

OPEN MEETING

**Meeting of Wigan Borough Clinical Commissioning Group Governing Body
Held on Tuesday 24th September 2013 at 3.00pm in Meeting Room 17, Wigan Life
Centre**

Present:

- Dr Tim Dalton, Chairman of WBCCG (TD)**
- Trish Anderson, Chief Officer for WBCCG (TA)**
- Mike Tate, Chief Finance Officer WBCCG (MT)**
- Dr Sanjay Wahie, Clinical Lead, United League (SW)**
- Dr Ashok Atrey, Clinical Lead, TABA (AA)**
- Dr Deepak Trivedi, Clinical Lead, Atherleigh [DT]**
- Dr Gary Cook, Secondary Clinician Board Member (GC)**
- Dr Pete Marwick, Clinical Lead for North Wigan (PM)**
- Dr Tony Ellis, Clinical Lead for Wigan (TE)**
- Frank Costello, Lay Member (FC)**
- Canon Maurice Smith, Lay Member (MS)**
- Helen Meredith, Nurse Board Member (HM)**

In Attendance:

- Julie Southworth, Director of Quality & Safety WBCCG (JS)**
- Tim Collins, Assistant Director of Governance (TC)**
- Angela Cullen, Minute Taker (AC)**

	AGENDA	ACTION
1.	Chairman's Welcome	
	The Chairman opened the meeting at 3.00pm formally welcoming all attendees to the September meeting of the Wigan Borough Clinical Commissioning Governing Body.	
2.	Apologies for Absence	
	Apologies for absence were received from: Dr Mohan Kumar	
3.	Declarations of Interest	
	Other than the recorded declarations of interest there were no additional declarations of interest for any items on this agenda. The Chairman reminded Board 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	

	<p>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>	
4.	Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 27 August 2013	
	<p><u>9.3 Healthier Together</u></p> <p>During this part of the meeting on 27th August the Governing Body was not quorate. Therefore the resolution contained in minute 9.3 parts 1 to 5 and 8 was repeated and approved. The following amendments were also made:</p> <p>Resolved – no. 5 (addition) A second deputy was confirmed as Frank Costello, Lay Member, with responsibility for patient engagement.</p> <p>Resolved – no. 6 – TD asked Governing Body members who were absent at the last meeting to confirm verbally their views in accordance with agreeing to join the HT Committee in Common (HTCiC). Dr Tony Ellis, Dr Pete Marwick and Nurse Helen Meredith were in agreement.</p> <p>Resolved – no. 7 (remove)</p> <p>Resolved – no. 9 (remove)</p> <p><u>9.2 Governing Body Assurance Framework (GBAF)</u></p> <p>Para 5 refers: MC amend to MS.</p>	
5.	Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held 27 August 2013	
	<p><u>Action Log</u></p> <p>Item 6.0 (Aug 13) – response to member of the public question:</p> <ul style="list-style-type: none"> - TD confirmed that he had formally responded to Mr Bruce Prentice in accordance with the relevant minute from the August Governing Body meeting. 	

	<p>Item 7.2 (Jul 13) – NHS belongs to the people:</p> <ul style="list-style-type: none"> - TA confirmed that this item can now be closed and removed as this will be built into core themes rather than being a single action. <p><u>Decision Log</u></p> <p>Healthier Together – 9.3.5 and 9.3.9</p> <ul style="list-style-type: none"> - to be updated to reflect the amendments to the August Governing Body meeting minutes. 	
6.	Questions From Members of the Public	
	<p>There were no members of the public present.</p>	
7.	Key Messages	
	<p>7.1 Chair’s Key Message</p> <p>TD reported on the progress WBCCG is making to define a future local model of health and social care.</p> <p>At the Board to Board meeting with WWL in July there was agreement to have a broader borough approach to look at in hospital care as we need to be very clear about the Wigan health economy model of care both in and out of hospital.</p> <p>A ‘Wigan Health Economy Seminar’ has been planned for Thursday 3rd October 2013 between CCG colleagues and the Trust, this will be facilitated by Professor Chris Ham from the Kings Fund to ensure we bring independent objective advice/evidence and challenge. The event will be attended by a wide range of groups from primary and secondary care settings, social care, the acute sector, community and mental health and patient representatives.</p> <p>The discussions will be primarily clinically led with the need for a debate about how we will shape our service in the future, having a clear vision.</p> <p>GC asked if we felt the need at this stage for specialist service input. TD confirmed that probably not at this stage whilst the model is being defined, the specialist areas are currently less controversial but will play a key part in the next stage of the process. TD confirmed that the Governing Body will be kept informed on progress.</p>	

		<p>Resolved: The Governing Body received this update.</p>	
	<p>7.2</p>	<p>Chief Officer's Key Messages</p> <p>TA briefed the meeting giving a brief update on the current national, regional and local areas. The focus over the last month has been on internal issues.</p> <p><u>National Update</u> There has been a publication 'Future Hospital: Caring for Medical Patients' released by the Royal College of Physicians (RCP) to which TD attended a pre-launch with the Kings Fund. The thrust of the document is designing care for the future and reviewing how services operate in the broader community. TA will circulate a copy of this document to all in advance of the Health Economy Seminar on 03 October.</p> <p><u>Regional Update</u> The first formal Healthier Together Committee in Common meeting took place on 4th September 2013. The second Greater Manchester wide procurement event will take place on 4th October where we will begin to assess our 'make, buy, share' options. TA confirmed that she has been invited to join a national group to look at the process.</p> <p><u>Local Issues</u> Now that the CCG has been established for 6 months TA stated that she felt it timely to embark upon a review of our plans which were developed prior to authorisation.</p> <p>The CCG has in place an Integrated Commissioning Plan which highlights the local priorities. Given the changing national picture it is timely to revisit and review the plan with a view to updating the plan for the next 2-3 years. This would include an examination of what our local acute hospital could potentially provide.</p> <p>TA confirmed that we have been notified of a potential judicial review, of an inherited continuing healthcare case. Full details of this will go to a future Clinical Governance Committee and a subsequent Governing Body meeting.</p>	

		<p>Action:</p> <p>1. TA to circulate a copy of the RCP publication to Governing Body members in advance of the Health Economy Seminar event.</p> <p>Resolved:</p> <p>The Governing Body received this report.</p>	TA
8.	New Business Items		
	8.1	<p>Winter Plan, Surge and Escalation Plans (<i>Approval</i>)</p> <p>TA confirmed that a draft plan has been submitted to the Local Area Team (LAT) in a timely manner and that this item will be brought to the Governing Body for ratification in October.</p> <p>Resolved:</p> <p>1. This item be brought forward to the October Governing Body meeting.</p>	TC/KG
	8.2	<p>Incident Response Plan (<i>Information</i>)</p> <p>JS presented the Incident Response Plan (IRP) which has been produced by the Greater Manchester (GM) Commissioning Support Unit Resilience Team.</p> <p>This guidance is intended for use within all GM health economies to support the development of integrated health economy response and co-ordination arrangements for all Civil Contingencies Act defined emergencies, including NHS major incidents, emergencies and significant incidents.</p> <p>Clinical Commissioning Groups (CCGs), as Category 2 responders, will retain the responsibility, delegated by the NHS England Area Teams (a Category 1 responder), to provide a 24/7 route of escalation should an NHS funded provider experience a problem or should NHS England need to notify the CCG of a potential or actual emergency.</p> <p>CCGs may be required to assume co-ordination of their health economies in the event of an emergency or major incident.</p>	

	<p>NHS England (GM) will ultimately be accountable for ensuring an effective response to incidents which cannot be dealt with as part of the normal day to day activity of the NHS within a single health economy.</p> <p>Every CCG must have arrangements to provide ‘tactical’ health economy support to NHS (GM) if required.</p> <p>This health economy IRP seeks to ensure a consistent approach to incident management and co-ordination within all GM health economies. JS further added that a summary document will be prepared to share with all staff.</p> <p>JS highlighted two future events to note:</p> <ol style="list-style-type: none"> 1. 24 September – Fire Service strike 2. Haweswater Reservoir – water redirection. <p>MT welcomed the report and the level of instruction contained within. MT further highlighted that key to this policy was the Associate Director’s (AsDs) on call and asked if there was provision in place to provide them with the necessary training to act as a conduit.</p> <p>JS confirmed that training had been offered via Greater Manchester CSU but not all ADs had, to date, taken this up. JS confirmed that we have re-offered the training and this will take place in the near future.</p> <p>SW sought clarity in respect of item 3.6 Accountable Emergency Officer and who our representative was. JS confirmed that it was herself and that TA was the lead for the Greater Manchester Area.</p> <p>SW sought further clarity in respect of item 4.4 and where our Incident Management Team (IMT) would be located in the event of such an incident. JS confirmed that this would be the Wigan Life Centre, Room 17 and that this room is equipped with the necessary emergency equipment and we have a number of trained loggists.</p> <p>JS further confirmed that a WBCCG Health Economy Response Group (HERG) had been established which she chairs, part of the role of the HERG chair is to seek assurance from local providers that they have plans in place and that work is in progress to bring these plans together into a library on SharePoint.</p>	
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8.3		<p>Integrated Care in Wigan Borough – Adults (Approval)</p> <p>The Wigan Leaders Executive Board is implementing the overarching integrated care programme as mandated by the Health & Wellbeing Board.</p> <p>The Associate Director for Strategy & Collaboration, John Marshall (JM), presented this paper to Governing Body Members to provide an update on the implementation within the Wigan Borough in line with national policies as mandated by the Health and Wellbeing Board.</p> <p>On conclusion of the presentation TD welcomed questions from members.</p> <p>GC stated that the whole premise of integrated care seems to be based around long term conditions, patients with a single problem to manage, and queried where patients with more complex care needs would be captured.</p> <p>JM confirmed that patients of this nature were the target group and that pathways will also be reviewed as part of the process.</p>	

	<p>FC agreed that this programme was a massive undertaking and that a sense of timescales for the implementation and measure of success would be helpful.</p> <p>JM agreed that this is a very complex programme and explained that there is a project plan to deliver against given timescales. JM further confirmed that the overall plan is scheduled to run for five years.</p> <p>SW confirmed that a problem had arisen from an Integrated Neighbourhood Team Meeting in respect of patient refresh buttons. JM confirmed that solutions are being worked on in respect of the Patient Identifiable Data and the appropriate access to such data.</p> <p>MT confirmed that Data Management Integration Centre (DMIC) are providing us with monthly reports of pseudonymised data. The risk stratification information will be pseudonymised and available for use in October.</p> <p>DMIC will supply us with the data but this is a complex process due to legislation. MT further added that at present WBCCG are the only CCG asking DMIC to perform risk stratification.</p> <p>GC confirmed that Stockport CCG work to identify high risk patients for hospitalisation using the Parr tool. TA added that ideally we would want to take our data and run it through WWL to inform us of who visits their GP/hospital frequently and requires extra care.</p> <p>Our biggest gain would be in the improvement in quality and better outcomes. TA stated that she would like to see evaluation of this, hence the pilot being of major importance.</p> <p>MS added that as well as presenting how it works organisationally he would like to see a shift in the tone in how we will make it work for the patient, ensuring this is understandable to varied audiences.</p> <p>TD summarized that we would wish to see clear timescales, a clear description of the deliverables and how we will evaluate the pilot.</p>	
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	<p>Action:</p> <ol style="list-style-type: none"> 1. PID and DMIC Senior Team to ensure a broader footprint taken forward. 2. To include how it will be different for the patient. 3. Take this back to Localities as it evolves. <p>Resolved: The Governing Body approved this report.</p>	<p style="text-align: center;">JM JM JM</p>
<p>8.4</p>	<p>Conflicts of Interest Policy (<i>Approval</i>)</p> <p>The Conflicts of Interest Policy was approved by the Corporate Governance Committee at its meeting on 10 September 2013 with the following conditions:</p> <ul style="list-style-type: none"> • That the consequence of non-compliance with the policy was explained (added as section 6.8 & 6.9 in the attached revised policy) • That a number of scenarios or examples of conflicts of interest be included to illustrate how circumstances may lead to perceived or actual conflicts (added as Appx 1) <p>JS confirmed that further work will include wider communication on how we manage the policy and to prepare a briefing note to share with colleagues.</p> <p>The amended policy was presented for approval.</p> <p>MS welcomed the policy as being a very good starting point and confirmed that this had been via the Audit Committee, suggesting that further detail could be included on where and how conflicts are declared.</p> <p>SW agreed stating that he found the case studies helpful and sought further clarification around what groups/meetings of the CCG would require declarations to be submitted and how we filter the significance of such potential conflict. JS added that there also needs to be an element of peer scrutiny.</p> <p>Action:</p> <ol style="list-style-type: none"> 1. Members to be explicit about declarations. 2. A further communication process to be welcomed by way of a brief summary. <p>Resolved: The Governing Body approved this report.</p>	<p style="text-align: center;">ALL JS</p>

9.	Current Business Items	
9.1	Corporate Dashboard (Information)	<p>The latest dashboard was presented to give the Governing Body a regular monthly update on how the CCG is performing against its corporate objectives and the NHS England CCG Assurance Framework.</p> <p>As at month 5, two objectives/domains are assessed as AMBER/RED while the other two are GREEN:</p> <p>Objective 1 – Amber/Red, contributing factors being the number of MRSA and CDiff cases reported in the year to July are both significantly above plan. However, the number of CDiff infections reported in July was the lowest since January 2012. The number of admissions for hip fractures in 65+ age group remains higher than seen in 2012/13.</p> <p>Objective 2 – Amber/Red, contributing factors being concerns relating to provider quality, key to this being the acute provider Bolton FT who have been flagged as a “quality compliance risk” by Monitor. This risk relates to the financial position of the trust and the pressures this may place on maintaining quality services.</p> <p>Additional to this is the healthcare acquired infections (HCAI). a working group to include all stakeholders is being convened to monitor progress and ensure implementation of the HCAI strategy. It was noted that of the 60+ SUIs we inherited these have now been reduced to 5.</p> <p>Objective 3 – Green, there are two current areas of concern in the latest results. The first is that greater than 1% of patients waited more than 6 weeks for a diagnostic test due to a result of the Bolton FT issues. The second concern is that two patients had waited more than 52 weeks for treatment (one at WWL and one at South Manchester).</p> <p>Objective 4 – Green, all primary financial indicators are achieving plan.</p> <p>AA raised a concern in respect of Trauma & Orthopaedics with the referral to treat timescales and the delay from initial referral, suggesting that GPs should obtain approval first prior to processing the referral.</p>

		<p>PM stated that this was not contained within the National Institute for Health & Care (NICE) guidelines and sought clarity on which guidance should be followed by practitioners NICE or Effective Use of Resources Policy (EUR) to eliminate the openness to challenge by patients.</p> <p>MT assured PM that commissioning decisions would be driven by clinical argument not EUR guidance.</p> <p>TD summarised the discussions and noted the points of concern in respect of the rise in HCAI, the concerns in relation to providers outside the borough and diagnostic waiting times.</p> <p>Action:</p> <p style="padding-left: 40px;">1. Localities to receive this item and take forward the issues.</p> <p>Resolved: The Governing Body received this report.</p>	MT
10.	Governing Body Committee Updates		
	<p>10.1/ 10.4</p>	<p>Chairpersons reports for August 2013 were circulated as below:</p> <ul style="list-style-type: none"> 10.1 - Chairperson's Report – Clinical Governance Committee 10.2 - Chairperson's Report – Corporate Governance Committee 10.3 - Chairperson's Report – Finance and Performance Committee 10.4 - Chairperson's Report – Service Design and Implementation Committee <p>FC made reference to 10.3 item 2 and the shift of £700m from the North to the South under the new allocation funding formula, FC stated that it was important for WBCCG to work with others and try to secure a change to the formula by challenging this.</p> <p>MT confirmed that the issue for us was how we challenge this and how we as a CCG can influence NHS England, our options are limited but if we, as a Governing Body, do nothing then we run the risk of having £10m less in the Wigan Health Economy.</p> <p>GC mentioned that work could be driven by the Health & Wellbeing Board. MT agreed and suggested that we should look to gain wider GM support from the Governing Bodies. TD agreed that we should be putting forward a cogent argument.</p>	

		<p style="color: red;">TA suggested that the steps be sequenced;</p> <ul style="list-style-type: none"> • (ask Trish) <p>Resolved: The Governing Body received and noted all updates listed as per the discussions held during part 2 (closed) of the Governing Body Meeting.</p>	
11.	Locality Executive Updates		

- 11.1- 11.6 Locality update reports for August 2013 were circulated as below:
- 11.1 - Atherleigh
 - 11.2 - Patient Focus
 - 11.3 - Tyldsley Atherton Boothstown Astley (TABA)
 - 11.4 - Wigan Central
 - 11.5 - North Wigan
 - 11.6 - United League Collaborative

Item 11.3 refers – attention was drawn to the wastage of medicines, namely prescriptions reaching pharmacy and dispensed but not collected by patients are discarded, patients who collect dispensed medications but do not use it for one or another reason. FC confirmed that at the last Patients Forum this was being investigated.

Resolved:
The Governing Body received and noted all reports listed.

12.	Any Other Business – accepted at the Chairman’s discretion		
	12.1	There were no items of any other business raised.	
13.	Date and time of next meeting		
	Tuesday 22 October 2013 at 13.30pm in Room 17, Wigan Life Centre		

Signed Date:
 Dr Tim Dalton, Chair