

Meeting of Wigan Borough Clinical Commissioning Group Board
Held on Tuesday 23 April 2013 at 1.30pm in Meeting room 17, Wigan Life Centre

Present:

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

In Attendance:

Julie Southworth, Director of Quality & Safety WBCCG (JS)
Kim Godsman, Associate Director for Commissioning (KG)
Julie Pemberton, Minute Taker

		ACTION
1.	Chairman's Welcome	
	The Chairman opened the meeting at 1.30pm formally welcoming all attendees to the April meeting of the Wigan Borough Clinical Commissioning Board. The Chairman also extended the welcome to the members of the general public in attendance.	
2.	Apologies for Absence	
	Helen Meredith	
3.	Declarations of Interest	
	(TE) advised the Board that he was no longer the Chairman of the Local Medical Committee. (TA) advised the Board that she no longer had an interest in Wigan Council. (AA) declared he was no longer Secretary of the Local Medical Committee.	

	<p>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 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 Meeting	
	The minutes of the meeting held on 26 th March 2013 were accepted as a true and accurate record of the meeting.	
5.	Actions/Decisions Log	
	<p>Safeguarding paper to be brought back to June Board.</p> <p>All other action points completed or on the agenda.</p>	TA/SE
6.	Questions From Members of the Public	
	<p>A member of the public raised the 5 questions below:</p> <ul style="list-style-type: none"> • I was unable to find a copy of your patient and public involvement strategy on the website, have you a paper copy you can provide? <p>Chairman's Response This strategy is on our website, but called Communications and Engagement Strategy. The member of the public was given a hard copy to take away with him.</p> <ul style="list-style-type: none"> • As a member of a Patient Participation Group (PPG), can you tell me what mechanisms are in place for PPs to influence real commissioning decisions by the practice GPs? • Is there still a PPG network? <p>Chairman's Response to both questions above The Clinical Commissioning Group (CCG) is anxious to ensure that the public are involved in procedures. The PPG network is coming to an end in its present form, thereafter it will be absorbed into Healthwatch. Patient Forums are to be established, which will mirror the PPG.</p> <ul style="list-style-type: none"> • What information and views from patients and the public will the CCG use to feed into the JSNA? Will this be only via Healthwatch 	

	<p>representative?</p> <p>Chairman's Response No it will not just be only via the Healthwatch representative, it will be influenced by a whole range of information driven by the Health and Wellbeing Board, which accurately reflects patient needs.</p> <ul style="list-style-type: none"> • The stresses and strains of change and 'austerity' have brought with it a greater emphasis on demands within the community and primary care for mental health services. What/how will the CCG approach this urgent set of demands, especially at the primary care level? <p>Chairman's Response All the Board members are acutely aware of the issues and impact the above has had on the people of Wigan. The New WBCCG will continue to focus on mental health as a priority. There has been investment in:</p> <ul style="list-style-type: none"> ➢ IAPT (Improving Access to Psychological Therapists), ➢ Agreed 24 hour liaison psychiatry schemes with Wrightington, Wigan and Leigh (WWL). ➢ Wigan Council and the WBCCG have agreed a dementia plan for 2012/14 outlining actions to improve the recognition and care of people with dementia in our borough. ➢ We also continue to work closely with 5 Boroughs Mental Health Partnership NHS Foundation Trust. ➢ Focus is now needed to grow and develop primary care. ➢ (TE) suggested that this was a good time to re-focus on the Mental Health Strategy of the WBCCG and make sure that all services commissioned are performance managed. <p>(TD) to respond to the member of the public who raised these questions in writing.</p>	TD
7.	Papers To Be Presented to the Board	
	<p>7.1 WBCCG Board Assurance Framework – Quarter 4 Report (This item was taken out of sequence after Item 7.2) The Board Assurance Framework (BAF) for Q4 reporting period from 1 January 2013 to 31st March 2013 was circulated for information.</p> <p>The BAF takes into account the key challenges faced by WBCCG and is intended to provide assurances to the Governing Body on the mechanisms and controls in place to effectively manage the totality of risk in relation to the ability of the organisation to achieve its corporate objectives. Public Health has now moved into the Local Authority and new corporate objectives have been set for the year 2013/14.</p>	

	<p>Resolved: Board agrees to accept the Q4 final report from NHSALW as a Committee of NHSGM.</p>	
<p>7.2</p>	<p>NHS 111 Update (This item was taken out of sequence before item 7.1)) (KG) joined the meeting to present this report to update the Board on the progress of NHS 111. NHS 111 is a new national NHS service providing a telephone advice line for patients with urgent health problems, which require assessment, but which are not so serious as to require a 999 call. The service is free to callers and is available 24 hours every day and will absorb most of the calls previously going to NHS Direct and our GP out-of-hours service.</p> <p>The soft launch of this service in Greater Manchester was on the 21st March, however on the day there was a serious service failure which resulted in very long waits for calls to be answered, patients waiting several hours for clinical call back and high rates of abandoned calls. The problems appeared to be due to the provider not having enough staff on the rota to manage the volume of calls. Due to the potential risk to patient safety, out-of-hours services, where possible, were asked to resume call taking within 24 hours of the service going live.</p> <p>In the Wigan Borough 60 of the 65 GP practices managed to change their answer machine message back to the original out of hours number. The 5 remaining practices had issues with their phone system provider and were unable to change the message at short notice, but did so within a very short period.</p> <p>The Board wishes to formally record its appreciation to the out-of-hours providers who were able to reinstate the service so quickly. A formal letter of thanks has been sent to them and due to their prompt actions, at the request of the CCG, no patient issues were reported in the Wigan area. All telephone issues were also resolved by the Monday morning.</p> <p>North West CCG representatives met on 11th April to discuss the way forward. An independent organisation has been commissioned to provide a report reviewing the implementation plans and actions. The report should be available by the end of April.</p> <p>Resolved: The Board notes the contents of the paper and the clear plans to assure patient safety. There would follow a Part 2 discussion on contractual issues relating to this matter.</p>	

8.	Chair's Report	
	<p>This is a new agenda item for the Board. (TD) circulated a brief summary activity report reflecting the Chair's personal and CCG activities for the month of April 2013 highlighting:</p> <p>Engagement with Stakeholders:</p> <ul style="list-style-type: none"> • We attended the first event of HealthWatch Wigan, which is the successor to LINKS. • Chair continues to attend the Local Medical Committee. • Attended the first meeting of the Association of Greater Manchester CCGs. At this meeting discussions were around agenda setting, constitutions and comparing how services are done elsewhere. <p>Clinical Activities:</p> <ul style="list-style-type: none"> • Launch meeting of the Long Term Condition Developments. This was a positive local event with around 122 attendees. • There have been problems locally with the Pathology Laboratory result systems for GP results. We are working closely with WWLFT and Salford Royal FT to resolve this. <p>CCG Internal Developments: Recruitment for Clinical Directors. CCG have now appointed:</p> <ul style="list-style-type: none"> • Clinical Director for Quality, • Clinical Director for Medicines Management and • Clinical Director for Strategy and Service Design. <p>Resolved: The Board receives this report.</p>	
9.	Chief Officer's Report	
	<p>(TA) presented the April Chief Officer's Report giving a detailed update on the following:</p> <p>National:</p> <ul style="list-style-type: none"> • 111 – Work has continued during the early part of this month on resolving the difficulties experience with the soft launch. <p>Greater Manchester:</p> <ul style="list-style-type: none"> • On Monday 8th April, Dr Raj Verma, Director of Clinical Programme Design and Implementation from the Agency for Clinical Innovation from New South Wales, Australia, made a visit to the Greater Manchester area to talk with colleagues here in relation to managing urgent care pressures across the system. WBCCG were asked to give a presentation as we had made good progress with building 	

	<p>clinical links. The presentation was well received.</p> <ul style="list-style-type: none"> • In April the inaugural meeting of the new association of GM CCGs took place and was attended by the Chair and Chief Financial Officer. <p>Local:</p> <ul style="list-style-type: none"> • Safeguarding remains high on all agendas. The Wigan Safeguarding Children’s Board met on the 15th April and the focus was a review of the Safeguarding Board Annual Report. Once the report is finalised, it will be shared with the WBCCG Clinical Governance Committee. • Health and Wellbeing Board Steering Group met on 10th April in a facilitated session to develop a stream lined plan which will deliver the agreed priorities. Further work is being undertaken to firm up specific proposals for the joint plan which will lead to joint investment opportunities. The work complements the work being undertaken through the Wigan QIPP Leaders Programme. • Recruitment continued through April. As a result of some internal moves and the loss of some staff to external organisations, we will be recruiting to the Finance Department in forthcoming weeks. • WBCCG achieved sign off with all contracts in advance of the 31st March 2013 deadline, one of only 3 in Greater Manchester to do so. • All relevant submissions for the PCT Closedown timetable have been made. • As we achieve PCT Closedown a new Department of Health Legacy Management Team has been established to identify anything in the transfer scheme moving to the DOH and anything de facto going to the DOH as a result of there being a lack of clarity about future destination. <p>Resolved: Board receives this report.</p>	
10	Strategic Business Items	
	<p>10.1 Finance Report (MT) advised the meeting that there was no finance report for this month.</p> <p>The final financial report for NHSALW was submitted on Friday 29th March 2013, three days before closedown. All financial duties achieved. This report, together with the Annual Governance Statement is now in the hands of the auditors with a view to signing off the accounts of the PCT with CCG in shadow.</p> <p>(MT) presented the Month 11 Performance Report asking the members to note the contents of the paper.</p>	

	<p>This report was discussed at length at the WBCCG Finance and Performance Meeting held on Monday 23rd April 2013, with noted debate around the 7 areas that have consistently underperformed and looking at ways we can manage these services in a different way, adopting a zero tolerance approach. Identified managers have been asked to put together action plans for the coming financial year to be presented at the June meeting of the Finance and Performance Committee,</p> <p>Resolved: The Board notes and welcomes this report.</p>	
<p>10.2</p>	<p>Safeguarding Report in relation to independent investigation into 5 Boroughs Partnership NHS Foundation Trust and Wigan Council (10.2 taken out of sequence) (KG) presented the paper.</p> <p>The purpose of this paper is to provide assurance to the WBCCG Governing Body on the progress against that action plan and to highlight tasks that remain outstanding.</p> <p>The WBCCG Governing Body has previously been advised of the publication of an independent report that detailed the care and treatment of Mr & Mrs X by both the 5 Boroughs Partnership NHS Foundation Trust and Wigan Council. The report found failings in the care and treatment by both organisations and causal and contributory factors in the deaths.</p> <p>The independent review made 15 recommendations; 5 of which were actions in collaboration with WBCCG, 5 Boroughs Partnership NHS Foundation Trust and Wigan Council. To ensure the recommendations are met a joint action plan has been agreed, which will be monitored through the Clinical Review Meetings. WBCCG has made a good start in addressing the issues set out in the paper, but further work is needed. Oversight will be monitored by the Clinical Governance Committee in May 2013 and escalated to this Board should any concerns arise.</p> <p>Resolved: The Board notes the report and the serious issues this raises. It welcomes the progress to implement and monitor the recommendations unconditionally.</p>	
<p>10.3</p>	<p>Commissioning Responsibilities in Relation to Serious Incident Reporting This item covered in item 10.2</p>	

10.4	Healthier Together Strategy	<p>The Healthier Together Programme is part of a wider review of Health and Social care in Greater Manchester aimed at saving and improving lives every year. The vision is for Greater Manchester to have the best health and care in the country.</p> <p>(TD) advised the meeting that this paper had been brought today for information and an opportunity for comments. Chair opened the floor for discussion.</p> <p>After discussion it was accepted that this was a significant paper, which emanates from the former GM PCT. The WBCCG is committed to working with our partners and Healthier Together to change and evolve the Health and Social Care System. While doing so, we must also retain our focus on Wigan to ensure that we get the best possible services for our local patients delivered at the right location and that we continue to influence decisions for our Borough. We also need to be assured of the benefits and make sure the governance is appropriate.</p> <p>Resolved: The Board notes this paper</p>	
11.	Authorisation Process – Launch of Strategies		
		<p>(TA) presented the report on the strategic documents submitted to support CCG Authorisation.</p> <p>As part of the process of CCG Authorisation, the CCG developed and submitted in total 11 specific strategic documents, strategies or plans as evidence. The documents have previously been seen and ratified by the shadow Governing Body prior to their submission.</p> <p>Recommendation that the Governing Body notes the plans and monitors the delivery of the documents through the appropriate CCG Committee.</p> <p>Resolved: The Board Notes and adopts previously agreed Policies and Strategies.</p>	
12.	Current Business Issues		
12.1/ 12.8		<p>Committee and Locality updates for March 2013 circulated as below:</p> <ul style="list-style-type: none"> • Clinical Governance Committee • Finance and Performance Committee • Atherleigh • Patient Focus • TABA 	

	<ul style="list-style-type: none"> • WCC • Wigan North • United League <p>Resolved: The Board receives and approves all reports listed for information purposes.</p>	
13.	Any Other Business	
	<p>Nothing raised. Part 1 of the meeting closed at 3.00pm. The Chairman thanked the members of the public for attending.</p> <p>Date and Time of Next Meeting Tuesday 28th May 2013, 1.30pm Meeting Room 17, Wigan Life Centre.</p>	