

OPEN MEETING

**Meeting of Wigan Borough Clinical Commissioning Group (WBCCG) Governing Body
Held on Tuesday 24 March 2015 at 1.30pm in Meeting Room 17, Wigan Life Centre**

Present:

Dr Tim Dalton, Chair (TD)

- Trish Anderson, Chief Officer (TA)
- Frank Costello, Deputy Chair and Lay Member (FC)
- Julie Southworth, Director of Quality and Safety (JS)
- Mike Tate, Chief Finance Officer (MT)
- Dr Tony Ellis, Clinical Lead for Wigan Central (TE) – *from 1.35pm*
- Dr Mohan Kumar, Clinical Lead for Patient Focus (MK)
- Dr Pete Marwick, Clinical Lead for Wigan North (PM)
- Dr Ashok Atrey, Clinical Lead for TABA (AA)
- Dr Deepak Trivedi, Clinical Lead for Atherleigh (DT)
- Helen Meredith – Nurse Governing Body Member (HM)
- Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)

In Attendance:

- Dr Anis – on behalf of Sanjay Wahie, Clinical Lead for United League Collaborative
- Tim Collins, Assistant Director of Governance
- Angela Cullen, Executive Assistant to Chief Officer - Minute Taker
- Alexia Mitton, Head of Communications

	AGENDA	ACTION
1.	Chairman’s Welcome	
	<p>The Chairman opened the meeting at 1.30pm formally welcoming all attendees and members of the public to the March meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting.</p> <p>7 members of the public were present.</p>	
2.	Apologies for Absence	Record
	<ul style="list-style-type: none"> • Sanjay Wahie, Clinical Lead for United League Collaborative (SW) 	
3.	Declarations of Interest	Record
	<p>Other than the previously recorded declarations of interest there were no additional declarations of interest for any items on this agenda.</p>	

	<p>The Chairman reminded Governing Body members that apart from the standing declarations of interest individuals must declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of Wigan Borough Clinical Commissioning Group (WBCCG) in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.</p> <p>Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.</p>	
4.	Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 24 February 2015	Approve
	<p>The minutes of the previous meeting were agreed as a true and accurate record, subsequently approved and signed by the Chair.</p> <p><i>Dr Tony Ellis joined the meeting (1.35pm).</i></p>	
5.	Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meetings	Approve
	<p>To be read in conjunction with the action log:</p> <p>27.1.15, item 9.1 – complete.</p> <p>24.2.15, item 8.1 – complete.</p> <p>24.2.15, item 9.2 – progressing via the Finance and Performance Committee.</p> <p>24.2.15, item 9.3 – 2) part of the winter system resilience review. 3) scheduled for May 2015.</p> <p>24.2.15, item 9.5 – complete. Added to the forward plan for an update in June.</p>	
6.	Questions From Members of the Public	
	<p>There were no questions raised by members of the public.</p>	

7.	Key Messages	Receive
	<p>7.1 <u>Chair's Key Messages</u></p> <p>TD opened the meeting referencing an Albert Einstein quotation "Insanity: doing the same things over and over again and expecting different results".</p> <p>TD explained that if we want the same results we follow the same process again and again, if we want a different outcome then we need to provide the service differently.</p> <p><u>GM Devolution</u></p> <p>Events have happened at speed. This was discussed as part of the February 2015 Closed Governing Body meeting with three key messages:</p> <ol style="list-style-type: none"> 1. CCG operating with clear plans, clear responsibility and a clear structure; 2. Local partnership working with clear plans and clear arrangements to keep the agenda moving; 3. This potentially provides a huge opportunity. <p><u>Return to theme of change and transformation of Primary Care</u></p> <p>There is an increase in demands with the average consultations up from 3 to 6 per year per patient and a growing number of patients.</p> <p>There is also an increase in the quality expected with decreased resources, primary care share of resources nationally, down from 11% to 8% of NHS funding.</p> <p>This also coincides with a decrease in staff numbers and availability, General Practitioner (GP) numbers in training, applicants for jobs, practice nurse numbers.</p> <p><u>Bolton Primary Care Standards</u></p> <p>A series of standards have been developed for better outcomes accompanied by resource, this is supported at Greater Manchester (GM) level. It is aspired to be built into SCEOS going forwards.</p> <p><u>Prime Minister Challenge Fund (PMCF)</u></p> <p>The PMCF involves extended hours, collaboration of practices, extended time period only. TD asked members to think of how we bring this back into the core of general practice.</p>	

	<p>7.2</p>	<p><u>Vitality Presentations</u></p> <p>Vitality is a group of GP Practices in the Birmingham area, an exemplar of how to do primary care differently in a much more federated way. Response times of GP contact has improved to less than one hour, shared back office functions exist and GP share care records.</p> <p>WBCCG, as a borough, over the coming months need to grasp these challenges.</p> <p><u>Chief Officer's Key Messages</u></p> <p>TA verbally updated the Governing Body members on current key areas of work since the February meeting:</p> <p><u>GM Devolution</u></p> <p>This has been a major focus of the CCGs work and will be discussed in greater detail at agenda item 8.4.</p> <p><u>Vanguard Bid</u></p> <p>There is a share of a £200m fund for areas which can demonstrate one of the four models. A protracted bidding process was held in London, the Wigan bid was unsuccessful. It has been agreed that aspects of the bid, that the local economy are supportive of, will be pursued for primary and commissioning services.</p> <p><u>Wigan Forward Board</u></p> <p>TA sits on the leadership of the Wigan Forward Board meeting, the emphasis being on the private sector. This meeting included the launch of the Local Authority Digital Strategy which compliments the direction of the CCGs work.</p> <p>TA formally recognised the efforts made in achieving the sign off of contracts, the Financial and Operational Plan and the amount of work that sits behind these.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and noted the updates. 	
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8.	New Business Items		
	8.1	<p>Operational Plan 2015/16 – Final</p> <p>JS presented the item.</p> <p>The CCG published its Five Year Strategic Commissioning Plan in June 2014. Since then NHS England (NHSE) released the 5 Year Forward View. CCGs are required to review their plans and deliver an Operational Plan for 2015/16, essentially year 2 of the 5 year plan.</p> <p>The plan reviews progress, documents some of the work the CCG has undertaken during 2014 (year 1) and lays out our plans for year 2.</p> <p>A draft plan was submitted to NHSE in February, this document has been revised in line with the feedback received.</p> <p>Submission to NHSE of the full Final Operational Plan is due on the 10th April 2015.</p> <p>JS guided the Governing Body through the main changes of the document drawing attention to:</p> <ul style="list-style-type: none"> - Additions to item 1 and item 2.3. - A Primary Care Co-commissioning and Delegation section - Personalised commissioning and continuing healthcare. - Mental health detail. - The Better Care Fund. - Resilience and 7 day working. - Cancer Services. - The six action areas of the Compassion in Practice implementation plans (6 C's). - Staff satisfaction. - A screen shot of the 'Wigan Live' system. <p>The Governing Body commended the document and the articulation of the vision.</p> <p>MK suggested that we utilise more positive language i.e. not 'shrinking the acute sector' but rather 'we are committed to streamlining patient journeys'.</p> <p>Resolved:</p> <p>1. The Governing Body approved the plan.</p>	Approve

<p>8.2</p>	<p>Financial Plan 2015/16</p> <p>CH delivered a presentation to the Governing Body members '2015/16 Financial Plan' highlighting the following:</p> <ul style="list-style-type: none"> • A detailed one-year operational financial plan (due to the impending general election) that delivers financial balance. • A detailed one-year operational financial plan that delivers all its financial duties. • The plan is underpinned by a longer five-year strategic financial plan. • QIPP delivery is integrated within the plan. • It manages its non-recurrent funds for future investment in service transformation. • Delivers a Better Care Fund in connection with the Local Authority; • Has identified and will seek to manage the risks identified in this report. • Sets out how the CCG will manage within its reduced management allowance. • Reflects any known requirements of NHS England. <p>CH emphasized to Governing Body members that this was the toughest financial situation the CCG has faced to date.</p> <p><i>Dave Nunns joined the meeting as a member of the public (14:02).</i></p> <p>GC sought clarification around the QIPP target set and this being the highest in GM asking if this was due to proportionality or a percentage of the total spend.</p> <p>CH clarified that this target was in totality.</p> <p>MT confirmed that the CCG's QIPP target is one of the highest set in GM and if we look at growth of 2.5% this means that the CCG do not get any funding above inflation. The high level of QIPP set is necessary to deliver the transformation agenda and the CCG are required to generate those funds internally. The £7.1m QIPP gap means that there is not as much to invest into such schemes.</p> <p>GC asked if the CCG/former PCT historically had high end QIPP targets and asked if the CCG would be better setting slightly lower targets.</p> <p>MT explained that if targets were lower the CCG would not be able to deliver the transformation agenda.</p>	<p>Receive</p>
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		<p>MT added that during its first year the CCG provided £10m non recurrent funding to Wrightington, Wigan and Leigh NHS Foundation Trust (WWL NHS FT). Without the QIPP agenda the CCG would not have been able to support the acute sector.</p> <p>AA asked if the CCG was able to appeal such a low growth rate.</p> <p>CH explained that there is a set formula to calculate how much funding an area receives and confirmed that Wigan Borough are close to the target funding levels therefore receive no additional allocations above an inflationary level.</p> <p>PM asked for a point of clarification around the QIPP target of £22m the QIPP gap of £7.1m and the planned surplus of £4.5m. PM asked how realistic it was to have a £4.5m planned surplus when there is a £7.1m gap.</p> <p>CH explained that there is mandated guidance requiring delivery of the surplus.</p> <p>MT added that if the WWL NHS FT contract is not signed then the CCG may not be reporting a surplus. The initial offer to WWL NHS FT was for £159m, no counter offer has been received to date therefore leaving an estimated 'gap' of £20m.</p> <p>The potential for arbitration, for failure to sign the acute contract, was explained along with the timeframes:</p> <ul style="list-style-type: none"> - 31 March 2015, deadline to sign contract. - 1 April to 17 April inclusive, enter into mediation. - If contract not signed by 17 April then we proceed to formal 'pendulum' arbitration. <p>The main risks at present were noted as:</p> <ul style="list-style-type: none"> - The unsigned WWL NHS FT contract. - Non-identification/delivery of QIPP schemes. - Worst case £5-10m deficit position at year end. <p>The Governing Body noted the significant challenges being faced with the clear and credible plans to address the situation. The risks associated with the plans were noted.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the plan and approved the recommendations contained within section 12.1 of the report (page 26 refers). 	
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8.3	<p>QIPP Plan 2015/16</p> <p>MT presented the item.</p> <p>Following extensive financial planning the QIPP target for the year has been determined as £22.8m. Currently the CCG has identified £15.7m worth of schemes for delivery in 2015-16, leaving an unidentified QIPP gap of £7.1m.</p> <p>The CCG's QIPP challenge for 2015-16 is very demanding and will require a substantial shift in how, and where, services are delivered whilst improving outcomes for patients and maintaining a safe environment.</p> <p>MT highlighted the unidentified QIPP and potential opportunities (<i>page 19, item 3 refers</i>). Two areas for immediate development are activity/data validation of patient invoices and the referral review/management of key specialities.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the plan. 	Receive
8.4	<p>GM Devolution Memorandum of Understanding (MOU)</p> <p>TD presented the item.</p> <p>This report provides information on the Memorandum of Understanding developed between GM local authorities, GM CCGs and NHS England which creates a framework for the delegation and ultimate devolution of health and social care responsibilities to Greater Manchester. It also sets out the actions required by this CCG to meet the requirement of the MoU.</p> <p>TA highlighted section 8 'Governance and Financial Pathway' noting the Wigan addition of the first two bullet points (<i>page 7, item 8 refers</i>):</p> <ul style="list-style-type: none"> • GM NHS will remain within the NHS and subject to the NHS Constitution and Mandate. • Clinical Commissioning Groups and Local Authorities will retain their statutory functions and their existing accountabilities for current funding flows. <p>The CCG's allocation remains as is, with Trish Anderson as the Accountable Officer.</p>	Receive

		<p>From April 2015 there will be a Shadow Joint Commissioning Board (JCB) of GM Local Authorities, CCGs and NHSE. This JCB will be engaged in all decisions affecting GM health and social care.</p> <p>It was noted that this programme requires the careful involvement and sign up of patients.</p> <p>GC declared his concern around the appointment of the governance group and asked if there would be an equitable elective process to appoint future members.</p> <p>FC confirmed that TD and TA will have the opportunity to self nominate.</p> <p>The Governing body noted that there was still ambiguity in some areas of the MoU and some questions still remain unanswered.</p> <p>FC on behalf of the Governing Body thanked TD and TA for the work on this to date.</p> <p>The Governing Body were requested to:</p> <ol style="list-style-type: none"> 1. Note the report considered and agreed at the GM CCGs' Association Governing Group meeting on 3rd March 2015 attached at Appendix A. 2. Agree and endorse the MoU signed by representatives of GM CCGs, AGMA, and NHS England and recognise that it is an important and significant step in the development of a new collaborative partnership for health and social care in Greater Manchester. 3. Authorise the Chief Officer/Chief Clinical Officer to bring a report to the Governing Body in June 2015 setting out how the CCG and local partners will meet the locality requirements of the MoU. <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and endorsed the MOU. 2. A report to be brought to the June meeting setting out how the CCG and local partners will meet the locality requirements of the MoU. 	<p style="text-align: center;">TD/TA</p>
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9.	Current Business Items		
	9.1	<p>Association Governing Group (AGG) Summary Notes</p> <p>The summary notes of the meeting held on the 3rd March 2015 were shared for the Governing Body to receive.</p> <p>Resolved:</p> <ol style="list-style-type: none"> The Governing Body received the summary notes. 	Receive
	9.2	<p>Corporate Report (Month 11)</p> <p>MT presented the report which is designed to give the Governing Body a regular monthly update on how the CCG is performing against its local priorities.</p> <p>The report also details CCG performance against the Everyone Counts Planning Guidance Indicators and the CCG Outcomes Indicator Set.</p> <p><u>Outcomes Ambitions: Headline Indicators</u></p> <p>As such, it is not yet possible to assess performance against six of the ten indicators; these are shown as white (None).</p> <p>Of the remaining four indicators, two are rated Red and 2 are rated Amber.</p> <p>The indicators rated Red are IAPT Access Rate and Avoidable Emergency Admissions Composite Measure. The Q2 IAPT rate of 2.31% is below the target of 3.75%. NHS England is reviewing IAPT closely and new standards will be introduced in 2015/16.</p> <p>The indicators rated as Amber are the Friends & Family (F&F) A&E score and Inpatient score. Both of which are below target at Quarter 3. However, January F&F A&E score of 73.37 is above target.</p> <p><u>NHS Constitution: Headline Indicators</u></p> <p>Virtually all of the NHS Constitution indicators are performing better than standard. The exceptions are A&E waits within 4 hours and the three ambulance indicators.</p> <p>February performance for A&E is above the 95% target achieving 97.40%, however, the Quarter 3 position is below at 93.73% as is the year to date (April to February) position 94.44%.</p>	

	<p>The 8 Minute Ambulance Response times for Red incidents remain below the standard of 75%. The January performance for Red1 calls is 65.52%. Performance for Red2 calls is slightly lower with a January result of 65.47%.</p> <p>The January 19 Minute Ambulance Response times performance for all Red calls is below the standard of 95% at 90.93%.</p> <p><u>Acute Activity: Headline Indicators</u></p> <p>Of the eleven activity indicators none have achieved year-to-date plan at January. Two of the indicators have achieved plan in the latest quarter: Ordinary Admissions and Other Referrals.</p> <p>Eight of the indicators are rated as Amber (within 5% of plan): Daycase Admissions, Total Admissions, Non-Elective Admissions, First Outpatient Attendances Following a GP Referral, All First Outpatient Attendances, Subsequent Outpatient Attendances, GP Referrals and Total Referrals.</p> <p>The remaining one indicator - A&E Attends at WWL, are rated as Red (more than 5% greater than plan).</p> <p><u>Better Care: Headline Indicators</u></p> <p>With the exception of the local pick metric (Readmissions) all indicators measure performance at Local Authority (LA) level.</p> <p>It is not yet possible to assess performance against the Care Home Admissions, Reablement and Avoidable Admissions indicators.</p> <p>Delayed Transfer Days was above plan in January with the year-to-date figure also remaining above plan.</p> <p>The number of Readmissions is more than 5% above plan in November. The year- to-date position also remains more than 5% above plan.</p> <p><u>Emerging Challenges</u></p> <ul style="list-style-type: none"> • The emerging GM devolution agenda. • Continuing pressure on the acute sector which may result in significant contract over trading in 2015/16. Contract discussions ongoing. • Funding growth is limited to 2.51% for Wigan and is the lowest in Greater Manchester. 	
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- Developing the QIPP programme for meeting the current QIPP gap of £7.1m for 2015/16.
- Continuing increases in demand evidenced by increases in GP referrals and increases in demand for continuing care.
- The impact of co-commissioning of Primary Care with NHS England.
- Implementing the five year forward view and potential local response.
- Prime Minister's Challenge programme - The seven day working initiative.
- In-housing of CSU functions following the news that the NW Commissioning Support Unit (CSU) has not been listed on the Lead Provider Framework.

MT highlighted the Finance and QIPP sections (*page 122 and 123 refers*).

MT referenced the Performance Report and the greatest concern being the level of activity from the acute sector. Performance in these areas are predominantly amber/red (*page 131/132 refers*). These will remain key issues for the forthcoming year.

MT confirmed that we are now managing the process of referrals. As from 1 May 2015 there will be a new MSK service provided by Bridgewater Community Healthcare Partnership Trust (BCHT), if this is successful then it will have a large impact on Orthopaedic activity.

MS referenced two points:

1. His disappointment to see the slippage of the Clostridium Difficile (*C.Diff*) infection performance.
2. His extreme disappointment with the ambulance figures and he would like to keep a robust scrutiny on this area. MS referenced the last Governing Body minutes referring to the numbers improving, he does see this as a long consistent pattern of under-performance.

MS highlighted his concern about a situation he had personally witnessed where, within an urban area, an individual waited fifty minutes for the arrival of an ambulance, having made three calls.

TA confirmed that the Greater Manchester (GM) Devolution may provide us with the opportunity to look into the potential of commissioning a GM ambulance service.

		<p>MT confirmed that he would follow this up.</p> <p>TA sought clarification if the ambulance figures were for Wigan alone or the whole of the North West.</p> <p>MT confirmed that they were for the whole of the North West.</p> <p>MS highlighted Exception Report 12 'Ambulance: Category A (Red 1) 8 Minute Response Time for North West Ambulance Service (NWAS), only two of the twelve CCGs across GM achieved the standard in January 2015.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the report. 2. MT to investigate the possible opportunity of commissioning a GM ambulance service under the GM Devolution deal. 3. A robust scrutiny to be kept on the ambulance performance figures. 	<p>MT</p> <p>MT</p>
	<p>9.3</p>	<p>Healthier Together Update (verbal)</p> <p>FC verbally updated Governing Body members on the last Healthier Together Committee in Common meeting.</p> <p>The main focus at present is to address Primary Care promises contained within the Healthier Together documentation including:</p> <ul style="list-style-type: none"> • A move towards seven day coverage across the conurbation by the end of the year. • It is suggested that the current 440,000 population will reach 2.5 million by December 2015 and 2.8 million by early 2016. • Wigan continues to make good progress. • Wigan are an important facilitator in terms of secondary care reform. • There may be an opportunity for funding available at the next meeting to address seven day working. • Ann Barnes, Primary Care Lead National Education England, is looking at GP training, recruitment and the retention of GPs and Associates. 	<p>Receive</p>

		<p>TD added that the North West Sector Programme Board continue their detailed work and remain on track to deliver by the end of April 2015.</p> <p>Resolved:</p> <ol style="list-style-type: none"> The Governing Body received the update. 	
10.	Governing Body Committee Updates		Approve
	10.1	<p>Healthier Together Committee in Common</p> <p>The shared minutes of the Healthier Together Committee in Common held on the 18 February 2015 were circulated to Governing Body members for information.</p> <p>Resolved:</p> <ol style="list-style-type: none"> The Governing Body received the minutes. 	Receive
	10.2/ 10.6	<p>Chairpersons' reports for February 2015 were circulated as below:</p> <p>10.2 Chairperson's Report: Audit Committee (no meeting).</p> <p>10.3 Chairperson's Report: Clinical Governance Committee.</p> <p>MS noted his significant concern with the Primary Care IT System/Telephone outage and a member of the Commissioning Support Unit (CSU) being unavailable to attend the Clinical Governance Committee meeting to address the issue.</p> <p>10.4 Chairperson's Report: Corporate Governance Committee (no meeting).</p> <p>10.5 Chairperson's Report: Finance and Performance Committee.</p> <p>10.6 Chairperson's Report: Service Design and Implementation Committee.</p> <p>Resolved:</p> <ol style="list-style-type: none"> The Governing Body approved the above listed reports. A response to the Primary Care IT System/Telephone outage to be chased up. 	<p>Approve</p> <p style="text-align: right;">JS</p>

11.	Locality Executive Updates	Receive
11.1-11.6	<p>Locality Executive updates were circulated for February 2015:</p> <ul style="list-style-type: none"> 11.1 Atherleigh 11.2 Patient Focus 11.3 Tyldesley Atherton Boothstown Astley 11.4 Wigan Central 11.5 North Wigan 11.6 United League Collaborative <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the above listed reports. 	
12.	Any Other Business – accepted at the Chairman’s discretion	
12.1	<p><u>Terms of Reference (TOR) for the proposed Greater Manchester Healthier Together Joint Committee</u></p> <p>TD presented the item.</p> <p>The Governing Body was asked to formally approve the TOR for the proposed Greater Manchester Healthier Together Joint Committee.</p> <p>Earlier draft versions have previously been discussed and it is proposed post adoption by all Greater Manchester CCGs that this arrangement will replace the current Greater Manchester Healthier Together Committees in Common (HT CiC).</p> <p>FC referenced the functions of the Committee (page 4, item 3 refers ‘receive and or review recommendations from the Healthier Together Programme Board and decide on a model for future healthcare provision that is safe, sustainable and financially viable’.</p> <p>It was agreed at the last HT CiC meeting that the word ‘recommendations’ will be deleted and will be replaced with ‘submissions’. The Chair can also give voting rights at his discretion up to the start of the meeting.</p> <p>FC confirmed that a version 4 of the document is now available reflecting this change.</p> <p>The Chair closed the meeting at 3.00pm.</p>	

14.	Date and time of next meeting	
	Tuesday 28th April 2015, 13.30pm in Room 17, Wigan Life Centre.	

Signed
Dr Tim Dalton, Chair

Date:28.4.15.....