

Meeting of Wigan Borough Clinical Commissioning Group Governing Body
Held on Tuesday 25th June 2013 at 1.30pm in Meeting Room 17, Wigan Life Centre

Present:

Dr Tim Dalton, Chair (TD)
Dr Ashok Atrey, Clinical Lead, TABA (AA)
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 (TA)
Mike Tate, Chief Finance Officer (MT)
Dr Gary Cook Secondary Clinician Governing Body Member (GC)
Frank Costello, Lay Member (FC)
Canon Maurice Smith, Lay Member (MS)
Helen Meredith, Nurse Governing Body Member (HM)

In Attendance:

Julie Southworth, Director of Quality & Safety (JS)
Tim Collins, Assistant Director of Governance (TC)
Steven Hargreaves, Committee Secretary (SH)
Angela Cullen, Executive Assistant to Chief Officer/Minute Taker (AC)
Alexia Mitton, Head of Communications (AM)
Martin Kent, Assistant Director, Strategy and Collaboration (Localities) (MK)

	Minutes	ACTION
1.	Chairman's Welcome	
	The Chairman opened the meeting at 13:30 formally welcoming all attendees to the June meeting of the Wigan Borough Clinical Commissioning Governing Body.	
2.	Apologies for Absence	
	Dr Deepak Trivedi (Clinical Lead, Atherleigh).	
3.	Declarations of Interest	
	Other than the recorded declarations of interest there were no additional declarations of interest for any items contained within this agenda.	

	<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 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	
	Approved as a true and accurate record of the meeting.	
5.	Actions/Decisions Log/Matters Arising	
	Progress on actions from the May 2013 meeting were noted and the updated log should be read as part of these minutes.	
6.	Questions From Members of the Public	
	No questions raised by the members of the public.	
7.	Key Messages	
7.1	<p>Chair's Key Messages</p> <p>TD indicated that as he and TA had together attended a number of events since the previous meeting of the Governing Body he would ask TA to present a summary in her report.</p>	
7.2	<p>Chief Officer's Key Messages</p> <p>TA circulated the June Chief Officer's report giving a detailed update on the current National, Regional and Local areas.</p> <p><u>National Update</u></p> <p>Monitor Monitor and NHS England have published three documents on proposals for the 2014/15 National Tariff:</p> <ul style="list-style-type: none"> ➤ Tariff Engagement Document ➤ Proposals for Local Payment Variations 	

	<p>➤ Proposals for Enforcement of the Tariff by Monitor and the NHS Trust Development Authority. There are three questionnaires seeking views by 09 July 2013.</p> <p>Public Health England A 'Longer Lives' website has been established which allows people to easily compare data sets on areas such as mortality performance against similar populations, incomes and levels of health aiming to give local areas better information to understand their own position and improve the populations' health. Whilst some progress has been made locally there are still some areas which require significant improvement.</p> <p>Urgent and Emergency Care Services A detailed review on transforming urgent and emergency care services in England has been undertaken. From the evidence base being developed there are 4 emerging principles for future service and 12 objectives to shape any new system around and suggested implementation solutions. TA noted that this area is receiving high press interest and confirmed that the CCG would contribute to the consultation by the 11th August 2013.</p> <p>Integrated Care A document 'Integrated Care and Support, Our Shared Commitment' was issued in May and is forming the basis of work with the Local Authority and other health partners on the development of a Local Integrated Care Plan.</p> <p>'Towards Commissioning Excellence' As part of the NHS Reforms implemented as a result of the Health and Social Care Act, Commissioning Support Units were established to provide a range of commissioning services to groups of CCGs, the idea being that it would bring together expertise and would deliver economies of scale. During the course of authorisation, CCGs were required to outline how they would secure their commissioning services "by make, buy or share". Commissioning Support Units were established across the country to provide those services that CCGs elected to buy. As part of their establishment there is a requirement within the legislation that these services should be market tested during 2014 as most CCGs signed initial SLAs for an eighteen month period. NHS England has now issued "Towards Commissioning Excellence – A Strategy for Commissioning Support Services", which outlines the requirements on CCGs to "market test" the services they commission, the freedoms that CCGs have and the requirements that CCGs will need to meet. The 12 Greater Manchester CCGs have agreed to work together on this</p>	
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procurement exercise and a detailed briefing on the process and requirements will be brought to a future Governing Body meeting.

Greater Manchester Update

Integrated Care Guidance

Following the issue of the Integrated Care Guidance, a Greater Manchester wide event (as part of the Healthier Together Programme) took place in Manchester at the beginning of June to enable all 12 CCGs and 10 Local Authority partners to share their outline Integrated Care Plans for their local areas. Work is continuing to develop our plan following discussions and consultation with all our Member Practices, a first draft will be shared at the Members Convention on 26 June 2013.

Greater Manchester Quality Surveillance Group (QSG)

The Greater Manchester Quality Surveillance Group (QSG) met during this last month. The QSG has a broad membership from across the Health Economy. It will focus on quality issues across the Greater Manchester Health care system by sharing information, reducing geographical variations in quality performance and will prevent avoidable repetitions of quality related incidents across the system through the effective use of early warning systems and shared intelligence. The group is still at a formative stage but the last meeting focussed on a presentation from the local Coroner in relation to lessons to be learnt from Rule 43 letters. The group agreed that in future such lessons would be shared across all participants.

Local Update

WBCCG Induction Day

The WBCCG held its first formal induction day with all staff. The session focused on the organisation structure, the corporate objectives and the national/local challenges. The sessions were well received and feedback was positive from all who attended.

Health & Social Care Scrutiny Committee

TD and TA attended the Health & Social Care Scrutiny Committee (H&SCSC) where they presented a report outlining the CCG's authorisation and our key priorities. Members of the committee were particularly keen to hear about the development of patient engagement and involvement and would be keen to provide support for any local initiatives.

		<p>Health & Wellbeing Board The Health & Wellbeing Board met at the beginning of June in its statutory capacity. The agenda focused on finalising the draft Health & Wellbeing Strategy and on a detailed discussion of the outline Integrated Care Plan for Wigan, which is currently being developed and consulted on.</p> <p>Safeguarding A meeting was held with Professor Paul Kingston – the Independent Chair of the Adult Safeguarding Board. The Care and Support Act will place adult safeguarding on a statutory footing with clear responsibilities for all agencies. As the Board lead for Safeguarding TA is keen to ensure that the CCG is well placed to, and can, demonstrate commitment to deliver its responsibilities. The CCG participated as part of the joint arrangements for safeguarding of Children in a local OFSTED Inspection on neglect. Formal feedback is awaited.</p> <p>FC welcomed TA’s report and the interest shown by the H&SCSC. He confirmed there was an inaugural meeting of the Patients Forum on 13 June 2013. The next meeting will be on 15th August 2013 and he would ask that the H&SCSC be represented.</p> <p>In response to a question from TD, TA added further comment to the Public Health England figures in that it was a good opportunity for us to look at what is in place, scrutinize the figures and identify how we may look to make differential offers which are more targeted to need. MK also pointed out that the CCGs QIPP Working Group examines Public Health England figures when designing programmes to have optimum clinical impact.</p> <p>Resolved: The Governing Body received the report and requested that;</p> <ul style="list-style-type: none"> • The Lay Member leading on patient engagement invite a representative of the H&SCSC to the August meeting of the patients forum. • TA return with a briefing on the Commissioning Support Service Procurement exercise. 	<p style="text-align: center;">FC</p> <p style="text-align: center;">TA</p>
8.	New Business Items		
8.1		<p>Procedure for CCG Constitution Changes</p> <p>Guidance was issued by NHS England on 24 May 2013 around</p>	

		<p>the procedures for making changes to CCG Constitutions. The changes will be approved by NHS England twice a year on 01 June and 01 November following an application from CCGs which should be subsequent to Governing Body approval. Due to the timing of the guidance the first deadline has been postponed to 28 June to allow CCGs to process and changes since authorisation.</p> <p>The Governing Body was asked to approve the amendment to the Constitution on recommendation from the Corporate Governance Committee at its meeting on 11 June 2013.</p> <p>Resolved: The Governing Body accepted the formal adoption of the statement and approved the following insertion to the CCG’s Constitution: <i>“The CCG recognises and confirms that nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the CCG, any member of its governing body, any member of any of its committees or sub-committees or the committees or sub-committees of its governing body, or any employee of the group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.”</i></p>	<p>JS</p>
<p>8.2</p>	<p>Health and Safety Policy</p>	<p>The Health and Safety Policy and Manual were presented to the Governing Body for approval following recommendation from the Corporate Governance Committee on 11 June 2013.</p> <p>Resolved: The Governing Body approved formal adoption of the policy and manual and requested that it also be circulated to GP practices for information.</p>	<p>JS</p>
<p>8.3</p>	<p>Finance Update</p>	<p>MT shared a newly composed dashboard and executive summary to report progress to date against primary financial indicators from the NHS England interim CCG Assessment Framework. The 3 reports presented under items 8.3, 8.4 and 8.5 of this agenda had all been scrutinized by the Finance &</p>	

	<p>Performance Committee and would be subject to further refinement as the year progressed.</p> <p>Surplus – Full year forecast At month 02 the CCG has total allocations of £420m and is forecasting to achieve its statutory duties in 2013/14 and achieve the planned 1% surplus of £4.073m.</p> <p>Surplus – year to date performance The year to date surplus of £679k is in line with the plan.</p> <p>Underlying recurrent surplus The CCG is also on target to achieve a 2% recurrent surplus at the end of 2013/14.</p> <p>Running costs The running cost in year should not exceed £25 per head and at month 02 the actual costs and forecast outturn are reported at £23 per head.</p> <p>QIPP Savings The forecast QIPP saving for the year is reported at £18.167m. There remains a QIPP gap of £2.9m yet to be identified at month 02.</p> <p>In conclusion MT reported that all important indicators were at green on the RAG rating and no areas were overheating. However, there were risks, the only red rated item relating to an issue around access to SUS data via Commissioning Support Unit (CSU).</p> <p>GC asked if Christie Hospital is part of specialised commissioning and subject to QIPP. MT confirmed that it was and assumed the QIPP element would also apply.</p> <p>SW raised a point regarding the repatriation of patients requiring specialist drugs. MT confirmed that the baseline allocation from the previous PCT has now transferred to the Local Area Team (LAT) for specialist drugs adding that the CCG picks up no specialist drugs costs, but that was no guarantee that NHS England would not change the allocations in the future.</p> <p>TD asked if there was any action for the Governing Body in respect of the SUS data issue. MT confirmed that there was no specific action at present but the Governing Body should be aware of the risk presented. MT had informed NHS England and external audit. If it is not resolved in 6 weeks it would impact on performance.</p>	
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	8.4	<p>QIPP Report</p> <p>The overall forecast as at month 02 is reported as £18,168k, an adverse variance of £50k against the full year target of £18,218k.</p> <p>A report against all schemes included in the QIPP programme for 2013-14 was presented to members. Due to a time lag with information no exception reporting was included at month 02. As data becomes more meaningful exception reporting on failing schemes will be included.</p> <p>MT talked the Governing Body through the report making reference to the following points:</p> <ul style="list-style-type: none"> ➤ A three year QIPP plan is being developed. ➤ Medicines Management is currently red RAG rated but is expected to deliver against plan towards the end of the year, as per previous years. ➤ In order to meet the £18m target a further £3m is to be found. There is a lot of work still ongoing. <p>MK requested support from other Clinical Leads in respect of other schemes presently being worked on for example shared decision making.</p> <p>Resolved: The Governing Body received the report.</p>	
	8.5	<p>2013/14 Month 02 Performance Report</p> <p>MT requested that the Governing Body note the contents of the performance report for 2013/14. This report is based on the CCG Assurance Framework against which NHS England will assess CCG performance on a quarterly basis. The report uses a balanced scorecard of four key areas, each of which are assessed against a range of key performance indicators, now being marked quarterly as opposed to yearly.</p>	

	<ul style="list-style-type: none"> ➤ Providing Local People with Good Quality Care. ➤ Promoting Patient Rights Under the NHS Constitution. ➤ Improving Health Outcomes for Local People. ➤ Commissioning Services within Financial Allocation. <p>The Chair welcomed the graphs showing trends and requested that future graphs be clearly marked to identify monthly or quarterly figures.</p> <p>GC asked how we are currently managing the elective activity to bring back into line with expectations.</p> <p>MT explained that Kim Godsmann's team are currently using Solis/SUS data packs to inform Clinicians' meetings. A new scheme called 'SCEOS' is also being utilised to allow us to scrutinize referrals and patterns at GP practice levels.</p> <p>MS made reference to page 2 of the summary stating that the summary of objectives looks very similar to our corporate objectives. JS confirmed that they are currently being worked on to ensure alignment.</p> <p>FC referred to page 3 of the summary, CCG Self-Assessment, stating that it strikes him as subjective and possibly dangerous. If other CCG's are not as candid there is a risk of potentially being disadvantaged. JS confirmed that she would look into this further.</p> <p>In respect of the self-assessed red RAG rating for Providing People with Good Quality Care SW asked if this related to the main provider (WWL) or did this include all providers? MT explained it was highlighted as the main provider but would go back and ask the question and report back. SW asked what steps WWL were taking to rectify the Medicines Management CQC enforcement action and would the CCG be informed of the outcome? JS confirmed that action was triggered due to a failure to respond to the CQC. We have a formal process of performance management on healthcare quality with WWL including interim and proactive updates being provided to us.</p> <p>Resolved: The Governing Body received the report and requested that;</p> <ul style="list-style-type: none"> • The graphs be clearly marked as monthly / quarterly performance. • Page 3 of the summary, CCG Self-Assessment objectives be reviewed particularly in relation to Clinical Governance. 	<p>MT</p> <p>JS</p>
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		<ul style="list-style-type: none"> • Clarification be sought on whether the provider assessment covered the main providers only. 	MT
9.	Current Business Items - Committee Updates		
9.1 - 9.4	<p>Committee Updates for May 2013 were circulated as below:</p> <p>9.1 Chairperson’s Report – Clinical Governance Committee 9.2 Chairperson’s Report – Corporate Governance Committee 9.3 Chairperson’s Report – Finance and Performance Committee 9.4 Chairman’s Report – Service Design and Implementation Committee</p> <p>MS pointed out that in the Clinical Governance Committee Chair’s Report there was reference to the Diabetic Eye Screening Programme (DESP) audit being agreed but not executed since 2011. There was also a problem on data sharing between 2 IT systems. Public Health England were responsible for commissioning the work. JS stated that the CCG is monitoring Public Health England in that area and a report would come back through Clinical Governance Committee. In response to a question to GC, JS agreed to report back to the Governing Body on what sanctions were available to the CCG if Public Health England failed to complete the work. TA added that we need to track back through the last year of the PCT to identify what other Bodies’ responsibilities were to the CCG and then show that these have been completed.</p> <p>Resolved: The Governing Body received and noted all reports listed and requested that;</p> <ul style="list-style-type: none"> • The Clinical Governance Committee report to the Governing Body in November on the DESP audit. • Management to look into potential sanctions for Public Health England if agreed work is not completed. • A review be undertaken of external Body responsibilities to deliver work in the year to April 2013. 		<p>JS</p> <p>JS</p> <p>JS</p>

10.	Locality Updates	
	10.1-10.6	<p>Locality Updates for May 2013 were circulated as below:</p> <ul style="list-style-type: none"> 10.1 Atherleigh 10.2 Patient Focus 10.3 TABA 10.4 WCC 10.5 Wigan North 10.6 United League Consortium <p>Resolved: The Governing Body received and noted all reports listed.</p>
11.	Any Other Business	
	<p>There were no items of any other business.</p> <p>Part 1 of the meeting closed at 14:50.</p> <p>The Chairman closed the meeting and thanked all, including members of the public, for attending.</p>	
12.	Date and Time of the Next Meeting	
	<p>Tuesday 23rd July 2013, 13:30 Room 17 Wigan Life Centre</p>	

Certified true and accurate record of the business conducted at Wigan Borough Clinical Commissioning Group Governing Body meeting

Signed.....Chair

Dated.....