes should all have been agreed respectively by CCG Governing Bodies and by NHS England. This is largely completed, with two remaining CCGs still in progress.</p>		
1.1	Apologies for Absence		
	Apologies for absence were received from those detailed above.		
1.2	Quorum Confirmation		
	It was noted the meeting was quorate but decisions will not be taking place as it is in Shadow form only. Any recommendations made will need to be ratified at a future full Joint Committee meeting		
1.3	Declaration of Interests		
	The meeting attendees with roles as GPs noted their interest in primary care provision. Members were advised by the Chair to indicate any further interests arising during the course of the meeting immediately.		
1.4	Minutes of the previous meeting held on 21st October 2015 & 16 Dec		
	<p>The amendments made to the minutes from the meeting of 21st October 2015 which were proposed at the meeting of 16th December 2016 were agreed as correct.</p> <p>The minutes of the meeting of 16th December 2015 were agreed as a true and accurate reflection of the meeting subject to correction of the job title of Paul Bishop.</p> <p>The minutes of these meetings will need to be formally ratified at a full Joint Committee meeting.</p>		
ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
	Action	Ratify minutes from 21-10-2015, 16-12-2015 and 16-03-2016 at a formal Joint Committee meeting.	Phil Watson
2.	Primary care update		
	<p>Rob Bellingham updated the meeting on behalf of the Devolution management team, regarding the Primary Care and Joined Up care elements of the programme in the public consultation.</p> <p>In relation to primary care:</p>		

7 day primary care access – an independent evaluation has shown a reduction in access to A&E in areas where this was trialled. Greater Manchester is seen nationally as a trailblazer in this area, and now has widespread 7 day access across GM.

Supporting long term conditions in the community - work has been ongoing regarding segmentation of the population, which also fits in with Devolution theme 2.

Patient access to records – a significant amount of work has been done to support this.

GP performance – all CCGs have agreed on primary care medical standards to be delivered by December 2017. All patients now have access to GP performance nationally.

Delivery at scale – this is part of the integrated out of hospital system, and a building block in locality plans linking into the Greater Manchester Health & Social Care Devolution. Commissioners are leading in their own areas and refreshing GM primary care strategy.

Ranjit Gill noted that this primary care strategy aims not only to ensure the best care but also prevent admission and expedite discharge. The primary care commissioner led strategy will set this out.

Tim Dalton welcomed this positive update and the sense that promises made are being delivered.

[Rob Bellingham left the meeting]

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
	Action	Rob Bellingham to provide a primary care update as a standing item on the agenda, aligning to GM Health and Social Care Devolution	Rob Bellingham

3. Joined up care update

Su Long briefed the meeting regarding this locality based and Greater Manchester led work. GM locality plans have confirmed the commitments made through Healthier Together, substantial pooled budgets have been created between organisations, and there is significant progress with an ongoing rollout of integrated neighbourhood teams across GM.

[Steve Allinson joined the meeting]

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
	Action	Warren Heppolette to provide a joined up care update as a standing item on the agenda, aligning to GM Health and Social Care Devolution	Warren Heppolette

4. Programme

Programme Plan and Dependencies

Ed Dyson noted that the Joint Committee has a mandate to test the commitments made to the public through Healthier Together, and that hospital work is the focus of this, as the other commitments relating to primary care, and integrated care, as updated earlier in the meeting, are mainly governed elsewhere - primarily in the newly formed GM Joint Commissioning Board with GM Local Authorities.

ED introduced the Healthier Together Implementation Programme Initiation Document (PID) and outlined the key content of this including the revised governance and approach to assurance – both of the sectors and of the programme. A 7 stage assurance process has been developed which outlines the 7 stages sectors will need to progress through the implement Healthier Together and the assurance requirements of each stage.

Sophie Hargreaves updated that the programme plan is complex, with a lot of identified

interdependencies. These have been mapped by theme and stage, and are being actively managed via the risk and dependency registers to resolve any issues. This meeting will receive the key issues escalated by Programme Board, e.g. the high and very high risks only, whilst Programme Board is sighted on the full risk register.

The Joint Committee **approved** the Programme Initiation Document, the 7 stage sector assurance approach and the approach to risk and dependency management.

Assurance – Sectors and GM Projects

Paul Bishop queried the pace of the implementation given the time since the decisions were taken. In particular, the need for a clarification of the model for general surgery given that this is clearly set out in the future model of care.

Tim Dalton asked whether improvements can be delivered before patients are moved.

Steve Allinson asked about localities where patients will attend more than one high risk site, e.g. Tameside and how consistency of offer will be achieved.

SH responded to these questions advising that the Programme Board had discussed pace, and the high level timescales regarding implementation would be taken to the next meeting. Quick wins re standards and improvements are also being targeted by the Clinical Alliance. The aim of the 7 stage assurance process is to assure that consistent standards are delivered across all sites.

Sector Updates – Issues and Risks

Ed Dyson updated that the programme is now accelerating and sectors are expected to start implementing standards now.

- Manchester and Trafford – focus and progress has been on engagement in sector, and governance.
- North East – this falls within the challenge of the wider transformation programme re Pennine Acute.
- North West – this is established and moving at pace, limited by the capital funding risk.
- South East – the biggest challenge is around areas outside GM, and how implementation works in this context.
- NWS – progress is being made, but challenge is around timescales that other work is reliant on.

The group **agreed** that the clarification of the model of care should be discussed and agreed by members before the next meeting in June.

GM Activity Update – Issues and Risks

Ed Dyson updated that the high risks discussed by Programme Board are workforce and development of a Pathfinder tool.

The very high risk relates to capital funding and will be further discussed in the next item.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
	Decision	Approval of the Programme Initiation Document, the 7 stage sector assurance approach and the approach to risk and dependency management	
	Action	Ratify approval of the Programme Initiation Document, the 7 stage sector assurance approach and the approach to risk and dependency management at a formal Joint Committee.	
	Action	Arrange for voting members to discuss model of care prior to next meeting.	Sophie Hargreaves

5. Finance framework outline
<p>Claire Postlethwaite updated the meeting that there is urgency needed to determine the source of capital funding, which remains unclear. Options are being reviewed, including with DH, and PwC have been commissioned by Devolution to assess market options. Assurance from sectors will be needed regarding their capital requests, and cost/benefits will be assessed. CFOs have commissioned the Transformation Unit to support this process. This will be better understood once the model of care and requests from sectors are clarified and confirmed.</p> <p>[Claire Postlethwaite and Mike Eeckalaers left the meeting].</p>

6. Clinical Update
<p>Nick Lees summarised the standards based approach; single governance structure and framework; role of the Clinical Alliance, Chief Medical Advisor and Clinical Champions. Quick wins are being identified, standards are being reviewed, the definition of high risk and model of care is being clarified, and engagement work with clinicians carried out. An indicative timeframe for the year ahead is being worked up with a view to aiming to move patients early next year.</p> <p>Sophie Hargreaves responded to a query from Su Long that the NWS audit timescales will be discussed at Programme Board, and whilst much planning is needed regarding the pathway, this will not delay implementation.</p>

7. HR update
<p>Katy Coope updated the group that the HR and Workforce Meeting (including HR Directors and HEE) are looking at a GM recruitment approach and timescales, including for ED and general surgery. Programme Board have committed to not recruiting to new vacancies at the present time, to enable this work to be progressed effectively. A GM recruitment campaign will be part of this. A discussion ensued regarding the risks and benefits of single service contracts. It was noted that the new model could be seen as less attractive for existing general surgeons.</p> <p>Paul Bishop queried whether existing vacancies are being managed and filled as a sector.</p> <p>Martin Whiting asked if the pipeline of retirees is understood as well as unfilled vacancies.</p> <p>KC advised that principles have been set out and agreed at HR & Workforce Group and Programme Board that any vacancies will be filled as a sector. She added that the current baseline being taken will provide the information MW outlines and the proposed approach is that sectors update the Greater Manchester modelling with any future changes so that the changing position is understood.</p> <p>[Fleur Blakeman left the meeting]</p> <p>Ed Dyson noted that recruitment is identified as a very high risk. The meeting agreed that the methodology of managing and escalating risk, and the key risks identified were correct.</p>

8. Any Other Business
<p>There was no further business raised.</p>

9. Questions from the Public

Wendy Cocks advised the meeting that she worked in housing and with older people. She stated that many people have asked her about Devolution, and she found the meeting very reassuring and interesting. Issues she has considered are already being addressed and the meeting highlighted some issues she was not aware of. She thanked those contributing and wished all the very best for their future work.

The Chair thanked everyone for attending and closed the meeting.

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MEETING: Governing Body

Item Number: 10.3

DATE: 28 June 2016

REPORT TITLE:	Chairperson's Report from the Clinical Governance Committee
CORPORATE OBJECTIVE ADDRESSED:	<p>CO 2: Commissioning high quality services, which reflect the populations' needs, delivering outcomes and patent experience within resources available.</p> <p>CO 3: Function as an effective commissioning organisation that puts patients first.</p> <p>CO 4: Function as an organisation that consistently delivers its statutory duties and participates fully in Greater Manchester Devolution.</p>
REPORT AUTHOR:	Dr Ashok Atrey
PRESENTED BY:	Dr Ashok Atrey
RECOMMENDATIONS/DECISION REQUIRED:	Information
EXECUTIVE SUMMARY	
Chairperson's Report from the Clinical Governance Committee held on Wednesday 4 May 2016	
FURTHER ACTION REQUIRED:	None
EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.	

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CHAIRPERSON'S REPORT

Chairperson's Name	Dr A Atrey
Committee Name	Clinical Governance Committee
Date of Meeting	4 May 2016
Name of Receiving Committee	Clinical Governance Committee
Date of Receiving Committee Meeting	1 June 2016 (Clinical Governance Committee)
Officer Lead	J Southworth, Director of Quality and Safety

<i>The top 3 issues identified during the meeting & initials of lead with designated responsibility</i>		
1.	WWLFT Mortality Review: Concerns were raised relating to structure and administration of the Trusts Weekly Mortality Review Meetings. Dr AS will be invited to present a report to the Committee at the June 2016 meeting.	SF
2.	Bridgewater Community Healthcare NHS Foundation Trust – Organisational concerns: In light of concerns raised by the CCG Quality and Performance Leads a draft high level summary of triangulated information has been completed and will be discussed at; the CCG SLT and BCHFT Exec to Exec Meeting. A summary of the information will also be included on the CLGC at 1 June 2016	SF/KG/ JS
3.	Safeguarding Adults and Children – NHS England North Safeguarding Assurance: The CCG assurance visit was undertaken on 14 April 2016. A report on the visit was presented to the Committee. The visit was positive overall and the CCG was complimented on the comprehensive completion of the assurance tool and held up to be an example of good practice in the North West.	SF

Attendance at the meeting:	Acceptable
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	Yes
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Narrative Report Outlining the Key Issues of the Meeting
<p>Presentation – IAPT Performance Presentation Dr Paul G Campbell, Clinical Lead for Adult Primary Care Psychology (IAPT) 5BPFT, attended the meeting to provide an overview of the IAPT Service, and current performance targets to the Clinical Governance Committee.</p>

SAFETY

Quality, Safety and Safeguarding Report Q4 2015/16

The report was circulated to provide an overview of the quality, safety and safeguarding activities in the Q4 reporting period. The Committee was briefed on the content of the report.

Safeguarding Adults and Children – NHS England North Safeguarding Assurance Visit to WBCCG: A visit was conducted on 14 April 2016. A report was presented and received by the Committee. The visit was positive overall and the CCG was complimented on the comprehensive completion of the Assurance Tool and held up to be an example of good practice in the North West.

Serious Incidents and Never Events (SINE) Dashboard (Position as at 31 March 2016): The Committee reviewed the dashboard and the following was noted:

February 2016

- WWLFT: 1 new reports, 4 closed
- BCHFT: 0 new reports, 3 closed
- 5BPFT: 1 new reports, 1 closed

March 2016

- WWLFT: 2 new reports, 1 closed
- BCHFT: 1 new reports, 1 closed
- 5BPFT: 3 new reports, 2 closed

Guidance for the Safe Use of Oxygen in Care Homes: The report was received and discussed by the Committee.

Westwood Lodge Nursing Centre Update Report: The Committee was briefed on the position with Westwood Lodge in relation to issues raised by the Care Quality Commission. The improvement plan is continuing to be implemented and the outcomes are moving in a positive direction.

WWLFT QSSG Chairperson's Report (4 Feb 2016): The top issues highlighted related to Safeguarding Training compliance; Sign Up to Safety progress with the Trust improvement plan and consistency of reporting to the National Reporting and Learning System (NRLS).

BCHFT QSSG Chairperson's Report (17 March 2016): The top issues highlighted related to Safeguarding Training compliance; Staff Capacity & Demand Management and the CQUIN schemes for 2015/16.

5BPFT QSSG Chairperson's Report (10 March 2016): The top issues highlighted related to Audit of Handover Communications, the Care Programme Approach (CPA) Re-Audit and the Physical Health Presentation.

Winterbourne View Update Report: The Committee was updated on the following:

- The progress on discharge planning for individual patients confirming that all organisations were continuing to work together in relation to discharge planning. Final discharges are set to take place in October 2016.
- The Committee was advised of a request that has been made by a family member of a patient to manage finances through direct payment. This request was rejected in January 2016 and an appeal against this decision is now with NHS England.

- Learning Disability Transformation: The GM fast track delivery site has moved to the implementation phase across the 8 priority workstreams. Wigan Borough has improved since this has come into place.

CLINICAL EFFECTIVENESS

Effective Use of Resources (EUR): A High Level Report was tabled. The Committee received the report.

LD Commissioning Policy: The Committee will review this policy for sign off at the meeting in June 2016.

Performance Report Month 12: The Performance Report was received and highlights and lowlights were explained to the Committee.

HCAIs Dashboard Report: The Committee received the dashboard containing data at 31 March 2016 and the following was noted:

- C.difficile: 93 cases had been reported against a planned trajectory of 81.
- MRSA: 4 cases had been attributed to the CCG. Following National Post Infection Review (PIR) process, 2 of the cases were assigned to Out of Borough Acute Trusts and the remaining 2 cases assigned to a third party.

PATIENT/SERVICE USER/CARER/STAFF EXPERIENCE:

Commissioner Visit to 5BPFT Home Treatment Team: A commissioner visit took place following issues being flagged up through Serious Incident reviews. Staff and service users were observed and interviewed. A report was presented and received by the Committee.

Atherleigh Park Site Visit: A site visit took place at the invitation of 5BPFT. Building work is ongoing although the Acute Inpatient facility is developing quickly.

Patient and Public Engagement Update: An update was not available and will be provided at the June 2016 meeting.

ANY OTHER BUSINESS:

No items were raised.

ITEMS FOR INFORMATION:

Patient Story - BCHFT circulated for information.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
<i>As noted within the DRAFT minutes of the meeting and actions log</i>	<i>As noted within the DRAFT minutes of the meeting and actions log</i>

Chairperson's Additional Comments

- While progress is being made with WWLFT Weekly Mortality Review Meetings the issues raised remain a cause for concern.
- Cases at CSU and Wigan EUR panel must be considered critically and not decided on precedent. Each case must be considered individually.

- Locality Briefings will be advised of the good work highlighted within the Month 12 Performance Report.

MEETING: Governing Body

Item Number: 10.4

DATE: 28 June 2016

REPORT TITLE:	Chairperson's Report from the Corporate Governance Committee.
CORPORATE OBJECTIVE ADDRESSED:	Corporate Objective 4: Function as an organisation that consistently delivers its statutory duties and participates fully in Greater Manchester Devolution.
REPORT AUTHOR:	Dr Tony Ellis
PRESENTED BY:	For information only
RECOMMENDATIONS/DECISION REQUIRED:	N/A
EXECUTIVE SUMMARY	
Chairman's report from the Corporate Governance Committee Meeting held on 10 May 2016.	
FURTHER ACTION REQUIRED:	None
EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.	

CHAIRPERSON'S REPORT

Chairperson's Name	Tony Ellis
Committee Name	Corporate Governance Committee
Date of Meeting	10 May 2016
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	28 June 2016
Officer Lead	Julie Southworth

<i>The top 3 risks identified during the meeting & initials of lead with designated responsibility</i>		
1	If the AGM is not managed appropriately there may be adverse publicity	AM
2	If there continues to be a variety of mail merge forms in primary care, excessive resource will be taken up in maintaining the system	JK
3	If NHS England guidance on conflicts of interest is as in draft there may be a cost to implementation	TC

Attendance at the meeting:	Good
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	Yes
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Narrative report outlining the key issues of the meeting
<p>Minutes were agreed as true and accurate.</p> <p>Annual General Meeting (AGM) of the CCG was discussed. The proposal this year is that the AGM would be a public event with GPs invited. The theme would be health and wellbeing and would take place in Mesnes Park. The formal section, which would also involve the presentation of the Annual Report, would take place in the bandstand.</p> <p>HR Update: The undermentioned items were highlighted:</p> <ul style="list-style-type: none"> • CCH headcount reduced in April 2016 to 155. • March saw one new started and 4 leavers. • April saw no new starters but 2 leavers. • During March and April 2016 the CCG advertised 5 posts. • Since the previous meeting both short term and long term absence has decreased. • Mandatory training requirements were clarified. <p>Communications Update: The undermentioned items were highlighted:</p> <ul style="list-style-type: none"> • Communications and Engagement Strategy presented and approved. • Consultation Protocol presented and approved. • Press and media releases. • GM Devolution and Deal for Health and Wellness Campaign, which ended on the 31

March 2016. Comment and feedback was positive.

- Alternative Provider Medical Services (APMS) consultation has been delayed. The document and evidence is currently work in progress.
- Revised CCG website progressing, with quotes having been received.
- Staff Away Day (half day) scheduled for 8 June 2016.
- The first ever GP Awards are being held this year with 5 categories. All awards will be judged against overall criteria.
- Health and Wellbeing Group continues to develop.
- Patient's Forum continues to meet on a bi-monthly basis and a development day for the members has been arranged for 7 June 2016.
- On-going support is continuing with Patient Participation Groups.
- Macmillan and NHS England have extended the project timescales for commissioning better patient experience.
- Medicines Management Patient Group has been re-established and met on 4 March 2016.

Information Governance Update (IG):

The CCG achieved the Governance Toolkit Level 2 with 88% in March 2016. As part of this achievement the CCG has a responsibility to provide self-assessed evidence in a number of areas. The CCG received robust challenge from the CSU IG Team as well as an audit assurance from Mersey Internal Audit Agency (MIAA).

Business Informatics Update:

The undermentioned items were highlighted:

- Migration to the new infrastructure still not completed. However, many issues have now been resolved and migration is hopeful for early June 2016.
- Primary Care IT continues to be supported by the Shared Service.
- Primary Care Projects also continue to be rolled out. Particular emphasis around the electronic prescriptions.
- GM Digital Roadmap Progression sees a working group now set up with representation across Greater Manchester. Objectives have been established which can be applied across care settings and relate back to show exactly what the scope of delivery should be and the resulting benefits. This is work ongoing.

Governance Team Activity Report:

The undermentioned items were highlighted:

- Incident reporting. 28 incidents were recorded on the Ulysses System during Q4. The top 4 causes were data protection, security, accident and safeguarding.
- Equality and Diversity. The CCG is currently undertaking an 18 week project to ensure equality impacts are assessed during the process of implementing the Wigan Borough Locality Plan. To start this process a workshop is being held on the 26 May 2016.
- Emergency Preparedness, Resilience and Response (EPPR). The Health Economy Resilience Group (HERG) meeting took place in April, where 5 Boroughs Partnership briefed the meeting on the review on their EPPR carried out by the Commissioning Support Unit, which resulted in a position of 97% compliance.
- Patient response. To date 28 MP letters have been received, 275 Freedom of Information requests (FOI) and only 26 complaints for the period 1 April 2015 to 31

March 2016.

- Parliamentary and Health Service Ombudsman. One outstanding report from Wroughtington, Wigan and Leigh is still awaiting final actions to be completed.
- The Sustainability Annual Report has been completed and will be presented in July 2016. This will also be referenced within the CCG's Annual Report.

Governing Body Assurance Framework (GBAF):

The Quarter 4 closing position for the year 2015/16 was presented with no extreme risks. The 2016/17 GBAF will be presented to the Committee at the end of Quarter 1.

Policies Presented for Approval:

Working with Pharmaceutical Industry Policy – Approved.

Business Continuity Management Policy version 1.2 – Approved.

Discussion took place around the NHS draft guidance on conflicts of interest and the number of lay members required on the Governing Body.

Agreed actions from the Meeting	
Should PREVENT Training be included within the Mandatory Training list presented.	KB
Minutes from the IT Leader's Group and Communications Group to be a standing agenda item going forward.	AM/JK/JP
TC to be involved in the agenda setting for the Service and Design Implementation Committee to avoid conflicts of interest.	TC

MEETING: Governing Body

Item Number: 10.6

DATE: 28 June 2016

REPORT TITLE:	Chairperson's Report – Service Design and Implementation Committee
CORPORATE OBJECTIVE ADDRESSED:	All four objectives are met.
REPORT AUTHOR:	Dr Pete Marwick
PRESENTED BY:	Dr Pete Marwick
RECOMMENDATIONS/DECISION REQUIRED:	None
EXECUTIVE SUMMARY	
<p>The Governing Body are asked to receive the Chairperson's Report of the Service Design and Implementation Committee meeting held on the 17 May 2016.</p>	
FURTHER ACTION REQUIRED:	Receive
<p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

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CHAIRPERSON'S REPORT

Chairperson's Name	Frank Costello
Committee Name	Service Design & Implementation Committee
Date of Meeting	17th May 2016
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	28 th June 2016
Officer Lead	Gillian Watson

<i>The top 3 risks identified during the meeting & initials of lead with designated responsibility</i>		
1.	Single Point Of Access	RW
2.	Integrated Community Nursing and Therapies	RW
3.	Outpatient Redesign – Rheumatology and Pain Management	JG
Attendance at the meeting[#]:		Acceptable
<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>		Yes.

Narrative report outlining the key issues of the meeting

1. The presentation on Single Point of Access (SPOA) as part of the Integrated Community Nursing and Therapies Service was well received by the committee. The Project Manager for ICNT was present at the meeting to provide an update on the redesign of the existing adult community services. There was recognition that the current service provision is fragmented. The contractual solution will be a Prime Vendor model has been agreed and will be delivered from 1st October 2016. The SPOA is the first contact resolution model, having a navigation system for patients into primary care and other professionals. The system will be aligned with 111, NWAS, WIC, A&E, AAA, OOH and Primary Care. Bridgewater and WWL staff will be co-located within the Council Call Centre at Progress House. There will be a dedicated call back system in operation, with alternatives systems for those who don't use telephones. Electronic referrals systems in place. There were some concerns around workforce and having the assurance that there is equity of services across the Borough. Patient engagement events are in place, with the aim of liaising with patients over the summer.

It was asked if the project was on track to achieve all the critical dates of the project, a project plan is in place with the key milestones for delivery tracked on the plan. The project is being overseen by an Assurance Group which is chaired by the CCG.

2. The Committee welcomed the update on the progress made by providers towards the implementation of the new Integrated Community Nursing and Therapies Service. It was noted that a detailed operational plan to show progression has not been forthcoming from Bridgewater, an assurance meeting is in place with the Director of Strategy and Development at Bridgewater. Contract negotiations are in place and are happy with the progress.
3. An update was received informing the Committee of the progress of the Outpatients

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

redesign project. Cardiology and Urology have been successfully implemented with some concerns highlighted around the dual referral system which is being addresses. There is a delay on the implementation of the Rheumatology and Pain Management services due to lack of clinical engagement and is expected these will be implemented within Quarter 2. The ENT redesign is progressing in order to finalise the model for implementation and meetings have also taken place with Ophthalmology, Respiratory and Dermatology to process the redesign model for implementation.

4. An update for the proposed arrangements for the implementation of the Wigan Locality Plan was discussed by the committee; an implementation plan showcasing each programme of work has been produced, work is currently underway to with the finance team to incorporate finance plans within the implementation plan. Monitoring of the implementation plan will be via the Tactical programme Board
5. A brief update was given around the MIAA report informing that SLT meet with Shared Business Service (SBS) on the 25th April 2015. The meeting reflected on the procurement process and lessons learnt. SBS agreed that they should have been involved earlier on in the process. It was agreed that should the CCG enter into future procurement then we would host a separate patient reference group and ensure that everyone involved within the procurement process receives the appropriate training. SLT will review the programmes of work 2016/17 in order to assess any areas for procurement, following this they will engage with SBS those further discussions regarding their involvement.

Risk	Name of lead with designated responsibility for the action/s

Chairperson's Additional Comments
N/A

MEETING: Governing Body

Item Number: 10.7

DATE: 28 June 2016

REPORT TITLE:	Ratified Minutes from the Primary Care Commissioning Committee Meeting
CORPORATE OBJECTIVE ADDRESSED:	Function as an organisation that consistently delivers its statutory duties and participates fully in Greater Manchester Devolution.
REPORT AUTHOR:	Julie Pemberton
PRESENTED BY:	Gary Cook
RECOMMENDATIONS/DECISION REQUIRED:	Information
EXECUTIVE SUMMARY	
<p>Ratified Minutes from the Primary Care Commissioning Committee Meeting held on Friday 1 April 2016.</p>	
FURTHER ACTION REQUIRED:	None
<p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

OPEN MEETING
(THIS MEETING WAS NOT QUORATE)

Minutes of the Meeting of the Primary Care Commissioning Committee
Held on Friday 1 April 2016 in Meeting Room 17, Wigan Life Centre

Present:

(Chair) Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)
 (Mike Tate, Chief Finance Officer (MT)
 Catherine Johnson, Assistant Chief Finance Officer (GW)
 Laura Browse, Head of Primary Care, NHS England (LB)
 Dave Nunns, Chief Executive, Healthwatch (DN)
 Gary Young, Patient Forum Representative (GY)
 Ernie Rothwell, Patient Forum Representative (ER)
 Claire Roberts, Assistant Director Strategy and Collaboration (CR)
 Linda Scott, Associate Director of Clinical Services (LS)
 Dr James Weems, GP Representative
 Debbie Szwandt, Assistant Director, Primary Care Transformation (DS)
 Julie Pemberton - Minute Taker (JP)

	AGENDA	ACTION
1.	Chairman's Welcome	
	<p>The Chair formally opened the April meeting welcoming all attendees. Introductions around the table.</p> <p>For the purpose of the minutes, Chair advised the members that the April meeting of the Primary Care Committee was not quorate.</p> <p>No members of the public were present.</p>	
2.	Apologies	
	<p>Julie Southworth, Linda Scott representing Trish Anderson John Marshall Frank Costello Stuart Cowley</p>	
3.	Declarations of Interest	
	<p>Individuals were asked to 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 Chair, as soon as they are aware of it and in any event no later than 28 days after becoming aware.</p>	

	Nothing declared.	
4.	Minutes and Actions	
	<p>Minutes agreed as a true and accurate record of the meeting.</p> <p>Actions: Action log refers. All items completed.</p>	
5.	Standing Items	
5.1	<p>Primary Care Commissioning Programme Update DS briefed the meeting on the CCG's progress and next steps against the development of the Primary Care Commissioning Programme highlighting the key areas of work as listed below:</p> <p>General Medical Service (GMS), Personal Medical Service (PMS) and Alternative Provider Medical Service (APMS) contract monitoring.</p> <p>National PMS Review. Following the January meeting of the Primary Care Commissioning Committee (PCCC) all practices have been issued with their PMS Review outcome letter. Two appeals have been received which will be managed by the CCG before the June 2016 deadline. The appeals will be reviewed and the final outcome agreed at the July 2016 meeting of the PCCC.</p> <p>National APMS Review. Following the January meeting of the PCCC, members of the CCG have reviewed the work to date. During March a draft APMS consultation document was developed and a 10 week consultation period will be carried out. This will be discussed further at the Closed Part of the May meeting of the PCCC. Decision will be made at the July meeting of the PCCC.</p> <p>Review of Direct Enhanced Services (DES) in 2015/16. The CCG will carry out a review in Quarter 1 of 2016/17 and update the Committee in July 2016.</p> <p>Review of Quality and Outcomes Framework (QOF) 2015/16. The CCG will carry out a review of the National QOF in Quarter 1 of 2016/17 and update the Committee in May 2016.</p> <p>Review of Local Commissioned Services (LCS) Programme in 2015/17. The CCG will carry out a review of the 12 LCSs in Quarter 1 of 2016/17 and update the Committee in May 2016.</p> <p>The Committee received the report and supported the continued development of the Primary Care Commissioning Programme.</p>	

<p>5.2</p>	<p>Primary Care Quality Improvement Programme Update</p> <p>DS briefed the meeting on the CCG's progress and next steps against the development of the Primary Care Quality Improvement Programme highlighting the key areas of work:</p> <ul style="list-style-type: none"> • Single Commissioning and Outcome Scheme (SCEOS). CR advised the Committee that the budget had not yet been finalised, but the SCEOS proposals were being discussed at the Locality meetings. • GM Standards. An update of the GM Standards Implementation Plan will be received at the May meeting of the Committee. • Quality and Outcomes Framework (QOF) which is funded by the delegated budget and is aligned to Primary Care Commissioning Programme. An update on the understanding around health inequalities related to clinical areas in QOF will be received at the July 2016 meeting; however, this is dependent on the CCG access to the National reporting system. • Care and Quality Commission (CQC) Inspection reports. Seven GP practices have been inspected by the CQC and the reports published and circulated for information. • DS provided a presentation to the Committee, supporting the Item listed as 2.5 on the report in relation to the Primary Care Assurance Framework. The CCG's proposed plan is to implement a phased approach to developing and delivering the Primary Care Assurance Framework. The main focus of the Framework is to drive quality improvement. The CCG is continuing to develop the single Primary Care Assurance Framework which is now in draft form. Engagement sessions have been planned for April, which includes a spotlight session with the Patients' Forum on the 29 April 2016. <p>NHS England's Primary Care Web tools were also discussed, highlighting the Assurance Module – General Practice High level indicators and the Quality Improvement module – General Practice Outcome Standards.</p> <p>Comments raised: Area missing – Referrals to hospitals and activity to hospitals.</p> <p>CR is working with finance to share data. It was agreed that the Committee would like to see the data bring together the challenges faced with examples to future meetings.</p> <p>MT Key themes with contract in relation to the WWL cohort of about 15,000 patients who are coded to Ambulatory care, who could be</p>	
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		<p>treated within the community.</p> <p>ICNT – single clinical pathway for GP to treat in the community. Work with clusters and this Committee to ensure these patients do not go to hospital inappropriately.</p> <p>DS to capture additional steps as above and build into the plan going forward.</p> <p>All presentations relating to this and other agenda items to be circulated to the Committee members.</p> <ul style="list-style-type: none"> Practice Nurse Forum. The Locality Nurse Champions were appointed to each of the 6 Localities in September 2013. The intention was that this group would be a proactive forum for collaboration and improvement across the Localities. In line with the integration of care, out of hospital work and the planned service redesigns, the Practice Nurse workforce has an integral part to play in supporting this agenda. A report was circulated in relation to the Primary Care Education Group. This group works to ensure that the workforce has access to the correct skills and training to support the current and future service demands. The group further aims to promote education and training to assure consistency of approach across the CCG to improve the quality of care so that patients have compassionate, safe and positive experiences. <p>A training event calendar has been developed and the funding is made available to the CCG via 2 schemes the Multi Professional Education and Training Service and the Flexible Cash Allocations for continuing professional development</p> <p>The Committee received the report and supported the continued development of the Primary Care Quality Improvement Plan.</p>	<p>DS</p> <p>JP</p>
5.3		<p>Finance Update.</p> <p>CJ briefed the Committee on the financial position on NHS England Primary Care devolved allocation for 2015/16 at Month 11, together with a forecast for the full financial year.</p> <p>The year to date financial position as at Month 11 shows underspend of £1m. The forecast for the year-end financial position predicts underspend of £1.5m.</p> <p>Nationally it has been agreed that with effect from 1 April 2016, payments relating to Primary Care will be made directly from delegated CCG ledgers.</p> <p>There are a number of material financial issues to address within the delegated funding in 2016/17 which include:</p>	

		<ul style="list-style-type: none"> • Impact of NHS Property Services/Community Health Partnership recharge arrangements. • Recurrent funding for 7 day working, Prime Ministers Challenge Fund. • Financial impact of PMS Reviews. <p>The Committee received the report.</p>	
5.4		<p>NHS England Update LB, NHS England, reported that as of today, 1 April 2016, Devolution Manchester became live and was to be known as 'Greater Manchester Health and Social Care Partnership.</p> <p>The new Chief Officer is Jon Rouse. It is not known at this point when he will commence his post, but an announcement is expected shortly in relation to interim cover. A communication is due out to all 2,000 primary care providers across GM within the next week to advise them of the changes.</p> <p>LB referred to one of the papers that had been included as an item for information, which was the Memorandum of Understanding. This document sets out the working arrangements between Greater Manchester CCGs and the NHS England Primary Care Team for GP Contracts and Finance, in discharging the responsibilities for the delivery of primary care general practice in GM under delegated commissioning arrangements from the 1 April 2016 to the 31st March 2017.</p> <p>It was noted that there were items listed within this document under 'Related NHS England Functions' whereby the joint working between NHS England and CCGs could be further enhanced.</p> <p>The Committee received the update.</p>	
5.5		<p>Primary Care Transformation Programme Update Item 6.2 (Workforce Strategy) will be included within this presentation. DS presented the Primary Care Transformation Programme update highlighting the Undermentioned:</p> <p>7 key areas:</p> <ul style="list-style-type: none"> • 7 day service, including the Prime Minister's Challenge Fund - pilot • New models of Care • Workforce • Training and Development • IM&T • Estates • Impact following service re-design. 	

The presentation also highlighted the 4 key Primary Care Strategy priority areas as:

- Patient Access to GP Services
- Improving Primary Care Services and Clinical Outcomes
- Primary Care ‘Support System Enablers’
- Primary Care Provider Market Development.

GM Devolution was discussed in relation to delivering our ambition and aligning reform across GM, together with the Primary Care budget and the current commissioning contracts that deliver “Primary Care Extended Access”.

CR briefed the meeting on the New Models of Care Programme highlighting that Primary Care was central to the thinking around the Integrated Community Based Care Model.

CR further briefed the meeting on the development of practice clusters, emerging priorities for clusters and the Early Adopter Phase highlighting:

The level of interest to be part of the Early Adopter phase has been high, with only 7 of the 63 practices presently not expressing an interest to be part of a cluster.

GC expressed his concern around the management of the clusters.

CR explained that some clusters had already met and had a clear idea of the way forward. There would naturally be a difference in pace and the sharing of learning would be essential in moving forward. Each cluster may deliver services in a slightly different way, but there would be a core set of services to maintain equity.

ER asked how patients would be advised and involved.

CR replied that the Patients Forum had been updated. Each cluster needs first to have their meetings and agree detail. Patients will be brought in with PPGs and Patient Locality Groups once the changes have been ascertained.

The Workforce Strategy was discussed, highlighting the priority areas together with the training/development and IM&T possibilities going forward.

New for 2016 is the investment of £75,000 used to develop the Integrated learning and Innovation Centre and GP Nursing Fellowship Programme.

CR confirmed that an action plan sits behind each of the priority areas.

The Committee received the update.

6.	New Business	
6.1	<p>Community Pharmacy</p> <p>LS presented an overview to the Committee of the pharmacy services commissioned by WBCCG which ensure that patients within the Borough have access to comprehensive pharmacy services in addition to the traditional services provided by pharmacy contractors.</p> <p>There are currently 72 pharmacies providing pharmacy services across Wigan Borough. Most pharmacies within Wigan have 40 core contractual hours, which cannot be amended without the consent of NHS England. Many pharmacies also have additional opening hours which can be amended by the pharmacy subject to giving 3 months' notice to NHS England.</p> <p>There are 6 pharmacies within the Borough who have 100 core hours. These pharmacies are contractually obliged to open for at least 100 hours per week, guaranteeing service provision for 14-15 hours each day.</p> <p>The Community Pharmacy Contractual Framework describes the pharmacy services provided by contractors and commissioned by NHS England: Essential Services are provided by all pharmacy contractors which include dispensing, repeat dispensing, disposal of unwanted medicines, promotion of healthy lifestyles, signposting and self-care. Advances Services include medicines use reviews, new medicines service, flu vaccination service, appliance use review and stoma appliance customisation. Enhanced Services are commissioned from pharmacies to meet the needs of the local population, but there are currently none of these being provided within the Borough.</p> <p>In addition to the above services, both the Local Authority and CCG can commission pharmacy services and these are referred to as Locally Commissioned Services.</p> <p>The CCG currently commissions 5 pharmacy services:</p> <ul style="list-style-type: none"> • Minor Ailment Scheme which is a service that allows patients to consult community pharmacies rather than GPs for current minor self-limiting illnesses. • Monitored Dosage System Scheme which is a type of compliance aid that can help patients with the taking of their medications. The medication is packed in weekly blister packs for ease and also to support independent living. • Palliative Care Scheme ensures that patients in the Borough have prompt access to medication regularly required during palliative care over an extended range of hours. • Out of Hours Pharmacy Service, which ensures that patients requiring 	

		<p>urgent treatment out of hours can obtain their prescriptions? This service works on a rota basis, and operates from 10pm to 8am 7 days a week. This service is exclusive to the Wigan Borough.</p> <ul style="list-style-type: none"> Bank Holiday Pharmacy Service ensures there is access to pharmacy services at Easter, Christmas and New Year. This also works on a rota system. <p>Monitoring visits take place and LS confirmed that services continue to be reviewed based on the feedback from these monitoring visits.</p> <p>The Committee received the report.</p>	
	6.2	<p>Workforce Strategy. Covered at 5.5 above.</p>	
	6.3	<p>Prime Minister's Challenge Fund Pilot 6 month review Deferred to the May meeting.</p>	
7.	Items for Information		
	7.1	<p>CCG Assurance delegated function self-certification Q3 2015/16. Circulated for information.</p>	
	7.2	<p>NHS England Delegation agreement and MOU. Circulated for information.</p>	
	7.3	<p>Primary Care Commissioning Committee Workplan 2016/17 Circulated for information.</p>	
	7.4	<p>Draft Primary Care Commissioning Intentions 2016/17. Circulated for information.</p>	
8.	Any Other Business		
	Nothing raised.		
9.	Date and Time of next meetings for discussion		
	3 May 2016 11.00am in Meeting Room 17, Wigan Life Centre		

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