NHS
West Cheshire
Clinical Commissioning Group

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

AGENDA

Formal Governing Body Meeting to be held in Public on Thursday 20th November 2014, at 9.00am in Neston Cricket Club, Station Road, Neston, Cheshire CH64 6QJ

Item	Time	Agenda Item	Action	Presenter
	9.00	Welcome and **Open Forum**	-	Dr Huw Charles-Jones *GP Chair*
	9.15	Chairs Opening Remarks	I	Dr Huw Charles-Jones *GP Chair*
A	9.20	Apologies for absence	-	Dr Huw Charles-Jones *GP Chair*
B	9.22	Declarations of interests in agenda items	-	Dr Huw Charles-Jones *GP Chair*
C	9.25	Minutes of last meeting held on 18th September 2014	DR	Dr Huw Charles-Jones *GP Chair*
D	9.35	Matters arising/actions from previous Governing Body Meetings	D	Dr Huw Charles-Jones *GP Chair*
WCCCGGB/14/11/35	9.45	Clinical Senate Report	D	Mike Zeiderman *Hospital Doctor Representative*
WCCCGGB/14/11/36	10.00	Quality Improvement Committee Report	D	Sheila Dilks *Clinical Lead - Nurse Representative* Paula Wedd *Director of Quality and Safeguarding*
WCCCGGB/14/11/37	10.15	Commissioning Delivery Committee Report	DR	Chris Hannah Vice Chair/Lay Member Laura Marsh *Director of Commissioning* Gareth James *Chief Finance officer*
WCCCGGB/14/11/38	10.30	Audit Committee Report	DR	Gareth James *Chief Finance Officer*
10.45 BREAK				
WCCCGGB/14/11/39	11.00	Chief Executive Officer's Business Report	DR	Alison Lee *Chief Executive Officer*

Item	Time	Agenda Item	Action	Presenter
CONSENT ITEMS				
WCCCGGB/14/11/40	11.15	Clinical Commissioning Group Sub-Committee Minutes	I	Alison Lee *Chief Executive Officer*
WCCCGGB/14/11/41	11.25	Any Other Business **(to be notified to the Chair in advance)**	D	All
Date and Time of Next Meeting – Thursday 15th January 2015, at 9.00am – Conference Rooms A & B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1HJ				

I – Information D – Discussion DR – Decision Required

* A consent agenda means that the items will be noted with no time for debate unless the chair is notified in advance of the meeting.

** Any other items of business should be notified to the Chair at least 48 hours in advance of the meeting.

NHS
West Cheshire
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Formal Governing Body Meeting

Thursday 18th September 2014, 9.00a.m., Conference Rooms A & B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1HJ

PRESENT

Voting Members:

Dr Huw Charles-Jones	Chair
Alison Lee	Chief Executive Officer
Dr Andy McAlavey	Medical Director
Mr Gareth James	Chief Finance Officer
Ms Chris Hannah	Lay Member
Mr David Gilburt	Lay Member
Mr Mike Zeiderman	Hospital Doctor representative
Ms Pam Smith	Lay Member
Dr Claire Westmoreland	GP Representative – City Locality
Dr Jeremy Perkins	GP representative – Ellesmere Port and Neston Locality
Dr Steve Pomfret	GP representative – Rural Locality

Non-voting Members:

Paula Wedd	Director of Quality and Safeguarding
Helen McCairn	Director of Partnerships
Laura Marsh	Director of Commissioning
Rob Nolan	Director of Contracting and Performance

In attendance:

Clare Dooley	Corporate Governance Manager
Sally Pritchard	Public Engagement Manager
Clare Jones	Governing Body and Committees Administrator

14/09	AGENDA ITEM	Action
	WELCOME AND OPEN FORUM	
	The Chair welcomed everyone to the meeting and noted that a hard copy agenda is available from Sally Pritchard. There is a fire alarm drill scheduled for approximately 11.00am this morning, but an alarm at any other point during the meeting should be treated as a proper alarm and emergency exits were identified. The first 15 minutes of the agenda is set aside for questions from members of the public, and there are two questions, from Mr Gus Cairns, to be addressed today.	

14/09	AGENDA ITEM	Action

Question 1

Can you give me any idea when the new Blacon Health Facility is likely to start on site?

The Chair noted that the clinical commissioning group is monitoring this issue, although responsibility sits with NHS England and Western Avenue Medical Centre GP partners. The GP partners have recently informed the clinical commissioning group that they will be withdrawing from the development. The clinical commissioning group and the developer are currently waiting for formal notification of this decision. With this in mind, the clinical commissioning group is reviewing the services and scale of the facility. However, the community can be assured that a facility will be built that will; house the branch surgery of the Elms and have facilities for community services from the former clinic.
This planning includes identifying an alternative developer if the need arises.
Once we have received formal notification from the practice GPs and have had opportunity to review the scheme, we will engage with partners and stakeholders with the new / revised plans.

Question 2

I am very worried by the number of GP Practices in West Cheshire CCG area in the bottom half of the Patient Survey which was published in July 2014. With a practice at 21st in the survey cant there be some learning passed down to the other practices especially Western Avenue in Blacon.
The Chair advised that he shares the concerns raised by this question. The results from the National GP Patient Survey that were published in July 2014 showed a wide variation in patient satisfaction from different GP practices across West Cheshire. For example, 99% of those Willaston Surgery patients who responded to the survey described making an appointment as a good experience. In contrast, only 57% of Western Avenue Medical Centre patients described booking an appointment as a good experience.
Clearly we need to work very closely with our GP Practices to address these variations in patient satisfaction across West Cheshire.
Not all of the results can be attributed to a particular practice being in an area of deprivation, because we are aware of some GP Practices based in other deprived parts of the country that consistently receive excellent feedback from patients; we need to learn from them.
We are also looking at more innovative ways of offering services to patients, such as introducing GP telephone consultations and offering treatments in community settings closer to people's homes.
We also believe that our 36 West Cheshire GP Patient Participation Groups are the key to helping us to improve primary care services for patients. The groups have already disseminated and discussed the patient survey results, and have compared them with their own surveys. They have come up with very valuable suggestions for improvement, which will be incorporated into the work we are doing to improve care for all our patients, regardless of where they live.

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	A third question was raised from the floor *As the clinical commissioning group has an overview of the patient participation groups, who would be the appropriate person to speak to, in relation to an issue at one particular patient participation group?* Pam Smith noted that she is the Patient Participation representative for the governing body, and would be happy to discuss this issue, after this meeting.	
	CHAIR'S OPENING REMARKS	
	The Chair advised that the meeting is held in public but is not a public meeting. Hardcopies of the agenda and minutes of the previous formal governing body meeting were made available for members of the public, and a full set of papers can be obtained from the clinical commissioning group's website at www.westcheshireccg.nhs.uk. Five members of the public were in attendance at the meeting. The Chair made the following opening remarks: • The clinical commissioning group met with NHS England on the 10th September 2014, for the Quarter 1 Assurance meeting. The meeting went well. Specific concerns discussed related to 62 day cancer waits and the 4 hour accident and emergency target, which is an issue affecting many clinical commissioning groups. • The Chair and Chief Executive attended the Patient Participation Group Workshop on the 8th September 2014, which was very positive. One challenge to be addressed is how to get primary care working more effectively; to get each practice to look beyond their individual practice boundaries to consider the whole health economy. Discussions took place in relation to encouraging patient participation groups to help with this work, and to take a strong role within their practices. • The clinical commissioning group's Annual General Meeting will take place on the 24th September 2014, at Chester Racecourse, for those wishing to attend. • The Duke and Duchess of Cornwall visited the Countess of Chester Health Park on the 12th September 2014. The visit was well received, and further details were provided.	
A	**APOLOGIES FOR ABSENCE**	
	Apologies were received on behalf of Sheila Dilks and Caryn Cox.	
B	**DECLARATIONS OF MEMBER'S INTERESTS**	
	There were no additional declarations of interest to be noted.	

14/09	AGENDA ITEM	Action
C	**MINUTES OF LAST MEETING HELD ON 17TH JULY 2014**	
	The minutes of the meeting held on 17th July 2014 were agreed as an accurate record of the meeting's proceedings, with the following amendments: • Page 2 – Quarter 4 Assurance meeting – first bullet – wording is to be amended to '…was able to demonstrate…' • Page 3 – E – Spelling to be amended for 'Matters' • Page 4 – Ageing Well – first bullet, third line – Spelling to be amended for 'incentivised' **MATTERS ARISING** • At the meeting on the 18th September 2014, Mr Roger Parkin raised an issue in relation to Quality Improvement Committee report to that meeting. Sheila Dilks has discussed this issue with Mr Parkin, outside of the governing body meeting. • Ageing Well – Metrics to measure the effectiveness of the integrated teams has been discussed with Amanda Lonsdale and this issue is being considered further, through the Pioneer Programme. Work has been undertaken with Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust in relation to detailed metrics and the which organisation is responsible for which particular metric. All integrated care teams are operational, although Northgate is operating virtually until the new building is ready in early 2015. • Community services progressing towards outcome based measures – It was noted that a query is to be raised with Cheshire and Wirral Partnership NHS Foundation Trust, as to whether primary care staff are involved with the action learning sets currently being undertaken and this issue is to be progressed through the Programme Assurance Board. • Mortality – Discussions took place in relation to possible GP involvement in mortality reviews undertaken by Countess of Chester Hospital NHS Foundation Trust, and the dissemination of learning gained from the reviews. It was agreed that Paula Wedd will raise the issue with GPs.	**PW**
D	**MATTERS ARISING/ACTIONS FROM PREVIOUS GOVERNING BODY MEETINGS**	
	• 14-05-03 – Care Quality Commission hospital monitoring – *NHS Wirral CCG to be requested to provide information relating to the downgraded banding of Wirral University Teaching Hospital NHS Foundation Trust* – A query for additional detail relating to the re-banding of the Trust was raised with NHS Wirral Clinical Commissioning Group. However, the response received lacked specific information relating to this. • 14-07-21 – 18 week standards – C*onfirmation of deadline for completion of the reduction in referrals to be sought* – This item is included within item WCCCGGB/14/09/30 – Commissioning Delivery Committee Report. • 14-07-21 – Stroke Performance – *update on feedback from the Stroke network meeting* – The Stroke Network has proposed that a joint meeting is	

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	undertaken between the network and clinical commissioning group Chairs and senior officers, to discuss progression of stroke issues, although a date for this meeting has not yet been agreed. Currently, NHS West Cheshire Clinical Commissioning Group will consider how to proceed locally, as service improvement has not been consistent. There is an increase in discussions proposing that specialist services, such as cardiology, stroke and neurology, are provided in a specific hospital across the Cheshire and Mersey footprint. Discussions took place and it was agreed that Alison Lee will actively promote this, on behalf of the clinical commissioning group, at network meetings.	**AL**
28	**CLINICAL SENATE REPORT**	
	Jenny Dodd noted that this report refers to the June 2014 meeting of the clinical senate, which has been discussed previously at governing body. An update for the July and September 2014 meetings will be available for the November 2014 governing body meeting. Alison Lee expressed disappointment that the extremely beneficial discussions from the July 2014 meeting has not resulted in any recommendations from the clinical senate, and that this is a missed opportunity to direct and influence work undertaken by commissioners. Discussions took place in relation to the reporting gap between discussions at clinical senate meetings and their subsequent reporting to governing body. It was agreed that future reports will provide details of the high level discussions that took place, to reduce the reporting gap for governing body.	
29	**QUALITY IMPROVEMENT COMMITTEE REPORT**	
	Paula Wedd noted that this report highlights issues discussed at quality improvement committee meetings and the following key points were noted: • Hospital Intelligence Monitoring – the Care Quality Commission reports were updated in July 2014. This latest report has now graded the Countess of Chester Hospital NHS Foundation Trust a Band 6 and Wirral University Hospital NHS Foundation Trust also as a Band 6, which represented the lowest category of risk. The Countess of Chester Hospital NHS Foundation Trust has recently undertaken work in relation to reducing the 'Signs and Symptoms' reporting, which has improved this indicator. • Nursing Homes – as at July 2014, four homes were identified as having a higher number of risk indicators that may impact on the quality of care delivered, and further details were provided. • The current contract for Cheshire West and Chester Council's domiciliary care ends on 27th March 2015. This presents an opportunity for NHS West Cheshire Clinical Commissioning Group to work in collaboration with the local authority to commission services for people with complex needs at home.	

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	• One to One Midwifery Service – In response to the issued contract query, a response was received within the time frame stipulated but did not provide all of the assurance required to close the contract query. Subsequently, Wirral and West Cheshire commissioners met with the service on 6th August 2014 to discuss what assurance was required, and agreement was reached that the commissioners would undertake a site visit to seek further information from staff members. The service has been asked to supply written evidence of remedial actions taken following receipt of the contract query. The service has recently had an unannounced Care Quality Commission visit which will be published shortly. In response to questions raised by Dr Huw Charles-Jones, Alison Lee, Dr Jeremy Perkins and David Gilburt, the following points were noted: • There are six separate sets of monitoring for mortality indicators/ratios, and the two that are reported to this governing body, for Countess of Chester Hospital NHS Foundation Trust, are the Summary Hospital-level Mortality Indicator and Hospital Standardised Mortality Ratio. There are a number of differences between these two indicators and the information they utilise to establish their figures, the details of which are quite complicated. A brief outline of the differences was provided and it was agreed that Paula Wedd will circulate a concise outline of the differences to the governing body, for information. Significant assurance in relation to mortality rates is given by the creation of the Trust's Mortality Review Group, and details of the work undertaken by the group were provided. It was noted that it is intended to include primary care within this group, to gain further value for the meetings, and Dr Andy McAlavey is progressing this with Ian Harvey, the Trust's Medical Director. The mortality reports from this group are presented to at the Trust's Board meetings, which are held in public. Assurance is also received from benchmarking of the mortality rates published by the Trust. • It has been noted that a number of patients are confused by messages on their GPs answer phone and consideration is being given to standardising this information. • Variation between practices, which were highlighted within the GP Patient Survey, will continue to be monitored via the GP Quality Dashboard, which will contain the 10 indicators chosen by the clinical commissioning group deemed to be the most important. Targets will be set for GP practices to achieve, which will be reported to the primary care development group. • The issue of nursing homes not currently in a contract with the clinical commissioning group will be discussed with Cheshire and Merseyside Commissioning Support Unit, who are undertaking work in relation to the contracts, and timescales for all homes to have a contract with the clinical commissioning group will be agreed. There is now a number of clinical commissioning group staff aligned to the commissioning support unit process, to assist where required. • A number of concerns have been raised in relation to continuing referrals to the One to One Midwifery Service while a Contract Query is in place. It is felt that the site visit to the service, in August 2014, has resolved the original	**PW**

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	concerns highlighted. A full response is expected from NHS Wirral Clinical Commissioning Group stating that the Contract Query has now been closed. The report from the recent unannounced Care Quality Commission is also awaited, and this is expected to provide additional assurance in relation to the issues contained within the Contract Query. **RECOMMENDATIONS** The governing body: • Reviewed the issues and concerns highlighted and identified any further actions for the Quality Improvement Committee. • Noted the update provided on End of Life documentation. • Noted the update provided on Transforming Care: A National Response To Winterbourne • Noted the action taken in response to the July 2014 National GP Patient Survey results. • Noted the contents of the Nursing Homes report and recommended that a timescale is identified to ensure that all providers have signed up to the North West Nursing Home Framework.	
30	**COMMISSIONING DELIVERY COMMITTEE REPORT**	
	Chris Hannah noted that further work is required on the reporting from sub-committees to the governing body, to ensure that future reports are distilled further to highlight issues or risk or assurance, to enable the governing body to focus on these key issues. A brief update was provided from the last meeting of the commissioning delivery committee, and it was highlighted that systematic reporting from programme boards has been agreed, and this will provide assurance that the commissioning delivery committee will hold the programme boards to account, as a sub-committee of the governing body. Laura Marsh provided details on the delivery section of the report and the following points were highlighted: • Starting well – Maternity: The clinical commissioning group wrote to the key maternity service providers to gauge their appetite to move to a commissioning for outcomes approach in the future. A number of responses have now been received and, although no formal response has been received. Countess of Chester Hospital NHS Foundation Trust has indicated an interest to be involved in this. • Being Well – Agreement has been reached on the development of a Being Well Programme Board by November 2014, to bring together the Strategic Planned Care Network and the Long Term Conditions Programme Board. Progress towards the delivery of a new Pulmonary Rehabilitation service remains slow. A draft revised specification is currently being discussed with the provider, Cheshire and Wirral Partnership NHS Foundation Trust, but no service start date has been set. Due to the lack of progress with this	

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	service, consideration may be required as to whether re-procurement of this service should be undertaken. Details of the co-commissioning of an Integrated Wellness Service, with Cheshire West and Chester Council, were provided for information only. Rob Nolan highlighted a number of changes to the performance report, which now includes benchmarking data and additional information in relation to the North West Ambulance Service contract. Work will be ongoing to improve the detail contained within the report. The following points from the report were noted: • Referral to Treatment – Patients seen within the 18 Week Standards – the clinical commissioning group has been allocated additional funding to support the continued delivery of the Referral to Treatment target, and plans to reduce the number of patients exceeding 18 weeks have been agreed with Countess of Chester Hospital NHS Foundation Trust. An initial submission to NHS England has been made, as a part of the Operational Resilience and Capacity Planning submission, which has a final submission date of the 19th September 2014. This has occasioned challenging conversations with Countess of Chester Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust and Cheshire West and Chester Council, as the clinical commissioning group's priority is in relation to urgent care, to ensure sufficient flexibility is available within the system. The key issue for Countess of Chester Hospital NHS Foundation Trust in relation to Accident and Emergency remains the flow of patients through the hospital, and all partners have agreed to assist, where possible, while changes are taking place. • Cancer 62 day – Countess of Chester Hospital NHS Foundation Trust is below the area average for the delivery of this target. The Trust has sought the support of the Intensive Support Team and now has an action plan in place to address this issue, and the clinical commissioning group will request that a trajectory on progress is provided. An update in relation to this issue was requested by NHS England Area Team on the 17th September, for response by the 18th September. In response to questions from Laura Marsh, Pam Smith, David Gilburt and Alison Lee, the following points were noted: • Cancer 62 day data was available at the Cancer Network meeting, which is now available by tumour group and by stages. A request will be made for this information to be shared with the clinical commissioning group. Discussion took place in relation to requesting the Cancer Network to consider referral guidance for GPs, as it may be beneficial for these to be reconsidered. • The Countess of Chester Hospital NHS Foundation Trust is not consistently achieving the 4 hour wait target, and this data will be included within future urgent care updates. • Work is currently being undertaken between the clinical commissioning group, the local authority and both local Trusts to address the issue of expected winter pressure, and system resilience, and further details were provided.	**RN** **RN**

14/09	AGENDA ITEM	Action
	• North West Ambulance Service has recently started to fail its regionally set target and is required to produce a resilience plan to address this. The service is undertaking a significant amount of work to progress this issue, including the introduction of new technology to assist this, and further details were provided. Gareth James provided an update in relation to financial performance within the report and noted that significant discussion took place in relation to the challenges and risks associated with the delivery of the 1.5% control total for 2014/15. The clinical commissioning group has again raised a request to reduce the financial control total, although it is now clear that the original request, made during Month 2, had not been escalated. A further meeting is scheduled with the NHS England Area Team Finance Director, but it is expected that the request to reduce the control total will not be agreed. The clinical commissioning group will continue to aim to deliver of the 1.5% control total. However, NHS England will be notified of the risks and challenges to achieving the total. In response to questions raised by Chris Hannah and Alison Lee, the following points were noted: • Further consideration will be given to what steps may be required, should further mitigation be necessary, and the possible impact this may have upon the local health economy. • The governing body will continue to support the Chief Finance Officer with this work. • Should the clinical commissioning group achieve a 1% total, and not the 1.5%, there may be an impact upon the Quality Premium for 2015/16. **RECOMMENDATIONS** The governing body noted the key issues discussed, and the decisions made, at the commissioning delivery committee. The governing body also noted the performance measures in place to assist with achievement of the control total of 1.5%.	
31	**CHIEF EXECUTIVE OFFICER'S BUSINESS REPORT**	
	Alison Lee provided an update to the governing body and noted this report is normally a standard item, with items for noting. However, within the September report is a review of progress in relation to continuing healthcare, funded nursing care and complex care. Continuing healthcare, funded nursing care and complex care is a substantial part of the clinical commissioning group's budget, and relates to one of its most vulnerable cohorts of population. Details were provided on the background to this issue, and the significant work being undertaken to improve this service, and the following points were noted: • A Due Diligence Review has been undertaken, to understand the areas of challenge to be addressed across Cheshire and Wirral. As a part of the	

14/09	AGENDA ITEM	Action
	review, arising issues will be brought to the attention of the governing body and will be monitored and progressed by the commissioning delivery committee. The review highlights a number of issues, which have been detailed within the chief officer's business report. • A significant number of patients have not been reviewed in the last 12 months, and there is a lack of assurance in relation to the quality of care, safety of care, and that the cost of care is appropriate. The quality of care is the most important aspect to be addressed. • The following points were agreed at the commissioning delivery committee meeting in September: ➢ A request will be issued for a monthly update report on the service, for monitoring by the committee. ➢ Continuing healthcare, funded nursing care and complex care will be integrated in to the clinical commissioning group's programme of work, as a turnaround programme. ➢ A letter will be issued to Cheshire and Merseyside Commissioning Support Unit, outlining the clinical commissioning group's concerns and to highlight areas where the clinical commissioning group feels that urgent action is required. ➢ A tactical response, to address the issue of the assessment backlog, is being considered, and how other clinical commissioning group providers may be able to support this work. ➢ A desktop review will be undertaken with Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust in relation to high cost cases. In response to questions raised by Pam Smith, Jeremy Perkins, Steve Pomfret, and Claire Westmoreland, the following points were noted: • A representative of Cheshire West and Chester Council is assisting with the work being undertaken in relation to the service • The clinical commissioning group feels that it is important that this issue is placed within the public domain, to maintain the pledge to be open and honest. • Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust have offered the assistance of nursing staff, to assist with patient assessments and reviews. • Additional investment has been provided to Cheshire and Merseyside Commissioning Support Unit, to enable additional resource to be utilised to address issues. • The clinical commissioning group has a number of staff working closely on this issue, and Sheila Dilks has agreed to provide the clinical leadership to this team. • Helen McCairn has a meeting scheduled with the commissioning support unit to discuss trajectories for the review and assessment of patients. • There has been an increase in the number of patients requiring provision of this service, since the transfer from Primary Care Trusts to clinical commissioning groups. It was also noted that the local authority has experienced an increased financial pressure in relation to this service.	

14/09	AGENDA ITEM	Action
	• The names of patients in receipt of this service will be shared with the integrated teams, who will then share this information with GPs. Discussions have taken place at commissioning delivery committee to consider the possibility flagging patient records that receive this service. **RECOMMENDATIONS** The governing body: • Supported the work being undertaken in relation to continuing healthcare/funded nursing care and complex care services • Supported the decision for a separate continuing healthcare update report to be produced on a monthly basis, for monitoring by the commissioning delivery committee • Noted the contents of the report • Noted the robust process undertaken to review the Procedures of Limited Clinical Value and Infertility Policies, ratified the revised policy and agreed to receive annual updates of the policy.	
32	**CLINICAL COMMISSIONING GROUP POLICIES AND GOVERNANCE DOCUMENTS**	
	It was noted that, as a part of the clinical commissioning group's governance process, a governance plan was created to schedule an annual review of policies and governance documents. The six policies/documents presented at this meeting are included as a part of this process, and are received from the audit committee. The audit committee recommends that the governing body approves the six policies/documents. It was noted that the first three policies listed within the document have a review date that is the same as the issue date. This was discussed and it was agreed that the review date will be amended from 2014 to 2015. **RECOMMENDATION** The governing body approved/ratified the six policies/governance documents provided.	
33	**CLINICAL COMMISSIONING GROUP SUB-COMMITTEE MINUTES**	
	The governing body noted the decisions made on their behalf by the sub-committees and endorsed them. All sets of minutes were approved as an accurate record.	
34	**ANY OTHER BUSINESS**	
	It was noted that the clinical commissioning group's Annual General Meeting will be held on the 24th September 2014, at 1.00pm at Chester Racecourse, before the commencement of the Membership Council meeting.	

14/09	AGENDA ITEM	Action
	No other items of business were received and the formal governing body meeting was brought to a close.	
	DATE AND TIME OF NEXT MEETING	
	Thursday 15th January 2015, at 9.00am in Conference Rooms A & B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1HJ	

Minutes received by: _____

(Chair)

Date _____

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West Cheshire Clinical Commissioning Group Governing Body

Action Log from the minutes of Clinical Commissioning Group Governing Body Meetings

Item	Action	Owner	End Date	STATUS
Meeting Held on 18th September 2014				
Page 4 C	**Mortality** GPs with an interest in becoming involved in CoCH mortality reviews to be sought.	Paula Wedd	November 2014	Amber Update to be provided to November governing body meeting.
Page 5 D	**Stroke** Active promotion to be encouraged, for specialist services being provided in a specific location, at network meetings.	Alison Lee	November 2014	Amber Update to be provided to November governing body meeting.
Page 5 14-09-29	**Quality Improvement Committee Report** Concise outline of differences between mortality indicators/ratios to be circulated to governing body members.	Paula Wedd	November 2014	Amber Update to be provided to November governing body meeting.
Page 8 14-09-30	**Commissioning Delivery Committee Report – Cancer 62 day** a) CoCH to be requested to provide a trajectory on progress	Rob Nolan	November 2014	Amber Update to be provided to November governing body meeting.
	b) Request for data, by tumour group and by stages, to be made to Cancer network.	Rob Nolan	November 2014	Amber Update to be provided to November governing body meeting.

Green	Complete/On Agenda
Amber	Ongoing/For update
Red	Outstanding

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GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting:**	20 November 2014
2.	**Title of Report:**	Clinical Senate Report
3.	**Key Messages:**	This report provides an overview of the business discussed and decisions made at the clinical senate meeting held on 23rd October 2014.
4.	**Recommendations**	The governing body is asked to: a) Note the issues discussed by the clinical senate b) Reflect on the recommendations of the senate and take these into account when making decisions
5.	**Report Prepared By:**	Jennifer Dodd Assistant Chief Officer

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

CLINICAL SENATE REPORT

PURPOSE

1. The clinical senate has been established by the governing body to provide clinical leadership and advice on the development of the clinical commissioning group's commissioning strategy. It is a multi-disciplinary group of clinical and non-clinical leaders from across the health and care community, bringing together commissioners and providers to discuss complex issues of policy and service redesign.

2. This paper provides an overview of the discussions of the clinical senate in October 2014.

OCTOBER 2014: AGE UK: BRIGHT LIVES PROGRAMME AND END OF LIFE CARE UPDATE

3. The clinical senate met on 23 October with Mike Ziederman as Chair to listen to a presentation by Joanne Jones from Cheshire West and Chester Council and Kevin Janes from Cheshire and Wirral Social Enterprise Partnership on Bright Life, the local name of a national lottery funded programme to reduce social isolation. This was followed by an update on End of Life Care from Vicky Oxford, NHS West Cheshire Clinical Commissioning Group and Fiona McCroy from Cheshire and Wirral Partnership NHS Foundation Trust. Recommendations from the May senate meeting were also reviewed at the end of the meeting

Age UK: Bright Life

4. Fulfilling Lives: Ageing Better is a national programme funded by the Big Lottery Fund which has provided £82 million nationally. Cheshire West and Chester has been selected as one of the 15 areas to receive funding.

5. The Cheshire Bright Life Partnership has been awarded £5.1 million to be spent over 5 years with an additional £640k local match funding secured so far. There are a range of partners from voluntary and public sectors involved in the project, with Age UK Cheshire as the lead partner.

6. The partnership is currently developing an action plan to be submitted in December 2014. Delivery will begin in April 2015. The action plan will be aligned with the action plan for social isolation included in the Better Care Fund.

7. The Big Lottery Fund has asked local authorities to come up with their own 5 outcomes which must include isolation and loneliness, they are:

- Reducing social isolation
- Older people being more actively involved in their communities (lottery definition of older people is over 50s)
- Older people are more engaged in the design and delivery of services
- The services that older people access are better planned, co-ordinated and delivered and offer better choice
- A strong evidence base is available for tackling social isolation

8. The key issues that need to be tackled are:

- Co-design and co-produce services with older people.
- Develop models for social prescribing.
- Market shaping to increase supply and choice.
- Develop integrated cross sector and multi-disciplinary teams.
- Develop community hubs for accessing services and social activities.
- Develop sustainable models for befriending, peer mentoring and intergenerational activities
- Design a sustainable community transport strategy.
- Develop an interactive communications platform for older people.
- Increase levels of volunteering and social action.
- Increase the capacity and impact of self-help groups.

9. Kevin and Jo asked the senate for some specific input and discussion on the work around social prescribing. Social prescribe is a commonly used term but we often don't share the same understanding of what is meant by the term. The following definition was proposed:
"non-medical interventions and activities that improve people's health"

10. Research by Nesta showed that 80% of a sample of 1,000 GPs would like to offer social prescribing, of a sample of 2,000 members of the public only 9% have received a social prescription but 55% said they would benefit from one.

11. The aim of the Bright Life programme is to test out different models of social prescribing on a small scale to learn quickly about what works. The following priorities for social prescribing have been identified:

- Living alone
- Loss of a partner
- Living on benefits
- Living with long term conditions

12. Three models are going to be trialled:

- Hub and spoke model in Chester
- Estate based model in Winsford
- Rural model in Malpas

13. These models will be co-designed with older people, they will prototype potential ideas, record what works and what doesn't work and scale up and shift out successful models. The £5.1 million needs to be used as a catalyst, not to fund individual services on a piecemeal and non-recurrent basis.

14. One of the functions of this project is to look at market shaping for the third sector. We have to find delivery models that are sustainable, not based on non-recurrent grants which can raise expectations and then lead to disappointment. Solutions may include sport purchase of specific interventions for individuals which will require the existing third sector providers to work in a different way. Senate agreed to support this proposal for the testing of models of social prescribing.

15. It is important that the social prescribing models developed are sustainable. The Bright Life partnership is working with Chester University Centre for Ageing Studies to carry out a continuous evaluation.

16. The foundation of this project is that it is based on the specific use of available data. The project will need to explore how we can share local personalised data to make this more specific. We need to be very careful about implementing dimensions of isolation and risk factors to ensure that services are targeted at the genuinely isolated rather than people who are already engaged.

17. The senate discussed the following considerations and potential dimensions for the pilots:
    - Need to think about innovative ways of promoting the Bright Life services rather than just through the NHS and social care e.g. funeral directors and home shopping delivery services.
    - Need to ensure that we don't use medically specific outcomes measures, instead consider the frequency and quality of relationships, not reduction in hospital admissions – this might be a benefit, but is not necessarily one of the key outcomes.
    - How to relate this into existing services which already signpost to support, although it was suggested that effective social prescribing is much more than a simple signpost.
    - The senate considered how the Bright Life project could support intergenerational links to ensure that older people are seen as assets within society.
    - At its best this might be part of a shift away from a medicalised model – towards a more holistic approach.
    - In current mental health services early intervention social prescribing is a key part of service delivery. Medication gives a nudge to stabilise people, and it is recognised that we need to support people to build social networks.

- It is recognised that community health staff often acquire rich intelligence about isolated people in the community, and may be able to suggest potential shared interest groups if they were able to overcome data protection issues. The Bright Life project may be able to look into building on this intelligence.

18. It was agreed the best way for clinicians to learn from the outcomes from testing social prescribing and other bright life interventions would be via the GP Locality Networks.

Recommendations

- To support this project and link with local services and make sure it is sustainable
- Nominate representative for steering group (it was suggested that this could be the Programme Manager for Ageing Well at the clinical commissioning group).
- Invite Jo and Kevin back in February 2015 for and update

End of Life Care Update

19. Vicky Oxford and Fiona McCroy gave an update on End of Life Care following discussion at the senate in May 2014. They advised there will be an expansion of the palliative care service to 7 days a week, supported in the first instance by Macmillan. A proposed service model has been developed with key partners and patients through a “dying matters” engagement event involving service users, carers and voluntary sector.

20. The new model will expand community capacity to 7 day working, community palliative care teams will wrap around the around integrated teams and include community consultant input and assistant nurse practitioners, working on crisis prevention as part of wider ageing well agenda. EPACS (electronic palliative care communication system) is being explored as a potential route for sharing end of life care patient records.

21. Locally, services will be adopting the North West Do Not Attempt Cardio-Pulmonary Resuscitation process and paperwork. It was emphasised that the paperwork needs to be supported by clear communication with families, patients and carers.

22. The end of life care project is also looking at developing patient and carer information packs to support care planning and decision making. The project wants to ensure as many people are involved in developing these as possible. If you are aware of a patient or carer who has encountered a blockage or a delay then drop Dr Claire Westmorland or Vicky Oxford an email. Please promote this across your organisations. This pack needs to support professionals to have that first conversation about care planning, particularly to elicit people’s preferred place of care so that we can work on delivering it.

23. Fiona McCrory gave an update on the development of a care planning process following the publication of "One Chance to Get it Right". This work is a partnership between the three specialist teams: community, hospital, and hospice. The intention is to move away from a "tick box" approach and instead to support and prompt staff to have timely and appropriate discussions and record them.

24. This new approach is currently being piloted across all three teams. Out comes from the pilot will be reviewed, including thoughts and feedback from service users.

Recommendations

- Look at dementia friends model for training around breaking the taboo about death and dying
- Report on whether 999 calls should be recorded as incidents
- Look at VOICES survey results on end of life care and feedback to the senate.

Review of Recommendations from May senate

25. It was agreed that all recommendations need to be captured and reviewed to ensure we are making progress. The action log should include who the action is for when it needs to be completed and what needs to be done.

26. The terms of reference will be updated to say who will be accountable for what actions and recommendations.

27. It was agreed at the next meeting the July recommendations would be reviewed.

28. Jenny agreed to update the End of Life recommendations from May

29. Need to be clear who is responsible for recommendations and put time at the end of each meeting to update on what has happened with recommendations

RECOMMENDATIONS

30. The governing body is asked to:

    a. Note the issues discussed by the clinical senate

    b. Reflect on the recommendations of the senate and take these into account when making decisions.

Jenny Dodd
Assistant Chief Officer
November 2014

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting**	20th November 2014
2.	**Title of Report:**	Quality Improvement Report
3.	**Key Messages:**	The highest numbers of complaints in the last 12 months received by the clinical commissioning group are about the Continuing Health Care process. The service is implementing changes to address the challenges raised. There has been an increase in the number of community acquired Clostridium Difficile cases. The national target for the year is no more than 31 community cases. To September 2014 we have a cumulative figure of 26 community cases. The local infection prevention control group will be tasked with raising awareness across the wider community regarding Clostridium Difficile. There have been 6 hospital related cases in the 6 months April – September 2014. A multi-agency tool has been developed to pool information that different agencies hold about nursing homes, to help identify which homes would benefit from a joint health and social care quality monitoring visit. These visits will be unannounced and are in addition to the scheduled visits planned in advance.
4.	**Recommendations**	The governing body is asked to review the issues and concerns highlighted and identify any further actions for the quality improvement committee.
5.	**Report Prepared By:**	Paula Wedd Director of Quality and Safeguarding

QUALITY IMPROVEMENT REPORT

PURPOSE

1. To provide information to the governing body on the quality of services commissioned by NHS West Cheshire Clinical Commissioning Group by identifying areas where performance falls below expected standards.

2. To seek scrutiny of the assurance provided by the quality improvement committee in relation to the risks and concerns managed by the committee that may impact on patient safety, experience and outcomes in this health economy.

3. The quality improvement committee identified the following issues to be brought to the attention of the governing body from its meeting on 8th October 2014.

COMPLAINTS

4. The committee reviewed 12 months of information on complaints received by the clinical commissioning group. The highest number of complaints – 17 out of a total of 45 complaints relate to the administration of the continuing healthcare process. The commissioning delivery committee has been briefed on the risks associated with this service and this was escalated to the previous meeting of the governing body along with plans to mitigate the risks. The quality improvement committee has asked for an update at its next meeting specifically on the potential impact on the quality of care for those patients who have experienced delays in being assessed or reviewed by the service.

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

Mortality

5. The Trust Summary Hospital Level Mortality Indicator for May 2013 to April 2014 is 104.83 and has been rated as amber by NHS England as a concern to be closely managed. This is an improved position from the last report to February 2014 which was 108.61 and was rated as “above the number of deaths expected.” The committee will continue to scrutinise the mortality reports that are presented to the Trust Board for evidence that the mortality review group are having an impact in reducing mortality.

6. The Trust performance against the Hospital Standardised Mortality ratio remains within expected limits for June 2013 to May 2014 at 93.03

Pressure Ulcers

7. There has been an increase in the number of Grade 3 pressure ulcers reported in the previous six months and a thematic review has identified a link to skin integrity in plaster casts. The Trust has developed an improvement plan to address this and the quality improvement committee will gain assurance on the

effectiveness of this plan if there is evidence in the next quarter that the number of these incidents has fallen.

CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST
Activity levels

8. The Trust has escalated concerns to the contract meeting that activity levels continue to grow across a number of physical and mental health services. The committee were assured that the existing quality and performance mechanisms are being closely monitored to identify early warnings that may indicate deterioration in the quality of services being delivered.

9. The committee were informed that dialogue is ongoing with the Trust to ensure effective use of available monies to ease the service pressures.

ONE TO ONE MIDWIFERY SERVICE

10. Open and honest reporting of incidents when care does not follow the planned pathway is recognised as good practice. A number of incidents involving One to One Midwifery Service had been reported to the Director of Quality and Safeguarding and as a consequence NHS Wirral Clinical Commissioning Group as the lead commissioner of this service issued a contract query seeking assurance on how the service manages particular areas of practice.

11. Following feedback from a site visit and evidence from the service of actions being taken to address concerns NHS Wirral Clinical Commissioning Group have closed the contract query and the action plan is being monitored through the contract meeting.

12. The service has recently had an unannounced Care Quality Commission visit and the report has now been published and is attached here. There is one moderate action against outcome 16 - monitoring the quality of their services. This reflects the concerns detailed in the contract query that they did not have adequate systems to routinely identify concerns and systems to track problems and then evidence that improvements had taken place. The service has to provide the Care Quality Commission with an action plan to address this deficit.

13. Cheshire, Warrington and Wirral NHS England Area Team through the quality surveillance group have shared information about this service provider with other Area Teams and we will be briefed by NHS Wirral Clinical Commissioning Group on the outcome of that process.

PARTNERS FOR HEALTH

14. Mersey Internal Audit Agency have conducted an independent review, on behalf of the clinical commissioning group of the Hospital at Home service. The service is currently providing evidence through the contracting route of implementation of actions plans that have resulted from the findings of this review.

15. The committee were advised any future contract extension for Hospital at Home with Partners for Health will be dependent upon the provider being able to evidence that they have met conditions resulting from the independent review and demonstrating value for money of the Hospital at Home service in terms of avoiding admissions into secondary care.

INFECTION PREVENTION AND CONTROL

16. The target for the year for Clostridium Difficile is 61 cases. This is split into an annual target of no more than 30 cases to be identified 48 hours after admission to a hospital and no more than 31 cases identified in our community. Quarter 2 information was not available to committee but has now been received. To September 2014 we have a cumulative figure of 32 cases. 26 of these are in the community and not hospital related, which is above the planned target for the first 6 months of the year and is approaching the year-end target of 31 for community cases.

17. The Acting Director of Infection Prevention and Control from the local authority convened an extraordinary meeting across the health economy to review each of the community cases and there were no obvious trends in root causes identified. The local infection prevention control group will be tasked with raising awareness across the wider community regarding Clostridium Difficile. As a consequence of the latest published figures the Committee will need to consider what further actions they want assurance on from the Acting Director of Infection Prevention and Control.

CHILDREN SAFEGUARDING

18. One of the recommendations from the Care Quality Commission Review of Health Services for Children Looked After and Safeguarding in Cheshire West and Chester was the need for the clinical commissioning group to invest in a Designated Nurse post for Children in Care. This funding has been secured and successfully recruited to in partnership with NHS Vale Royal Clinical Commissioning Group.

19. The numbers of West Cheshire children in care has been increasing month on month during the year. As of 31st March 2014 there were 284 West Cheshire children in care in comparison to 260 children in care on 31st March 2013.The

increase in the number of Children in Care is national issue and locally assurance has been provided to the Local Safeguarding Children Board that these children have been appropriately placed in care.

20. Cheshire West and Chester Local Safeguarding Children Board continue to monitor the involvement of GPs in child protection processes. The Director of Children's Services expects to see a 25% compliance rate for attendance at initial child protection case conferences and a 75% submission rate for initial and review child protection case conference reports, which is in line with an outstanding Ofsted inspection judgement and identifies partnerships who are working together robustly to safeguard children.

21. Table 1 demonstrates activity over the last year. Progress is generally positive for attendance at initial child protection case conferences and for submission of initial child protection case conference reports. However, submission of reports for review child protection case conferences has not met the required standard during the last 4 quarters. The committee does not have assurance that actions to date have been effective at improving performance against this standard.

Table 1: GP attendance at initial child protection case conferences and submission of reports to initial and review child protection case conferences

Quarter	% of Initial Child Protection Case Conferences GP Attending	% of Initial Child Protection Case Conferences with report submitted	% of Review Child Protection Case Conferences with report submitted
Quarter 2 (01/07/13 – 30/09/13)	44% (7 out of 16 conferences)	81% (13 out of 16 conferences)	74% (28 out of 38 conferences)
Quarter 3 (01/10/13 – 31/12/13	12% (2 out of 17 conferences)	76% (13 out of 17 conferences)	67% (24 out of 36 conferences)
Quarter 4 (01/01/14 – 31/03/14	30% (6 out of 20 conferences)	100% (20 out of 20 conferences)	64% (23 out of 36 conferences)
Quarter 1 (01/04/14 – 30/06/14)	43% (15 out of 35 conferences)	86% (30 out of 35 conferences)	68% (23 out of 34 conferences)

NURSING HOMES

22. The committee received detailed information about a multi-agency tool that is being developed to pool information that different agencies hold about nursing homes to help identify which homes would benefit from a joint health and social care quality monitoring visit. The committee were advised that these visits would be unannounced and are in addition to the scheduled visits planned in advance.

23. Throughout August and September 2014 three nursing homes have had a planned quality review, Birch Heath Lodge, Oak Grange and The Willows.

There has also been on-going joint quality monitoring visits to Kingscourt, Old Rectory and The Willows to monitor progress or to review quality concerns raised. As a result of these reviews a joint report is produced documenting the findings and outlines any recommendations for the nursing homes to complete.

RECOMMENDATIONS

24. The governing body is asked to:

- Review the issues and concerns highlighted and identify any further actions for the quality improvement committee.

Paula Wedd
Director of Quality and Safeguarding

November 2014

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting:**	20th November 2014
2.	**Title of Report:**	Commissioning Delivery Committee Report
3.	**Key Messages:**	This report provides an overview of the business discussed and decisions made at the commissioning delivery committee meeting held on 2nd October 2014. The key items for the governing body to note are: • The clinical commissioning group is reporting that it is on course to deliver the planned year-end control total of £4.725 million. • However, there is a significant level of financial risk with the current year-end forecast. • Commissioning delivery committee agreed a series of actions to support the Chief Finance Officer to deliver the control total. • There are ongoing concerns about the stability of the current service provision for continuing healthcare. A formal letter was submitted to North West Commissioning Support Unit to outline these concerns and request stabilisation of services before the transfer of the service to South Cheshire Clinical Commissioning Group in January 2015.
4.	**Recommendations**	The governing body is asked to note the key issues discussed and the decisions made at the commissioning delivery committee.
5.	**Report Prepared By:**	**Laura Marsh** **Director of Commissioning** **Rob Nolan** **Director of Contracts and Performance** **Gareth James** **Chief Finance Officer** **November 2014**

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

COMMISSIONING DELIVERY COMMITTEE REPORT

PURPOSE

1. This report provides an overview of the business discussed and decisions made at the commissioning delivery committee meeting held on 2nd October 2014.

COMMISSIONING DELIVERY COMMITTEE MEETING 2nd OCTOBER

2. The business items covered on 2nd October included:

- Delivery and Performance report
- Finance report
- Area Prescribing Committee
- Being Well Programme Progress Report
- Continuing Healthcare
- Palliative Care Service Redesign Business Case
- Starting Well Programme progress report
- Hospital at Home contract extension
- Committee terms of reference - which now includes the committee's role as the system resilience group for West Cheshire, responsible for the oversight of winter plans and target delivery for the health economy.

3. Further details of the key issues discussed are provided in the following paragraphs.

DELIVERY AND PERFORMANCE REPORT

PERFORMANCE

Cancer – 62 day waits from GP referral

4. Members were concerned about the ongoing failure to achieve the 62 day wait target. As a result, members highlighted the need to ensure escalation of this issue through the contracting route as well as through collaboration with partner organisations via the clinical network.

Stoke and Transient Ischaemic Attack

5. Due to the continuing variability in the performance against the stroke targets, the committee explored opportunities to supportively seek an improvement in performance. In addition to the contracting route, it was felt that raising the profile of stroke performance, through the Health and Wellbeing Board and Scrutiny Committee would be appropriate.

6. It was also felt that instead of waiting for the clinical network to take a lead in variation in performance across Cheshire and Merseyside that we, as a clinical commissioning group, should look to take a more of a leadership role.

FINANCE REPORT

7. The Chief Finance Officer provided an update on financial performance at the end of August 2014 and the likely year-end forecast. The following key points were highlighted for noting by the governing body:

8. At the end of August 2014 it is reported that the clinical commissioning group is on course to deliver the planned year-end control total of £4.725 million surplus (1.5%). However, there is a significant element of risk within the forecast with a potential financial gap of £3.3 million. The biggest financial risk continues to be continuing healthcare, funded nursing care and complex care packages.

9. Following agreement at a previous committee meeting, a request was made to NHS England to reduce the control total to 1% (reduction of approximately £1.7 million). The Chief Finance Officer has had several discussions with NHS England and has been given a clear message that not delivering the planned control total would result in an increased level of reporting and scrutiny along with other consequences; i.e. the clinical commissioning group would be treated as if it were in turnaround.

10. A series of mitigations are being pursued to close the financial gap. A further discussion will take place at the informal commissioning delivery committee meeting in November 2014.

11. Following a detailed discussion, the committee noted the financial position at the end of August 2014 and supported the Chief Finance Officer to pursue the delivery of the planned surplus with the following specific actions:

    - No further investments within the financial year.
    - Continue to report delivery of the control total to NHS England along with a material level of risk.
    - Begin discussions with local colleagues to agree year-end settlements.
    - Use the non-recurrent 'Charge Exempt Oversees Visitors' funding to support the financial forecast.
    - Continue the review of all areas of expenditure including non-recurrent investments.

CONTINUING HEALTHCARE

12. An update on Continuing Health Care, Funded Nursing Care and Complex health care was provided following the presentation of the Due Diligence review at the Informal Commissioning Delivery Committee meeting in September. The following key points were highlighted for noting by the governing body:

14. There are ongoing concerns about the stability of the current service provision for continuing healthcare. A formal letter was submitted to North West Commissioning Support Unit to outline these concerns and request stabilisation of services before the transfer of the service to South Cheshire Clinical Commissioning Group in January 2015.

15. An internal team has been formed within the clinical commissioning group and they are working with North West Commissioning Support Unit in order to negotiate additional non- recurrent resources into the team, and to ensure that a robust management plan to address backlog issues is developed and implemented, ongoing management of contracting issues, quality and performance, finance, complaints, retrospective claims and personal health budgets.

16. Work is underway to develop the next phase of the programme with Integral Health Solutions across the Cheshire and Wirral clinical commissioning groups, including the review of existing practice, policies and progress within the teams, design and development of a new model, including integration with other community services, and the target operating model for the new service in January 2015.

17. It was highlighted to the commissioning delivery committee that this issue is the single greatest risk faced by the clinical commissioning group at present. This is both in terms of potential clinical, as well as financial, risk and on that basis there is significant management resource from the clinical commissioning group working on this programme and overseeing progress on a weekly basis. There will also be monthly progress reports to the commissioning delivery committee until further notice.

PALLIATIVE CARE SERVICE REDESIGN BUSINESS CASE

18. The commissioning delivery committee wished to highlight to the governing body their thanks to Macmillan for working collaboratively with the clinical commissioning group in addressing the gap in end of life services.

19. During the discussion, note was made of the importance of the patient voice in determining the most appropriate way forward. The patient and carers

engagement event 'Dying Matters' had been well attended and participants had noted a number of positives including; care received from community services allowed patients to be cared for in their preferred place, support of voluntary organisations and the volunteer service at the Countess of Chester Hospital NHS Foundation Trust. Involving the patient in their care planning was also highlighted as being very positive. Communication was noted as a key area for improvement; with participants commenting on the need for good communication between clinicians and patients, carers and families, clinicians with other clinicians and between organisations. Communication was felt to be key to ensure patient wishes were heard and acted upon. Concern was felt that sometimes care organisations 'took over' and did not always take the wishes of patients, carers and families into account leaving a lasting memory which overshadowed the previous good experiences. Members also discussed the power of the patient story included within the business case and the passion this invoked to ensure this experience was not repeated by other individuals and their families.

20. Members discussed the need for the implications of the service redesign to be considered; specifically the impact on the integrated teams/District Nurses and the knock-on implications for the rest of end of life services particularly in terms of seven day working.

RECOMMENDATIONS

21. The governing body is asked to note the key issues discussed and the decisions made at the commissioning delivery committee.

Laura Marsh
Director of Commissioning

Rob Nolan
Director of Contracts and Performance

Gareth James
Chief Finance Officer

November 2014

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting: 20th November 2014

2. Title of Report: Audit Committee Report

3. Key Messages:

This report provides an overview of the business discussed and decisions made at the audit committee meeting held on 12th September 2014. The key items for the governing body to note are:

- The clinical commissioning group has the correct support and programmes of work underway to meet the national information governance toolkit by 31 March 2015.
- The audit committee approved five information governance polices and proposed that these should be ratified aby the governing body.
- The internal audit progress report highlighted no critical risks or risks rated as high.
- Grant Thornton, the clinical commissioning group's external auditors, provided the 2013/14 Annual Audit Letter.

4. Recommendations

The governing body is asked to note the key items of business discussed at the audit committee at its meeting in September 2014.

5. Report Prepared By:

Gareth James
Chief Finance Officer

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

AUDIT COMMITTEE REPORT

PURPOSE

1. The purpose of this report is to provide the governing body with an overview of the key items of business discussed, and decisions made, at the audit committee meeting held on 12 September 2014.

BACKGROUND

2. As a formal committee of the governing body, the purpose of the audit committee is to:

   a) Provide assurance to the governing body that its systems of governance, risk management and internal control are effective and are being maintained across the organisation;

   b) Monitor compliance with the clinical commissioning group's constitution and other principal policies, including the group's policies on conflicts of interest, whistle blowing and counter fraud arrangements;

   c) Advise the governing body on internal and external audit services;

   d) Make recommendations to the governing body in respect of:

      - The schedules of losses and compensations;
      - The annual financial statements;
      - Suspension of standing orders;
      - The Scheme of Reservation and Delegation.

AUDIT COMMITTEE MEETING HELD ON 12 SEPTEMBER 2014

3. The following paragraphs provide a summary of the key issues discussed and decisions taken at the September audit committee.

4. The North West Commissioning Support Unit presented an information governance report. This is an important document as it demonstrates that the clinical commissioning group has the correct support and programmes of work underway to meet the national information governance toolkit by 31 March 2015.

5. The committee also approved the following documents and proposed that they should be ratified by the governing body:

   a) Information Governance Policy.
   b) Confidentiality and Data Security Policy.
   c) Subject Access Request Policy.
   d) Freedom of Information Policy.
   e) Corporate Records Management and Retention policy.

INTERNAL AUDIT

6. Mersey Internal Audit Agency provided a progress report to the committee. The key item for discussion was their review of the clinical commissioning group's assurance framework and arrangements for managing risk, including a comparison with other NHS organisations. The report concluded that there are no critical risks, or risks rated as high, for the audit committee to be concerned about.

EXTERNAL AUDIT

7. The audit committee received the 2013/14 Annual Audit Letter which summarises the key findings arising from the external audit work carried out at NHS West Cheshire Clinical Commissioning Group during the year ended 31 March 2014. The letter summarised the audit conclusions as follows:

   - Unqualified ***financial statements opinion***.
   - Unqualified ***regularity opinion***.
   - No issues to report in relation to ***value for money***.

8. The 2013/14 Annual Audit letter can be found at the following link; here.

RECOMMENDATIONS

9. The governing body is asked to note the key items of business discussed at the audit committee on 12 September 2014.

Gareth James
Chief Finance Officer
November 2014

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting: 20th November 2014

2. Title of Report: Chief Executive Officer's Business Report

3. Key Messages: This report provides an overview of important clinical commissioning group business which has not been provided in other papers to the governing body. Key issues raised are as follows:

- The quarter 1 assurance meeting with NHS England Area Team;
- Information on the development of a new sexual health service across the borough from Cheshire West and Chester Council;
- An overview of the visit to Jonkoping, Sweden health system
- Use of the clinical commissioning group seal;
- High level meetings and events attended by the Chief Executive Officer and Chief Finance Officer.

4. Recommendations The governing body is asked to:

a) Note the contents of this report

5. Report Prepared By: Clare Dooley
Corporate Governance Manager
November 2014

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

CHIEF EXECUTIVE OFFICER'S BUSINESS REPORT

INTRODUCTION

1. This report provides an overview of important clinical commissioning group business which has not been provided in other papers to the governing body.

QUARTER 1 ASSURANCE MEETING WITH NHS ENGLAND

2. The clinical commissioning group's quarter 1 assurance meeting with NHS England Area Team took place on 10th September 2014. The items covered included:

a) Domain Review

- Are patients receiving clinically commissioned, high quality services?
- Are patients and the public actively engaged and involved?
- Are clinical commissioning group plans delivering better outcomes for patients?
- Does the clinical commissioning group have robust governance arrangements?
- Are clinical commissioning groups working in partnership with others?
- Does the clinical commissioning group have strong and robust leadership?

b) Quality & Performance

- Accident and Emergency performance
- Referral to treatment performance
- NHS Constitution Standards;
- Quality

c) Cross Cutting Themes:

- Parity of esteem
- Focus on equality and reducing inequality
- Better Care Fund
- GP Out of Hours

3. A draft summary of the meeting has been received from the Area Team, which contains a provisional assessment of our position in relation to the national assurance framework. I expect to provide a summary of the finalised document at the governing body meeting in January 2015.

DEVELOPMENT OF A NEW SEXUAL HEALTH SERVICE ACROSS THE BOROUGH

4. Strategic Commissioning has a responsibility for the commissioning and monitoring of sexual health services across the Borough. This service was inherited, and is currently delivered by five different providers, therefore creating challenges regarding the consistency and equity of services.

5. The Public Health Team at Cheshire West and Chester Council have designed and developed new proposals to replace this previous service under a consistent single provider to address any current disparities, and to ensure access to high quality consistent services across Cheshire West and Chester.

Overview of Services

6. The council is working very closely with its partner agencies within the NHS to provide a comprehensive integrated sexual health service which includes the delivery of both Genitourinary Medicine (GUM) and Contraceptive and Sexual Health (CASH).

7. The selection of the new provider was undertaken by a panel which included the council's Public Health staff as well as representatives from NHS England and a GP with a special interest in sexual health services. This breadth of professional experience and expertise will help to ensure that the services deliver high-quality outcomes for local residents.

Progress and next steps

8. Extensive consultation and soft market testing was held to define the service and gain feedback from potential bidders and providers elsewhere. This process has informed the development of a new service specification which aims to deliver a high-quality, equitable, safe and appropriate service that provides both advice and treatment to meet the needs of adults and young people across the Borough.

9. It has been confirmed that the provider of the new service is East Cheshire NHS Trust. This organisation has extensive experience of operating this type of service in the East Cheshire and in the Vale Royal area, and is excited to transfer some of this practice to West Cheshire. They will be delivering the service in partnership with Body Positive Cheshire and North Wales.

10. The council, partners and the new provider will work together and with all parties to ensure that there is a managed seamless transition. The new service will commence from 1 February 2015.

VISIT TO JONKOPING, SWEDEN HEALTH SYSTEM

11. Dr Huw Charles-Jones, Jenny Dodd and I visited Jonkoping in Sweden with colleagues from the Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust between 3rd to 5th November 2014. An explanation of the local health and social care system is contained here if colleagues are interested - http://www.longwoods.com/content/20144.

12. My learning is summarised as follows:

- We have to create a feeling that we are one organisation in West Cheshire. How can we help organisational boundaries melt away? Currently there are too many boundaries and therefore too many possibilities for patients to be lost in the gap. There has to be mutual responsibility for patients across the NHS and social care system

- The commissioning world that we inhabit is complex. The issues we are grappling with cannot be solved using a production line/factory approach or even a service industry model. We need a more Ikea-like approach with more individual responsibility to act within an overall framework. We have to have clear principles, outcomes and then adopt a DIY model. We have to become experimental pragmatists and make better what already exists rather than constantly redesign from scratch. We have to empower patients and front line staff to come up with solutions.

- We need to find our innovative patients who are as important as the innovative clinicians. They will help us transform care. We saw an innovation in Sweden which was championed by a kidney dialysis patient. To stretch the Ikea DIY model even further, this was a facility where patient's self-dialyse and have a "swipe card" to go onto the dialysis unit 24/7 once they have been assessed as being competent to self-care.

- We seem to have lost a focus on giving every member of staff in the NHS the improvement skills so that in effect they have two jobs – do the day job well and work on how to do it better. How do we develop a local improvement hub and pool improvement expertise from all organisations so that everyone is focused on delivering the improvements to the NHS that are needed to secure its future.

- For change to happen we need to work with the innovators and early adopters of change. Too much effort is focused on the laggards.

- The work in the qulturum (the hub of the improvement and culture change work within the health and social care economy) relates back to Ester's story – an older woman who experienced poor care. We need to get back to Peter's story here and re-affirm our commitment to everyone who works here becoming "Peter's Friend"?

- Our integrated teams have to see all emergency admissions as at best avoidable or even a failure. We have the tools available to define our high risk patients, coordinate their care and help them navigate through the system. Our focus should be on preventing admission, making sure the care chain (between organisations) is smooth and delivering excellent after care following a visit to hospital.

USE OF CLINICAL COMMISSIONING GROUP SEAL

13. The Governing Body are asked to note that the Clinical Commissioning Group Seal was applied as follows:

Seal Number	Description	Signed by:	Date:
1.	An agreement relating to the provision of integrated health & wellbeing services with Cheshire West and Chester Council.	Gareth James Chief Finance Officer Dr Andy McAlavey Medical Director	22/08/14

MEETINGS AND EVENTS ATTENDED BY CHIEF EXECUTIVE OFFICER

14. Provided below is a list of high level meetings and events attended by the Chief Executive Officer:

- 24th September 2014 – Annual General Meeting and Membership Council, Chester Racecourse. The Membership Council concentrated on the Ageing Well and Urgent Care Programme. The brief for the session was to provide assurance that discharge policies were safe. Presentations were provided from the Countess of Chester Hospital, Cheshire and Wirral Partnership and Cheshire West and Chester council explaining their areas of work.

- 30th September 2014 – NHS Commissioning Assembly "From NHS Challenges to new Solutions", London. Presentations /discussions were based on developing the NHS 5 year forward view and sustainability to secure the future.

- 1st October 2014 – Integrated Care Commissioning Intentions, Daresbury Park. This was a workshop for West Cheshire, East Cheshire, South Cheshire and Vale Royal Clinical Commissioning Groups to share plans for the future and capture any forthcoming commissioning intentions/ innovative ideas that might impact on each other.

- 1st October 2014 – Joint Merseyside and Cheshire Clinical Commissioning Group Leaders Network, Daresbury Park. Items discussed included NHS England priorities for the next 12 months and co-commissioning of specialist services.

- 3rd October 2014 - Health of Offenders in the Community event, Jubilee Hub, Warrington. A joint event with Cheshire, Warrington and Wirral aimed at people working with partners in the criminal justice system and included discussions on improving health/reducing reoffending with examples of local notable practice.

- 8th October 2014 - NHS Confederation Regional Meeting and Dinner, Manchester. An event looking at change in the NHS and meeting the needs of increasing demands.

- 9th October 2014 – Anniversary Masterclass with Dr Mark Britnell, Countess of Chester Hospital NHS Foundation Trust. Event organised as part of the Trust's anniversary celebrations. Mark Britnell was the former Director General for Commissioning and System Management in the NHS and is a high profile speaker on health services.

- 13th October 2014 – Senior Management Team Time Out, Mercure Hotel, Chester. The day focussed on continuing to develop team roles and responsibilities.

- 22nd October 2014 – Women in Leadership Conference, Civic Hall, Ellesmere Port. Keynote speaker, invited to present on my leadership journey and the importance of networking.

- 23rd October 2014 – Mental Health Collaborative Awards, Sheffield. Attended National Positive Practice in Mental Health Awards with partners from Cheshire and Wirral Partnership. We received an award for Commissioning in Mental Health.

- 13th November 2014 – Pioneer Panel, Connecting Care Across Cheshire, The Drumber, Winsford. Meeting included updates and presentations on self-empowered person, integrated digital shared care records, transitional and continuing healthcare.

- 13th November 2014 – Annual Haygarth Lecture and Dinner, University of Chester. Lecture given by Richard Wilkinson, Emeritus Professor of Social Epidemiology University of Nottingham Medical School on "Inequality: The Enemy Between Us".

MEETINGS AND EVENTS ATTENDED BY CHIEF FINANCE OFFICER

15. Provided below is a list of high level meetings and events attended by the Chief Finance Officer:

- 7th October and 29th October 2014 – Clinical Commissioning Group financial position meetings with Deborah Hayman, Director of Finance, NHS England Area Team, Quayside, Warrington. The meetings were to discuss financial outlook of the Clinical Commissioning Group. The number of meetings is expected to increase due to increased risk to underlying financial position.

- 9th and 10th October 2014 - North West Directors of Finance Network "Making Transformation Happen", Carden Park. This is an annual networking event with senior finance leaders across the North West.

- 22nd October 2014 – Better Care Fund Section 75 Meeting, Cheshire West and Chester Council. The meeting was to agree formal governance arrangements to support the pooling of health and social care funding for the better care fund.

- 3rd November 2014 – Commissioning Support Unit Oversight Group, Quayside, Warrington. Representing all Cheshire Chief Finance Officers to agree a suitable level of stranded costs to support withdrawal of services from North West Commissioning Support Unit following declaration Clinical Commissioning Group commissioning intentions.

- 5th November 2014 – Cheshire, Warrington and Wirral Clinical Commissioning Group Chief Officers meeting with NHS England Area Team, Quayside, Warrington. This is a regular joint meeting with NHS England, represented the Chief Executive Officer and Chair. The agenda included a review of performance targets, the 2015/16 planning timetable, commissioning intentions, neuro-rehabilitation, primary care co-commissioning, and the NHS England 5 Year Forward View.

RECOMMENDATION

16. The governing body is asked to note the contents of this report

Alison Lee
Chief Executive Officer
November 2014

NHS
West Cheshire
Clinical Commissioning Group

1.	**Date of Governing Body Meeting:**	20th November 2014
2.	**Title of Report:**	Minutes of Governing Body Sub-Committees
3.	**Key Messages:**	To provide an overview of business and actions/decisions made by the sub-committees of the governing body.
4.	**Recommendations:**	The governing body is requested to receive and note any significant issues arising from, and the minutes of, the sub-committees.
5.	**Report Prepared By:**	Fiona Steel Personal Assistant

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY

MINUTES OF GOVERNING BODY COMMITTEES

PURPOSE

1. To provide the governing body with the minutes which record the decisions of sub-committees established by the governing body, which have an influence on the governing body business.

BACKGROUND

2. This report provides a format for the governing body to consider the work of all the various sub-committees that work on its behalf. The intention of the first part of this report is to highlight some of the key issues raised and actions undertaken by the different sub-committees, whilst the second part of the report contains the minutes of the actual meetings.

GP LOCALITY NETWORKS

Chester City Locality GP Network

3. Major issues and actions from the September meeting included:

- The Chief Finance Officer explained that the over 75s funding is recurrent and practices will receive part-year funding for the schemes based on the start dates.
- Dr Claire Westmoreland recapped that the contract for sexual health services was awarded to Macclesfield Trust but it is being re-tendered. There will be GP representation on the panel for the re-tendering process.
- Vanguard: Proposal for the Residential Homes Service: The group decided not to proceed with the model in the draft service specification.

Rural Locality GP Network

4. Major issues and actions from the September meeting included:

<u>Vanguard Programme</u>

M56

- M56 project is going live with a soft launch on 15th September for an eight week pilot.

- The early visiting service has one GP released from the cluster to visit those patients at risk of attendance at Accident and Emergency or admission to secondary care.

Broxton

- The retrospective audit was completed but did not identify a need for any specific additional service.
- The cluster is looking at an enhanced community Geriatrician service to support patients staying at home, or to facilitate early discharge from hospital.

Mid-Rural

- There have been 58 action points identified from the process mapping exercises. Those are being prioritised to a manageable list.
- The cluster are looking at did not attend (DNA) rates during September in order to align the processes for reducing them across all practices.
- The cluster is considering how to deliver sexual health services better, including the possibility of establishing a hub for some services such as coil fitting as well as other services.
- The self-care event is on the 18th November and the cluster is linking with the clinical commissioning group to pilot three initiatives following the event. More information will be provided at the next meeting.

Ellesmere Port and Neston Locality GP Network

5. Major issues and actions from the September meeting included:

- The group reported that the issuing of Med 3 certificates by consultants from secondary care remains a big issue.
- Councillor Justin Madders addressed the group and set out his vision for Primary Care in the region. He advised that there is £100m proposed locally to help realise the changes needed.
- The Neston and Willaston vanguard cluster has decided to adopt the early GP visiting service that is also being developed in the M56 cluster. The data collection exercise is ongoing, and the project is expected to go-live on 3 November.

6. Major issues and actions from the October meeting included:

- A tool called Situation Background Assessment Recommendation (SBAR) has now been adopted by the clinical commissioning group to ensure efficient and effective incident reporting via datix.
- Med 3 certificates: GPs/practice staff should add such incidents to datix where the hospital has failed to issue an appropriate med 3 certificate.

- The Liverpool Care Pathway has now ceased nationally, each region now has responsibility for looking after the "individual plan of care for the person who is in the last days and hours of life". Locally one document has been developed for all patients dying either in hospital, at hospice or at home.
- Vanguard: Ellesmere Port are going to look at the results of the Musculoskeletal/physiotherapy audit and then decide whether to base the direct access to physiotherapy model in a central, community base or within the practices. Age UK will be commissioned to provide the community connector service. Work is ongoing to expand Pharmacy First, the clinical commissioning group is looking to arrange pharmacy first training for receptionists per practice. Neston and Willaston: the Early Visiting Service has a provisional launch planned for 3rd November 2014.
- Avoiding Admissions: Tanya Jefcoate-Malam is the new Primary Care Manager at the clinical commissioning group (replacing Sarah Vickers) and is supporting quality improvement, she will be working with practices on what data the clinical commissioning group can make available and will also liaise with NHS England on data submission.
- "Enhanced Support Programme pilot" Chris Ritchieson advised that he has been involved in a project set up under the Altogether Better/Working Well programme to try and reduce the length of time people with low level mental health problems remain on Employment and Support Allowance (ESA). All practices represented at the meeting agreed to participate with this pilot.

REMUNERATION COMMITTEE

7. The major issues discussed at the May meeting included:

- Review of the Personal Development Review framework for clinical commissioning group staff
- GP Locality Network Chairs Terms of Office
- 2014/15 Pay Award for Non Agenda for Change Employees
-

8. The major issues discussed at the October meeting included

- Clinical commissioning group benchmarking against similar clinical commissioning groups
- Recommendations from an internal investigation
- Senior Management Team restructure: redundancy proposal

ICT STRATEGY GROUP

9. Major issues and actions from the September meeting included:

- The pilot of the West Cheshire care record is scheduled to commence in September (since the meeting this has been delayed) commencing in Accident and Emergency and then a small number of GP practices with their associated integrated teams and a mental health ward.
- Funding commitment by Cheshire West and Chester Council for the shared care record has now been confirmed
- Work has commenced on the development of a health economy wide ICT strategy. The group have a shared agreement that this needs to be concise and focus on the key shared ambitions for how technology can underpin the transformation set out within the west Cheshire way.
- The group is keen to move forward with shared Wi-Fi across West Cheshire. Although progress is being made within the community, we are awaiting the report from the external consultants regarding the options appraisal.

CLINICAL SENATE

10. An update of the October 2014 meeting is contained within the Clinical Senate report.

QUALITY IMPROVEMENT COMMITTEE

11. An update of the October 2014 meeting is contained within the Quality Improvement Report. The minutes from this meeting will be ratified at the December 2014 meeting of the committee.

COMMISSIONING DELIVERY COMMITTEE

12. An update of the October 2014 meeting is contained within the Commissioning Delivery Committee report. The minutes from this meeting will be ratified at the December 2014 meeting of the committee.

13. The minutes of the above meetings, which have been ratified/agreed by their respective committees/groups, are available here.