

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

AGENDA

**Formal Governing Body Meeting to be held in Public on Thursday 16th July 2015,
at 9.00am in Conference Rooms A & B, 1829 Building,
Countess of Chester Health Park, Liverpool Road, Chester, CH2 1HJ**

Item	Time	Agenda Item	Action	Presenter
	9.00	Welcome and <u>Open Forum</u>	-	Dr Huw Charles-Jones <i>GP Chair</i>
	9.15	Chairs Opening Remarks	I	Dr Huw Charles-Jones <i>GP Chair</i>
A	9.20	Apologies for absence	-	Dr Huw Charles-Jones <i>GP Chair</i>
B	9.22	Declarations of interests in agenda items	-	Dr Huw Charles-Jones <i>GP Chair</i>
C	9.25	i. Minutes of last meeting held on 21 st May 2015 ii. Minutes of extraordinary meeting held on 28 th May 2015 iii. Notes of the informal meeting held on the 18 th June 2015	DR	Dr Huw Charles-Jones <i>GP Chair</i>
D	9.45	Matters arising/actions from previous Governing Body Meetings	D	Dr Huw Charles-Jones <i>GP Chair</i>
WCCCGGB/15/07/08	9.55	Clinical Senate Report	D	Dr Huw Charles-Jones <i>GP Chair</i>
WCCCGGB/15/07/09	10.15	Quality Improvement Committee Report	D	Sheila Dilks <i>Clinical Lead - Nurse Representative</i> Paula Wedd <i>Director of Quality and Safeguarding</i>
WCCCGGB/15/07/10	10.30	Commissioning Delivery Committee Report	D	Chris Hannah <i>Vice Chair/Lay Member</i> Laura Marsh <i>Director of Commissioning</i> Gareth James <i>Chief Finance officer</i> Rob Nolan <i>Director of Contracts and Performance</i>

Item	Time	Agenda Item	Action	Presenter
10.50 BREAK				
WCCCGGB/15/07/11	11.00	Chief Executive Officer's Business Report	I	Alison Lee <i>Chief Executive Officer</i>
CONSENT ITEMS				
WCCCGGB/15/07/12	11.30	Clinical Commissioning Group Policies and Governance Documents	DR	Gareth James <i>Chief Finance Officer</i>
WCCCGGB/15/07/13	11.40	Clinical Commissioning Group Sub-Committee Minutes	I	Alison Lee <i>Chief Executive Officer</i>
WCCCGGB/15/07/14	11.50	Any Other Business (to be notified to the Chair in advance)	D	All
<p>Date and Time of Next Formal Governing Body Meeting – Thursday 17th September 2015, at 9.00am in Tarvin Community Centre, Meadow Close, Off Crossfields, Tarvin, Chester, CH3 8LY</p>				

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 Clinical Commissioning Group

Formal Governing Body Meeting

Thursday 21st May 2015, 9.00a.m.

Civic Suite, Civic Centre, Ellesmere Port, CH65 0AZ

PRESENT

Voting Members:

Dr Huw Charles-Jones	Chair
Ms Alison Lee	Chief Executive Officer
Dr Andy McAlavey	Medical Director
Mr Gareth James	Chief Finance Officer
Ms Chris Hannah	Lay Member
Mr David Gilbert	Lay Member
Ms Pam Smith	Lay Member
Mr Mike Zeiderman	Hospital Physician Representative
Ms Sheila Dilks	Nurse Representative
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:

Ms Laura Marsh	Director of Commissioning
Ms Paula Wedd	Director of Quality and Safeguarding
Mr Rob Nolan	Director of Contracting and Performance

In attendance:

Mr Donald Read	Cheshire West and Chester Council representative
Ms Clare Dooley	Corporate Governance Manager
Ms Kulvinder Hira	Public Engagement Manager
Ms Clare Jones	Governing Body and Committees Administrator

15/05	AGENDA ITEM	Action
	WELCOME AND OPEN FORUM	
	<p>The Chair welcomed everyone to the meeting and noted 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.</p> <p>It was noted that the first 15 minutes of the agenda is set aside for questions from members of the public and five members of the public were in attendance at the meeting.</p> <p>One question has been submitted by Mrs Parkin, in relation to the challenges currently experienced by patients visiting the Fountains Health Centre, which the Chair read out to the meeting. The four practices based at the health centre have been contacted and asked to comment on the concerns raised. It was</p>	

15/05	AGENDA ITEM	Action
	<p>noted that there have been a number of complications due to the practises being based in a new build, and the following points were noted:</p> <ul style="list-style-type: none"> • Car park signage – the signage is currently being reviewed • Car park fees – Negotiations have taken place with Cheshire West and Chester Council in relation to parking fees and a concessionary fee for patients has been agreed. However, the local authority are unable to allow any further reduction in fees. • Elevator – the size of the elevator has been identified as an issue and this will continue to be monitored. <p>The Chair noted that the clinical commissioning group will continue to monitor arising issues at the health centre.</p>	
	CHAIR'S OPENING REMARKS	
	<p>The Chair made the following opening remarks:</p> <ul style="list-style-type: none"> • Rob Nolan, Director of Contracting and Performance, has resigned from his position within the clinical commissioning group to take up a new post as Director of Finance with Betsi Cadwaladr University Health Board. Rob was thanked for his invaluable contribution and service to the clinical commissioning group for the past three and a half years and he was wished every success with Betsi Cadwaladr University Health Board. • Mike Zeiderman, Hospital Physician Representative, and Sheila Dilks, Nurse Representative, will also be leaving the clinical commissioning group and it was acknowledged that it will be challenging to replace both clinical members of the governing body. • The Membership Council met on the 20th May 2015, where discussions took place in relation to the scale of change that will be required, going forward, and to encourage the promotion of illness and disease prevention. A significant amount of the work to be undertaken will require partnership working with the local population and partnership organisations, and acknowledgement was also made of the challenging financial position and the imperative to change to a new way of working. The recently successful bids for the Vanguard and Prime Minister's Challenge Fund monies, as well as the successful bid for West Cheshire to become a pilot site for personalised budgets, will greatly assist in the transition to a new way of working, and further details were provided. 	
A	APOLOGIES FOR ABSENCE	
	<p>Apologies were received on behalf of Fiona Reynolds. Donald Reed was welcomed as the Cheshire West and Chester Council representative.</p>	
B	DECLARATIONS OF MEMBER'S INTERESTS	
	<p>Paula Wedd declared an interest in agenda item WCCCGGB/15/05/04 – Chief Executive Officer's Business Report.</p>	

15/05	AGENDA ITEM	Action
C	MINUTES OF LAST MEETING HELD ON 19TH MARCH 2015	
	<p>The minutes of the meeting held on 19th March 2015 were agreed as an accurate record of the meeting's proceedings, with the following amendments:</p> <ul style="list-style-type: none"> • Page 10 – Commissioning Delivery Committee Report - Finance – The minutes are to be amended to note that the Joint Committee Terms of Reference were approved under agenda item WCCCGGB/15/03/52 Chief Executive Officer's report. • Page 13 – Internal audit recommendations – second bullet – an action is to be added to reflect that all recommendations are to be implemented. • Page 15 – Financial Budget 2015/16 - second bullet – “The is a year-end...” to be amended to “There is a year-end...” <p>The notes of the informal meeting held 16th April 2015 were agreed as an accurate record.</p>	
D	MATTERS ARISING/ACTIONS FROM PREVIOUS GOVERNING BODY MEETINGS	
	<ul style="list-style-type: none"> • Page 2 – 62 days wait for Cancer -Rob Nolan confirmed that further discussions with Mr Cairns have taken place in relation to this issue. • WCCCGGB/15/03/50 - Clinical Senate – The senate's Terms of Reference will continue to be updated. This item is to be removed from the action tracker. • WCCCGGB/15/03/52.a – Cancer 62 Days – This issue is progressing and details were provided work undertaken by Countess of Chester Hospital NHS Foundation Trust and the Clinical Commissioning Group. Future discussions will be held at GP locality Network meetings. • WCCCGGB/15/03/52.c – Finance – A sub-group of the commissioning delivery committee has been created to consider mitigating the projected financial gap for 2015/16. Consideration is now being given to the wider health economy and an update will be provided to the governing body at the end of quarter 1. <p>The actions relating to the financial discussions of the informal meeting held 16th April 2015 are updated as follows:</p> <ul style="list-style-type: none"> • The Chief Finance Officer has formally written to local health and social care partners to explain the details of the 2015/16 plan, and a more detailed narrative will be circulated to the governing body. • The Lay Member for Audit and Governance (Audit Committee Chair) has not yet written to NHS England, as is was agreed that this position will be re-visited after the quarter 1 review of the financial position. • The Chief Finance Officer is currently producing a chronology of information/detail in support of the clinical commissioning group's current position. • Upon completion of the chronology by the Chief Financial Officer, the Chair will provide a position/status briefing to the clinical commissioning group's membership. 	<p>GJ</p> <p>GJ</p> <p>GJ</p> <p>GJ</p> <p>HCJ</p>

15/05	AGENDA ITEM	Action
01	CLINICAL SENATE REPORT	
	<p>Mike Zeiderman provided an update to the meeting and noted that this report relates to the meeting Chaired by Andy Lavender, a patient representative, and that the focus of that meeting had been in relation to empowering patients to be more active in their care. The meeting had been very positive and, moving forward, will influence how work is progressed with patients who wish to become increasingly involved with self-care.</p> <p>In response to questions and comments by Chris Hannah, Dr Claire Westmoreland, Alison Lee, Sheila Dilks, Pam Smith, Dr Huw Charles-Jones and Laura Marsh, the following points were noted:</p> <ul style="list-style-type: none"> • Future update reports will include details of the role of those mentioned, to ensure there is clarity in relation to who they are and their role, and Mike Zeiderman will feed this back to Jenny Dodd, Assistant Chief Officer. • The improvement of patient involvement in self-care will require a shift in culture and will require significant patient involvement from a ‘grass roots’ level. • It was felt that the report did not capture the passion expressed during the senate meeting and a request was made that this point was recorded. • The “Hello My Aim is.....” was received positively, and had a simple template that could be rolled out on a wider footprint, and it was acknowledged that technology will have an important role in the development of this work. • Links in to patient participation groups, and engagement with individual patients, will determine the success of moving the self-care agenda forward, and the example of the work being undertaken in self-care by patients in Jonkoping, Sweden, was provided. It was acknowledged that patient promotion of self-care will be the most effective way of progressing this work. • It is intended that the clinical commissioning group will build on the event held during the Vanguard visit by NHS England, letting the momentum set by that visit progress and build across the health and social care footprint. <p>It was agreed that feedback will be provided to Jenny Dodd on the need to amend the wording of the report to reflect that the clinical commissioning group needs to actively promote patient self-care.</p> <p>RECOMMENDATIONS</p> <p>The governing body noted the issues discussed by the clinical senate and reflected on the recommendations, and will take these into account when making decisions.</p>	<p>MZ</p>

15/05	AGENDA ITEM	Action
02	QUALITY IMPROVEMENT COMMITTEE REPORT	
	<p>Sheila Dilks noted that this report highlights issues of importance to be brought to the attention of the governing body. The most significant issue to be noted is in relation to nursing homes, and consideration of the new revalidation process for nurses. The new process of validation requires that all nurses have the access and time required to complete their training, although this will not be classed as mandatory training. This issue will require consideration with Cheshire West and Chester Council due to the nature of the contracting process with care homes and the impact of a potential increase to contracting costs.</p> <p>Paula Wedd provided an update to the meeting and the following key points were noted:</p> <ul style="list-style-type: none"> • Patient Advice and Liaison Service – In the 12 month period to 28th February 2015, 345 Patient Advice and Liaison Service enquiries have been made, which is an increase from 317 enquiries in 2013/14. There has been a reduction in the number of enquiries relating to Patient Transport Services from 121 to 64, although the number of calls relating to GP practices has increased from 69 to 84 and all queries relating to primary care are shared with the clinical commissioning group’s Primary Care Quality team and NHS England. There has not been a reduction in the number of complaints received in relation to Continuing Healthcare, although the nature of the complaints has changed from delays in assessment to why care has not been approved. • Never Events – Countess of Chester Hospital NHS Foundation Trust – An additional Never Event has been reported by the Trust, which now means that 3 cases have been reported in 3 months. Concerns have been formally raised with the Trust, and this issue will be discussed at the next quality improvement committee meeting in June 2015, where consideration will be given to any trends or themes. This issue will also be discussed by the Serious Incident Review Group meeting. • One to One Midwifery Service – The clinical commissioning group has previously raised concerns in relation to this service with NHS England who has now confirmed that there has been extensive information provided in relation to the service pathways, and assurance has been provided that guidance has been made readily available to midwives within the service. • Improving Access to Psychological Therapies – Cheshire and Wirral Partnership NHS Foundation Trust – New planning guidance for 2015/16 means that commissioners are required to agree service development and improvement plans with providers of mental health services for the introduction of new waiting time targets for both Improving Access to Psychological Therapies and First Episode Psychosis. These plans have been agreed with the Trust and include timescales for actions to be completed in year that will ensure that the Trust will be able to achieve the new access and waiting time targets for the deadline of 1st April 2016. • Nursing Homes – The Care Quality Commission has undertaken a number of inspections upon nursing homes since December 2014, although not all inspection reports are currently available. However, there is a clear indication that the Care Quality Commission will now be giving very specific 	

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	<p>timescales for any required improvements to be made.</p> <ul style="list-style-type: none"> • Infection Control <ul style="list-style-type: none"> ➤ Methicillin-resistant Staphylococcus aureus - Countess of Chester Hospital NHS Foundation Trust – The Trust has reported a case of Methicillin-resistant Staphylococcus aureus for the contract year 2014-2015, the first case is over 12 months. The Trust has identified important learning that has been shared across the hospital, and the investigation identified that there were missed opportunities to identify that the patient had a previous history of Methicillin-resistant Staphylococcus aureus in the early stages of admission, which would have enabled more informed decision-making in relation to antibiotic selection. ➤ Clostridium Difficile – There has been an increase in the number of cases reported within the community for the year, which means that the overall target set will not now be met. There has been recognition nationally that there is a challenge to identify the root causes of cases of Clostridium Difficile within a community setting, and that national target has now been amended to take this in to consideration. <p>In response to questions and comments by Pam Smith, Alison Lee, Dr Huw Charles-Jones, Chris Hannah, Dr Claire Westmoreland and Dr Andy McAlavey, the following points were noted:</p> <ul style="list-style-type: none"> • Never Events – Significant discussion has taken place at the quality improvement committee in relation to these events, and it has been disappointing to hear of another reported case. The Trust’s Medical Director and Director of Nursing have responded to information requests in relation to the events, and provide updates at the monthly quality and performance meetings. Concern was raised in relation to the capacity of clinical leadership to deliver change throughout the Trust, as some of the newly reported events are similar to those reported previously. An update on the Trust’s action plan to tackle the root causes of the incidents is scheduled for the May 2015 quality and performance meeting. Each Root Cause Analysis contains a section relating to staffing levels, and what possible impact this may have had in relation to each case. Each analysis has identified that there were sufficient staff in place, although the staff may not have been familiar with the patient and it is likely that this is a contributory factor. The safer staffing update identifies the number of whole time equivalent vacancies within the Trust, but does not identify this as a percentage, and consideration will be given to the bi-annual report of staffing levels on wards, etc., as it is important to consider all staff on a ward and not only nursing staff. Future quality improvement committee update reports will be amended to include the percentage of whole time equivalent vacancies against employed staff members. <p>There is a contractual requirement, from 2015, for the Trust to include a patient’s family members in any Root Cause Analysis, and to ensure that families remain informed, and both local Trusts will be encouraged to improve this working with patients and their families.</p> <ul style="list-style-type: none"> • Nursing Homes – Should professionals or family members of patients have any concerns in relation to nursing homes then these should be raised with either the Safeguarding Adults Team or Cheshire West and Chester 	<p style="text-align: center;">PW</p>

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	<p>Council. The possibility of including a clause within the nursing home contracts, stating the nursing home must display a contact number where worries can be raised, was discussed. It was noted that hospital and community staff are requested to report any concerns they may identify when visiting a nursing home.</p> <ul style="list-style-type: none"> • Primary Care Quality – The commissioning for quality and innovation scheme has now been launched and has been aligned with secondary and community care to encourage closer working. <p>The GP leads for education and quality have been undertaking a piece of work to re-establish the system of GP led Clinical Governance Alerts, and the purpose of the alerts is to ensure that pertinent issues informed by the Medical Press, learning from incident reporting and clinical commissioning group intelligence are summarised and highlighted to all GP staff.</p> <ul style="list-style-type: none"> • Patient Advice and Liaison Service – There are no significant themes and trends identified in relation to GPs. The information received will be triangulated and fed back to practices during the Medical Director’s ‘listening visits’. <p>RECOMMENDATIONS</p> <p>The governing body reviewed the issues and concerns highlighted and identified any further actions for the quality improvement committee.</p>	
03	COMMISSIONING DELIVERY COMMITTEE REPORT	
	<p>Chris Hannah introduced this item and noted that the clinical commissioning group’s successful bids for the Prime Minister’s Challenge Fund and Vanguard funding is a great achievement and an opportunity to progress transformation and to drive this work forward.</p> <p><u>Delivery</u></p> <p>Laura Marsh provided an update to the meeting and the following points were noted:</p> <ul style="list-style-type: none"> • Primary Care Cheshire, supported by the clinical commissioning group, has received confirmation that it has been successful in its bid for funding under the Prime Ministers Challenge Fund for £3.7million, which will enable and support the transformation of general practice in West Cheshire. • Primary Care Cheshire, supported by the Clinical Commissioning Group and provider partners, has been successful in achieving ‘vanguard’ status under the NHS England new models of care programme to develop a Multispecialty Community Provider. <p>The success of both of these bids will require an assessment of the support required, to ensure that rapid transformation is undertaken for the stability of the health economy.</p> <ul style="list-style-type: none"> • Being well – The new community ophthalmology service will commence during July 2015, and an Eye Health Network has been formed to build relationships across providers, and the new provider will be attending at GP locality network meetings as a part of the service mobilisation phase. 	

15/05	AGENDA ITEM	Action
	<p><u>Performance</u></p> <p>Rob Nolan provided an update to the meeting and the following points were noted:</p> <ul style="list-style-type: none"> • Referral to Treatment Times – Performance has consistently been achieved against the 18 week targets and confidence remains high that the Clinical Commissioning Group and the Countess of Chester Hospital NHS Foundation Trust will continue to achieve all standards for the year. However, there is concern that capacity has been increased to reduce the number of patients waiting more than 26 weeks, and that this could result in a significant cost pressure. This issue will continue to be monitored. • Accident and Emergency 4 hour target – The 4 hour waiting time has not been met, with 90.5% of patients being seen against the 95% standard. Performance for the year was not achieved, with an annual performance of 92.78%. Performance has started to improve, primarily due to the reduced number of patients whose discharge has been delayed. • Dementia Diagnosis Rate – There is significant focus on this target and the clinical commissioning group and Cheshire and Wirral Partnership NHS Foundation Trust are working with practices to assist them to identifying patients. This has resulted in an improvement in the February performance to 55.9% against the 67% target. The annual target was not achieved with an annual performance of 59.6%, and this issue will continue to be monitored. <p><u>Finance</u></p> <p>Gareth James provided an update to the meeting and noted that the main areas of discussion to be highlighted are:</p> <ul style="list-style-type: none"> • Financial year end for 2014/15 – The 2014/15 financial accounts are currently being audited by the external auditors, Grant Thornton, and it is expected that an unqualified opinion will be received. A financial surplus of 1% will be reported to NHS England. • Financial budget 2015/16 – The final version of the financial plan for 2015/16 has been submitted following in-depth discussions by the commissioning delivery committee and governing body. It is intended that there will be a surplus of 1% at year end, although there remains a significant level of risk to achieving this, as a potential financial gap of £9 million has been identified, and further details were provided. • Countess of Chester Hospital NHS Foundation Trust – There remains a significant level of risk in relation to PbR payments to the Trust for 2015/16, and this is to be raised at the quality and performance meeting on 21st May 2015. • Continuing Healthcare – the committee continues to monitor performance, to ensure progression of the service. The backlog of assessments is at 491 cases, as at 28th April 2015. The reduction of the backlog has been slower over the last month due to pressure caused by staff sickness and reduced capacity due to a couple of serious professional issues. 	

15/05	AGENDA ITEM	Action
	<p>In response to questions and comments from Dr Jeremy Perkins, David Gilbert, Alison Lee and Dr Steve Pomfret, the following points were noted:</p> <ul style="list-style-type: none"> • Financial budget 2015/16 – Concern remains in relation to the potential financial gap. Details were provided in relation to the work being undertaken to reduce the potential gap and it was noted that a revised timescale will be provided to the governing body before the end of May 2015. This issue will also be discussed in more detail at the commissioning delivery committee meetings. • Stabilisation and transformation – work will continue to stabilise services, such as elective care and continuing healthcare, while service transformation occurs with partnership organisations. <p>RECOMMENDATIONS</p> <p>The governing body noted the key issues discussed and the decisions made at the commissioning delivery committee.</p>	GJ
04	CHIEF EXECUTIVE OFFICER'S BUSINESS REPORT	
	<p>Paula Wedd declared an interest in this agenda item and left the meeting.</p> <p>Alison Lee noted that the business report is provided for information, and the following points were highlighted from the report:</p> <ul style="list-style-type: none"> • The Quarter 3 Assurance meeting with NHS England has taken place and the clinical commissioning group has received formal notification that it has been stepped down from the escalation process. • NHS England Assurance Framework for 2015/16 – details were provided in relation to the new framework, which describes the continuous assurance process that will be in place to provide confidence to internal and external stakeholders and the wider public that the clinical commissioning group is operating effectively, • Vanguard Bid Assessment Panel Visit by NHS England – Details were provided on the two day assessment panel visit from NHS England, for the panel to further understand the details of the funding and support requirements. Thanks were offered to all those who were involved within this work, including partnership organisations. The 2 day visit allowed everyone involved to consider the areas where further focus is required. A stakeholder event took place with third sector partners and patient representatives, and feedback from this event was very positive. <p>A formal letter is expected from NHS England following the site visit, setting out the strengths of our approach, where it is felt that there is further work required and to begin to set out the support offered, including an initial £150,000 to establish the programme approach.</p> <ul style="list-style-type: none"> • West Cheshire Strategic Leadership Group – The previously titled Four Leaders Group has been further developed into the West Cheshire Strategic Leadership Group, to oversee the stabilisation and transformation work to be undertaken, and membership of this group has been expanded to include 	

15/05	AGENDA ITEM	Action
	<p>the Chairs, Chief Executives, Chief Finance Officers and Medical Directors of the Clinical Commissioning Group, Countess of Chester Hospital NHS Foundation Trust, and Cheshire and Wirral Partnership NHS Foundation Trust. Cheshire West and Chester Council will also be represented by the Strategic Director and Chair of the Health and Wellbeing Board. Details of the first meeting were provided and it was noted that meetings will take place on a monthly basis. Alison Lee will be the Accountable Officer for this group.</p> <ul style="list-style-type: none"> • Westminster Surgery – NHS England has undertaken a procurement process in relation to Westminster Surgery and the successful bidder/provider has been confirmed as Cheshire and Wirral Partnership NHS Foundation Trust. The first mobilisation meeting with Cheshire and Wirral Partnership NHS Foundation Trust and NHS England has taken place and the contract will commence on 1st July 2015. • Regulation 28 – Report to Prevent Future Deaths – Details were provided in relation to the 2 Regulation 28 reports, which would normally be included within the quality improvement committee report, but which have been included within the Chief Executive Officer’s report due to Paula Wedd’s declaration of interest in one of the reports. • Stabilisation and Transformation – further details were provided in relation to the discussions taking place to deliver health improvements, and how to provide clarity on this work to patients, the public, commissioners and partners. There is a growing acceptance that GP practices cannot continue in the current way and this will form a part of the transformational work being undertaken. Stabilisation work will take place in relation to services, including continuing healthcare, urgent care and accident and emergency services, to ensure these services are running efficiently and effectively. <p>RECOMMENDATIONS</p> <p>The governing body noted the contents of this report.</p>	
05	CLINICAL COMMISSIONING GROUP POLICIES AND GOVERNANCE DOCUMENTS	
	<p>Gareth James noted that a governance plan has been created to schedule an annual review of policies and governance documents and, as a part of this plan, four policies/governance documents were received for approval/ratification.</p> <p>RECOMMENDATION</p> <p>The governing body approved/ratified the four policies/governance documents provided.</p>	
06	CLINICAL COMMISSIONING GROUP SUB-COMMITTEE MINUTES	
	<p>The governing body received and noted the significant issues arising from, and the minutes of, the sub-committees to the governing body and there were no issues to be raised.</p>	

15/05	AGENDA ITEM	Action
07	ANY OTHER BUSINESS	
	There were no other items of business to be discussed.	
	DATE AND TIME OF NEXT FORMAL MEETING	
	Thursday 16 th July 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 _____

NHS West Cheshire Clinical Commissioning Group

Extraordinary Formal Governing Body Meeting

Thursday 28th May 2015, 3.30p.m.

Conference Room D, 1829 Building, Countess of Chester Health
Park, Liverpool Road, Chester, CH2 1HJ

PRESENT

Voting Members:

Dr Huw Charles-Jones	Chair
Ms Alison Lee	Chief Executive Officer
Mr Gareth James	Chief Finance Officer
Ms Chris Hannah	Lay Member
Mr David Gilbert	Lay Member
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:

Ms Laura Marsh	Director of Commissioning
Ms Paula Wedd	Director of Quality and Safeguarding
Mr Rob Nolan	Director of Contracting and Performance

In attendance:

Ms Clare Dooley	Corporate Governance Manager
Ms Clare Jones	Governing Body and Committees Administrator

15/05	AGENDA ITEM	Action
A	WELCOME, QUORACY AND APOLOGIES FOR ABSENCE	
	<p>The Chair welcomed everyone to the meeting and noted that Ms Chris Hannah, Mr David Gilbert and Dr Jeremy Perkins would be joining the meeting via teleconference.</p> <p>It was noted that this extraordinary meeting is to approve the annual report and annual accounts of NHS West Cheshire Clinical Commissioning Group, as delegated by the Membership Council within the Constitution, and as recommended by the Audit Committee on the 27th May 2015. The Chair thanked the Finance Team and auditors for all the work undertaken in the production of the reports.</p> <p>Apologies were received on behalf of Dr Andy McAlavey, Fiona Reynolds, Mike Zeiderman and Sheila Dilks.</p>	
B	DECLARATIONS OF MEMBER'S INTERESTS	
	There were no additional declarations of interest to be noted.	

15/05	AGENDA ITEM	Action
08	2014/15 ANNUAL REPORT	
	<p>David Gilbert noted that the Audit Committee met on the 27th May 2015 to discuss and review the report. The committee requested that a number of amendments were made, acknowledging that the report template is determined by NHS England. The audit committee and auditors approved the report and recommend that the governing body ratify the annual report.</p> <p>Gareth James noted that governing body members are asked to note and agree the two declarations under section 1.3.11 Statement as to Disclosure to Auditors, which reads: <i>Each individual who is a member of the Membership Council/Governing Body at the time the Member's Report is approved confirms:</i></p> <ul style="list-style-type: none"> • so far as the member is aware, that there is no relevant audit information of which the clinical commissioning group's external auditor is unaware; and • that the member has taken all the steps that they ought to have taken as a member in order to make the self-aware of any relevant audit information and to establish that the clinical commissioning group's auditor is aware of that information. <p>The governing body members present agreed both statements.</p> <p>The following proposed amendments were discussed and agreed:</p> <ul style="list-style-type: none"> • Page 26 - 1.3.1 Details of Members of the Membership Body and Governing Body – The date of membership for Dr Rajesh Rajan of Frodsham Medical Centre is to be amended to "01/4/14 – 31/03/15" • Page 27 – 1.3.5 Disclosures of Serious Untoward Incidents – Discussion took place in relation to the distinction between provider and clinical commissioning group reported incidents. It was agreed that the word order would be changed to ensure greater clarity. <p>The governing body agreed that the annual report would be signed, subject to the alternations within the document.</p>	
09	2014/15 ANNUAL ACCOUNTS	
	<p>David Gilbert provided details of the in-depth discussions of the annual accounts held by the Audit Committee on the 27th May 2015. Grant Thornton has been complimentary on the work undertaken in relation to the accounts and there are no concerns to be noted.</p> <p>The main points to be highlighted from the discussions are:</p> <ul style="list-style-type: none"> • Page 1 - Statement of Comprehensive Net Expenditure for the year ended 31 March 2015 – The net spend of the clinical commissioning group has increased by £15million, and details were provided of allocations received throughout the year that have combined to produce this figure. The expenditure is explained under Note 6, and further details were provided. • Page 9 - Financial performance targets – Details have been provided in relation to the achievement of the clinical commissioning group's 1% 	

15/05	AGENDA ITEM	Action
	<p>surplus, and the actions taken at year end to support and deliver that surplus.</p> <p>Discussions took place in relation to Page 11, 5.3 Staff sickness absence and ill health retirements, as the total staff years lost seemed high. It was agreed that Gareth James would seek clarity in relation to this figure and then amend the accounts accordingly.</p> <p>The governing body agreed that the annual accounts would be signed, subject to the alternations within the document.</p>	GJ
10	AUDIT FINDINGS REPORT	
	<p>Gareth James provided the background to the report and noted that this is a statutory document in which the external auditor is required to provide three statements in relation to the accounts, and Grant Thornton has provided three unqualified statements in relation to the clinical commissioning group's accounts.</p> <p>Further details were provided and a query was raised as to whether all clinical commissioning groups were in a similar, positive position, and it was noted that this is not the case and NHS West Cheshire Clinical Commissioning Group is in a very positive position.</p>	
11	LETTER OF REPRESENTATION	
	<p>Gareth James noted that this is a standard document which outlines how the clinical commissioning group has fulfilled its duties as a statutory body, and further details were provided. It was agreed that the letter of representation will be returned to Grant Thornton.</p>	
12	FORMAL SIGNING OF THE 29014/15 ANNUAL REPORT AND ANNUAL ACCOUNTS	
	<p>The Chair and Chief Executive Officer of the clinical commissioning group formally signed the annual report and annual accounts documents.</p>	
13	ANY OTHER BUSINESS	
	<p>There was no other business to be discussed.</p>	
	DATE AND TIME OF NEXT MEETING	
	<p>Thursday 16th July 2015, at 9.00am in Conference Rooms A & B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1HJ</p>	

Minutes received by: _____
 Date _____
 (Chair)

NHS West Cheshire Clinical Commissioning Group

Informal Governing Body Meeting

**Thursday 18th June 2015, 9.00a.m.,
 Conference Room A, 1829 Building, Countess of Chester Health
 Park, Liverpool Road, Chester CH2 1HJ**

PRESENT

Dr Huw Charles-Jones	Chair
Ms Alison Lee	Chief Executive Officer
Dr Andy McAlavey	Medical Director
Mr Gareth James	Chief Finance Officer
Mr David Gilbert	Lay Member
Ms Pam Smith	Lay Member
Ms Sheila Dilks	Nurse Representative
Mr Mike Zeiderman	Hospital Physician Representative
Dr Steve Pomfret	GP representative – Rural Locality
Ms Laura Marsh	Director of Commissioning
Ms Paula Wedd	Director of Quality and Safeguarding
Mr Rob Nolan	Director of Contracting and Performance
Dr Jeremy Perkins	GP Representative – Ellesmere Port and Neston Locality
Tony Bland	GP Representative – City Locality

In attendance:

Ms Jenny Dodd	Assistant Chief Officer
Mr Barrie Stanhope	Presenting on behalf of North West Commissioning Support Unit
Ms Cheryl Hardy	Business Administrator

	AGENDA ITEM	Action
9.00	APOLOGIES FOR ABSENCE	
	Apologies were received on behalf of Chris Hannah and Fiona Reynolds. Huw welcomed Tony Bland who is the Interim City Network Chair.	
9.05	DECISION MAKING AND LEGAL RISK (PUBLIC SECTOR EQUALITY DUTY)	
	Barrie Stanhope is currently working with the CSU helping with difficult cases around Equality and Diversity. He provided a presentation and handouts to the Governing Body on decision making and legal risks looking at the issues around: Unlawful decision Barrie talked through section 149 of the Equality Act 2010 (Public Sector Equality Duty) on page 8 of the handout which talks about the need to have due regard and how any decision made by the legally appointed decision makers (governing body) made without due regard is unlawful.	

	AGENDA ITEM	Action
	<p>Avoiding challenge This can be done by not making unlawful decisions, and ensuring that reference is made to the impact of decisions on protected groups at the point that decisions are made. The group discussed the need to get processes right and to ensure the necessary evidence is collected.</p> <p>When making decisions we need to look at rationality behind process, transparency of process and polycentrism. The public have a right to expect that services will remain the same unless a consultation takes place around the changes. Public services can't be removed without public consultation. The Clinical Commissioning Group should be prepared to justify its decision making process in the face of potential scrutiny or challenge.</p> <p>The timeline for most consultations is 12 weeks but some may take longer or a shorter time than that. It needs to be proportionate to the decision being made and its impact on communities.</p> <p>The group looked at the protected characteristics and talked about indirect discrimination.</p> <p>Embed effective processes The group agreed to examine Clinical Commissioning Group processes around decision making in light of the public sector equality duty. .</p> <p>Equality assessment reports need to be done to look at how changes will affect people with protected characteristics.</p> <p>Checks and balances It was agreed that key staff need to be involved in developing these assessment reports to ensure they can influence decision making if problems arise and have the power to stop it decision making if necessary.</p>	
10.30	TEAM CHARTER	
	<p>The group discussed the team charter and thanked Karen for her good work on this. Karen asked the group to agree and recommend how the CCG can implement the team charter.</p> <p>The draft charter was presented at a whole team event last December where feedback was sought from patient leaders and staff. The amended version was signed off by the staff development group. The Governing Body was asked to think about how we can live and breathe the charter.</p> <p>The group discussed how as an organisation we can be held accountable to this and agreed it could be put as an agenda item and pushed forward at meetings, staff need to take personable responsibility for it and it can be fed into PDRs and team events. It was also suggested that the charter can be put on the "What We Do" section of our website and linked to the organisational values.</p>	

	AGENDA ITEM	Action
	<p>Once signed off the CCG may choose to share the charter with GP practices advising the CCG have adopted it offering it to them to use with their own teams if that is useful</p> <p>David fed back that although he agreed a lot of work had gone into this he was disappointed it did not include anything about value for money and asked if this could be included.</p> <p>Sheila asked if this could include something about how we involve patients in our decision making.</p> <p>The group talked about how we can challenge behaviours that don't fit with the charter once it is in place. It was agreed we need to create a safe environment and culture for people to challenge others and for senior leaders to model this behaviour.</p> <p>Questions could be asked in the staff survey about how staff would feel about challenging behaviour and if this charter was in place would staff feel more confident to challenge behaviour.</p> <p>The group discussed how coaching and mentoring could be provided for junior members of staff and demonstrations of good behaviours could be talked about at Team Brief.</p> <p>Karen agreed to make the changes and distribute to the governing body by email asking for any feedback.</p>	
11.00	FINANCE	
	<p>Gareth provided a verbal update on his initial assessment of the 2015/16 financial position based on 1 month of financial information. Gareth also referenced the more detailed financial narrative that had been produced to explain the key factors underpinning the 2015/16 financial plan. This will be shared with local partner organisations. Gareth asked for any comments to be shared with him.</p> <p>The paper was discussed in some detail with the following comments and observations:</p> <ul style="list-style-type: none"> • Public health budgets to local authorities have been reduced with potential knock on impact to the implementation of the West Cheshire Way. • Other reductions in local authority spending will have implications for jointly commissioned services such as learning disabilities and continuing healthcare. • Gareth advised there are huge financial challenges ahead and there is an urgent need to escalate the turnaround, or stabilisation, agenda. • The group discussed how we can engage with membership and asked if a paragraph on next steps could be added to the paper. 	All

	AGENDA ITEM	Action
	<p>Philippa advised she has been looking at work done by other CCGS and agreed to meet with Gareth to discuss this.</p> <p>Gareth agreed to make these changes and send out to the group with a view to circulating more widely next week.</p>	<p>PR/GJ</p> <p>GJ</p>
11.15	WORK PLAN FOR INFORMAL GOVERNING BODY MEETINGS	
	<p>Huw advised Claire Westmoreland had provided her resignation following concerns from Chester City Network around her involvement with a marketing company which she had discussed on social media and a vote of no confidence as Chair.</p> <p>The Local Medical Committee were made aware of the situation but will not be taking it any further.</p> <p>Following discussions with HR Claire was given the option to resign otherwise an investigation would have to take place, Huw noted this was a sad loss and advised Tony Bland has stepped in as Chester City Network Vice Chair.</p> <p>The group agreed the need for a social media policy to be put in place.</p> <p>Gareth and Alison have looked at the conflicts of interest policy and advised Governing Body members to bring all interests to Governing Body to ensure they are mindful of what other organisations members are involved with. It was agreed this policy would be brought to the next Governing Body.</p> <p>It was agreed Pam Smith and Chris Hannah would declare their interest with the Countess of Chester Hospital as part of their CCG work.</p> <p>It was agreed all staff declarations would be put on the website.</p> <p>Alison agreed to take this incident to HR and ask them to look at the learning we can gain from this once done this can be shared widely.</p> <p>The group discussed the Prime Ministers Challenge Fund it was agreed this needs to be delivered at networks and a structure put in place to work collaboratively at Prime Minister Challenge level.</p> <p>Huw talked about the changes to the networks and advised over the next 8 months there will be cluster based meetings which should free up some resources.</p> <p>The group agreed it would be useful for Primary Care Cheshire to attend the Governing Body Meeting to give an overview of what their role is.</p> <p>The group discussed a disconnect between practices and the CCG and agreed relationships with members needs to change this could be done through Clinical Leads they could champion us in their practices and encourage people to respect our message.</p>	<p>GJ/AL</p> <p>PS/CH</p> <p>AL</p>

	AGENDA ITEM	Action
	It was agreed Primary Care Cheshire, Practices and the CCG need to work together to get the best out of this money.	
11.45	ANY OTHER BUSINESS	
	There was no other business.	
11.55	DATE AND TIME OF NEXT (FORMAL) MEETING	
	Thursday 16th July 2015, at 9.00am in Conference Rooms A & B, 1829 Building, Countess of Chester Health Park	

Minutes received by: _____
 (Chair)

Date _____

West Cheshire Clinical Commissioning Group Governing Body

Action Log from the minutes of formal Governing Body meetings

Item	Action	Owner	End Date	STATUS
Meeting held on 15 th January 2015				
Page 6 15-01-43	Quality Improvement Committee Report – alternatives to the use of fax machines to be considered by the ICT Strategy Committee	Laura March	September 2015	Blue To be put on agenda for next ICT Strategy Group. The next meeting has not yet been scheduled.
Meeting held on 21 st May 2015				
Page 3 D	Matters Arising – Finance - A sub-group of CDC has been created and is now considering the financial position across the whole health economy. An update will be provided after the conclusion of Quarter 1.	Gareth James	August 2015	Blue To be discussed at informal governing body in August 2015.
Page 4 15/05/01	Clinical Senate Report – Feedback to be provided to Jenny Dodd on the need to amend the wording of the report to reflect that the CCG needs to actively promote patient self-care.	Mike Zeiderman	July 2015	Amber Update to be provided at July '15 meeting
Page 6 15/05/02	Quality Improvement Committee Report – CoCH and CWP to be encouraged to improve their involvement of patients and patient family members in Root Cause Analysis work.	Paula Wedd	July 2015	Amber Update to be provided at July '15 meeting
Page 9 15/05/03	Commissioning Delivery Committee Report - Finance – Revised timescale for work relating to the reduction of the financial gap to be provided to governing body members.	Gareth James	July 2015	Amber Update to be provided at July '15 meeting
Extraordinary meeting held 28 th May 2015				
Page 3 15/05/08	2014/15 Annual Accounts – 5.3 Staff sickness absence and ill health retirements – Clarity to be sought in relation to the total staff years lost, and accounts to be amended accordingly.	Gareth James	July 2015	Green The accounts have been amended and this item is complete.

Action Log from the minutes of informal Governing Body meetings

Item	Action	Owner	End Date	STATUS
Meeting held on 16 th April 2015				
1.	Detailed narrative of Chief Finance Officer's letter to local health and social care partners to be circulated to governing body members.	Gareth James	July 2015	Green Draft produced and shared at informal meeting in June 2015.

Item	Action	Owner	End Date	STATUS
2.	Consideration to be given to whether the Lay member for Audit and Governance is to write to NHS England in relation to financial position, after the review of the Quarter 1 position.	Gareth James	August 2015	Blue Update to be provided at August '15 informal meeting
3.	Chief Finance Officer to produce a chronology of information/detail in support of CCG's current position.	Gareth James	July 2015	Green Shared at informal meeting in June 2015.
4.	Upon completion of the chronology, the Chair will provide a position/status briefing to the CCG membership.	Huw Charles-Jones	August 2015	Blue Update to be provided at August '15 informal meeting
Meeting held on 18 th June 2015				
1.	Finance a. Any comments of the detailed financial narrative produced to explain the key factors underpinning the 2015/16 financial plan to be returned to the Chief Finance Officer.	ALL	July 2015	Amber Update to be provided at July '15 meeting
	b. Chief Finance Officer and Interim Director of Operations to meet to discuss financial work being undertaken by other CCGs.	Gareth James/ Philippa Robinson	July 2015	Amber Update to be provided at July '15 meeting
	c. Agreed amendments to detailed financial narrative to be made and circulated to governing body members	Gareth James	July 2015	Amber Update to be provided at July '15 meeting
2.	Work plan for informal governing body meeting a. Conflicts of Interest policy to be presented at next governing body meeting	Gareth James/Alison Lee	July 2015	Green This policy is on the agenda for the July 2015 meeting, under Agenda Item WCCCGGB/15/07/12
	b. Pam Smith and Chris Hannah to declare their interest with the Countess of Chest4er hospital NHS Foundation Trust as part of their CCG work.	Pam Smith / Chris Hannah	July 2015	Amber Update to be provided at July '15 meeting
	c. Conflict of Interest incident to be discussed with HR, to ask them to consider any learning to be gained, which can be shared.	Alison Lee	July 2105	Amber Update to be provided at July '15 meeting

Red	Outstanding
Amber	Ongoing/For update
Green	Complete/On Agenda
Blue	Update to future meeting

GOVERNING BODY REPORT

1. **Date of Governing Body Meeting:** 16th July 2015

2. **Title of Report:** Clinical Senate Committee Report

3. **Key Messages:** This report provides an overview of the business discussed and decisions made at the clinical senate committee meeting held on 28th May 2015

4. **Recommendations**
The governing body is asked to:
 - a) Note the issues discussed by the clinical senate

 - b) Reflect on the discussions of the clinical senate and take these into account when making decisions

5. **Report Prepared By:** Jennifer Dodd
Assistant Chief Officer

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

CLINICAL SENATE

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 May 2015.

CONTENT

3. The clinical senate met for a joint meeting with the youth senate on 28th May 2015 with Mike Zeiderman as Chair. Presentations were provided from Fiona Noble and the Cheshire and Wirral Partnership NHS Foundation Trust Youth Governors on child and adolescent mental health services and from Anne Martin on how young people with eating disorders and mental health issues are cared for in the Countess of Chester Hospital NHS Foundation Trust.

INTRODUCTION FROM YOUTH SENATE

4. The youth senate are a consultation group for Cheshire West and Chester Council and have recently been involved in consultations with Cheshire Police. The group is selected by through the Youth Parliament elections; thousands of young people take part in these elections to select local members of the national Youth Parliament. Anyone who stands for the Youth Parliament is able to join the youth senate.
5. The youth senate recently met with Jenny Dodd to set the agenda for this meeting and agreed the issues that were important to them were:
 - a. Patient Engagement
 - b. Eating Disorders
 - c. Mental Health Issues (including aligning physical and mental health needs)

PRESENTATIONS/QUESTIONS AND ANSWERS WITH INVITED SERVICE LEADS

6. Fiona Noble provided a presentation to the group on child and adolescent mental health services (CAMHS) and thanked the youth senate for inviting her to attend.

7. Fiona introduced three young people who represent child and adolescent mental health service users. These young people meet once a month, share ideas and prepare for events. They also help develop and deliver training on self-harm and deliver training to Accident and Emergency staff on treating and preventing self-harm.
8. The service provides care for 0 – 16 year olds and 16 – 19 year olds in complex cases that may need extra support.
9. The team is made up of mental health practitioners, family therapists, speech and language therapists, psychologists and psychiatrists; they see children and young people who have a range of emotional problems which impact on their everyday living. The service also involves partners, carers and families; they also have links with schools and others who may be involved.
10. The service sees a wide range of emotional difficulties that may impact on the way a young person behaves, including eating disorders. There are a wide range of eating disorders such as picky eating, bingeing and anorexia with anorexia now being much more common and the number of cases increasing. The national statistics suggest a 1% incidence of anorexia; the local service is reporting figures closer to 4%. Anorexia can have an impact on physical health, emotional health as well as family and school life.
11. Fiona talked about how important communication is to ensure everyone is aware of what is happening but confidentiality is equally important. Young people are encouraged to give permission for families to be involved so the service can support them to support their child. Work is also done with GPs and schools to ensure support is available there.
12. The group looked at myths and facts around mental health.
13. The three patient representatives talked about their personal experience of local services, how they did not know what to expect when they were first referred and would have found it useful to have received a welcome pack. On arrival, they found the service friendly and said it had a relaxed environment and was not as intimidating as GP surgeries, the young people were encouraged to talk but not forced to talk about things they didn't want to talk about.
14. Fiona reported that a welcome pack is now available and it has been reported that patients are finding this very useful.
15. Anne Martyn provided a presentation to the group on how young people with eating disorders and mental health needs are cared for on the children's unit in the Countess of Chester Hospital NHS Foundation Trust.
16. Young people with an eating disorder are allocated support when they are admitted as the service recognises that these people are vulnerable. This support is guided by advice from Cheshire and Merseyside Eating Disorder

Service (CHEDS). People with eating disorders can be admitted from anything to a few days to a few weeks and patients from all local regions are accepted.

17. A full medical will be done for all patients with family and friends encouraged to visit but not at meal times. Young people will not be referred to the child and adolescent mental health service until they are medically fit to participate in treatment.
18. Anne advised there have been a greater number of suicide attempts and self-harm incidents involving young people, there are now currently 5 – 10 admissions a month. The children's service is alerted whenever any of these young people are admitted to ensure that the support is age appropriate. Young people are nursed on a 1:1 ratio or half hourly checks are made to ensure safety.
19. The group discussed the pilot seven day referral service for the child and adolescent mental health service which has recently ended, meaning there are no longer weekend referrals available.

DISCUSSION

20. The GPs in the group agreed that they need to look at how practices can make their services seem less intimidating and learn more about the child and adolescent mental health service so they can advise young people what to expect on referral.
21. The young people described the need for extended hours (from 8am to 6pm) so that after school appointments can be offered. It was discussed that not everyone can have a 4pm appointment and sometimes it's better to see young people earlier in the day as they can find it harder to engage later in the day, when they are physically and emotionally tired. Fiona advised that the service does write to schools asking for them to support young people in their treatment.
22. There were some concerns about child and adolescent mental health service moving location and worries the service will get lost as the building will house three other services there were also some concerns around accessibility if it is moved out of town.
23. Questions were raised about the confidentiality of youth services, and the youth senate asked if young people didn't want their parents to know they were being seen would this be kept confidential. Fiona explained that the service try to be very clear about confidentiality, and what confidentiality is. The staffs explain that what is discussed in therapy will be kept within the team, but won't be shared with parents UNLESS young person is at risk, or harm of others is at risk. If information is shared with parents the young person will be told. At 16 young people should be able to access services without parents being informed.

24. The senate reflected that there might be a barrier to young people going to see their GP because if there is a feeling that their parents will be told.
25. The youth senate asked about how well publicised young people's mental health services are, especially at exam time. The youth governors talked about plans to raise awareness at schools advising staff how to support students with mental health issues and how to help other students be more understanding, also how to raise awareness on how young people can get the help they need such as advertising the "[My Mind](#)" website in schools and raise awareness in youth clubs etc.
26. The group talked about how some people have had negative experiences of mental health services and how it can be difficult to get it right and how important feedback from young people is. Service users should be encouraged to let the service know if they get it wrong as this will help them to improve and ensure people are supported when they access services.
27. The group discussed at length how the concepts of self-care, prevention and early intervention could be applied to mental health services. Work on the self-harm pathway identified a need for a pre- child and adolescent mental health wellbeing service that could address low level needs; these might be non-clinical or walk-in services. These services would need to support people to overcome the perceived stigma in accessing help for mental health issues.
28. It was noted that schools have a school nursing service to support physical health needs but young people may not be comfortable regularly accessing this service to discuss mental health issues.
29. A national survey of 12-15 year olds identified in an average class of 30, 3-4 young people will have self-harmed. The formal child and adolescent mental health services are not seeing these numbers so there is definitely a need for more low level support. It was suggested that schools and youth groups could be offered "first aid" for mental health in the same way they are for physical health. The youth senate asked that health and education services take more joint action on this agenda.
30. The youth senate reported that they are not always aware of how to access these support services (for example, <http://www.mymind.org.uk/>) and there is a stigma attached to accessing them sometimes.
31. The youth senate raised the issue of child birth and the group agreed we need to encourage more natural births as there are higher risks associated with caesarean sections and there is a quicker recovery with natural birth which is better for mother and baby, we also need to continue to encourage breast feeding. Services confirmed that there is support available for young mums throughout pregnancy and the first 2 years of baby's life to help them develop their parenting skills.

Topics for Next Meeting

The topic for next month will be dementia.

The next meeting will be held on 25 June 2015 in Rooms A & B at the 1829 Building.

Jenny Dodd
Assistant Chief Officer
July 2015

GOVERNING BODY REPORT

1. **Date of Governing Body Meeting** 16th July 2015
2. **Title of Report:** Quality Improvement Report
3. **Key Messages:**

The latest published mortality data to September 2014 shows that mortality levels are within the expected range at the Countess of Chester NHS Foundation Trust.

The Care Quality Commission began their planned inspection of the physical and mental health services provided by Cheshire and Wirral Partnership NHS Foundation Trust in June. A number of unannounced visits to community settings will continue into July.

NHS England Area Team and local commissioners are working together with Wirral University Teaching Hospital NHS Foundation Trust to address a number of concerns highlighted by the Care Quality Commission and Wirral Clinical Commissioning Group about the Trust. In the latest publication by the Care Quality Commission of risk ratings of providers against compliance with essential standards of quality and safety Wirral University Teaching Hospital, has now been downgraded to band 1. The Care Quality Commission has categorised trusts into one of six summary bands, with band 1 representing highest risk.

The Care Quality Commission published an inspection report on Willows Care Home that identified the need for improvements in December 2014. In March 2015 the Care Quality Commission carried out an unannounced follow up visit and they published their findings in June. The latest report found evidence of some improvements but note the overall rating for this provider is

'Inadequate'. The home has a plan in place to address the findings of the report.

Cheshire West and Chester Local Safeguarding Children Board have commissioned two Serious Case Reviews. One review has now been completed and involved a child who sustained a serious injury. The second Serious Case Review was commissioned following the death of a young person. The Local Safeguarding Children Board has appointed an Independent Author. The review has commenced and interviews are scheduled to take place with the practitioners involved during June 2015. The final report is expected to be completed in September 2015.

The number of community cases of clostridium difficile was higher than the target set for 2014-15 and the Infection and Prevention Control team have investigated every case and are working with GPs and care homes to develop a standard protocol for the identification and treatment of clostridium difficile. The team are working proactively with patients who have had clostridium difficile for a least a month after the event to monitor for any relapses.

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 11th June 2015.

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

Serious Incidents

4. In March the Director of Quality and Safeguarding raised concerns formally with the Trust in relation to a number of serious incidents, two of which were Never Events. The Trust Medical Director and Nursing Director provided a report and action plan to address these concerns to the March 2015 Quality and Performance meeting. The Trust's full report and action plan to improve were shared with the committee. The committee were assured by the Trust's plan but noted concerns about the capacity of clinical leaders to deliver sustained changes in practice by all staff. The Trust reported a further Never Event in May which means that the Trust have had three incidents in five months. The investigations into these incidents will be reviewed by the Serious Incident Review Group and there is an expectation that the findings from these investigations will be incorporated into the overarching improvement plan.
5. At the June Quality and Performance meeting with the Trust the Medical Director reported that they had now identified an additional senior clinician to support implementation of the improvement plan. The Quality and Performance meeting will continue to monitor implementation of the action plan.

Mortality

6. The committee received the Trust's detailed mortality report and noted the most recent Summary Hospital Mortality Index published on NHS Choices for October 2013 – September 2014 is 1.11 which remains within expected limits. The report also highlights that the most recent Hospital Standardised Mortality Ratio is 97.22 and this is within expected limits.

Coroners Ruling

7. The Trust has been issued with a Regulation 28 Preventing Future Deaths Notice by the Coroner following an inquest in May 2015 in relation to the death of a patient in July 2014. The Coroner wants more assurance about the robustness of processes for communicating information between departments along with processes for checking clinical suitability for the referred intervention.
8. The committee will receive a copy of the Regulation 28 along with the Trust response. The Trust has 56 days from receipt of the notice to reply to the Coroner.

Care Quality Commission

9. Hospital Intelligent Monitoring is the tool used by the Care Quality Commission staff to monitor compliance with the essential standards of quality and safety of providers of NHS care. The Care Quality Commission has categorised trusts into one of six summary bands, with band 1 representing highest risk and band 6 with the lowest. These bands have been assigned based on the proportion of indicators that have been identified as 'risk' or 'elevated risk' or if there are known serious concerns trusts are categorised as band 1.
10. The data published in May 2015 reports that the Countess of Chester Hospital NHS Foundation Trust, previously (December 2014) graded as Band 6, has now been moved down to Band 5. A summary of the risks was provided to the committee along with a detailed briefing on a new risk relating to a formal alert issued by the Care Quality Commission in January. The alert highlighted the Trust as an outlier for the number of women identified as having puerperal sepsis and other puerperal infections within 42 days of delivery. The Trust audited case notes to understand the alert and the findings of the audit along with an improvement plan were shared with the Care Quality Commission. In May the Care Quality Commission wrote to the Trust acknowledging the detailed audit findings and the Action Plan and closed the outlier alert.

ONE TO ONE MIDWIFERY SERVICE

11. One to One Midwifery Service received an unannounced Care Quality Commission visit in April 2015 and when the report is published the findings will be received at the quality improvement committee and any exceptions will be escalated to the governing body.

CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST

Liaison Psychiatry

12. The planning guidance *Forward view into action 2015/16* requires that commissioners agree service development and improvement plans with acute providers, setting out how providers will ensure there are adequate and

effective levels of liaison psychiatry services across acute settings. The guidance made clear the expectation that all acute trusts should by 2020 have in place effective models of liaison psychiatry (all ages, appropriate to the size, acuity and specialty of the hospital). The committee was advised that these plans are yet to be agreed but the programme assurance board is considering a business case and the committee has asked for an update on how this important requirement is progressing.

Care Quality Commission Announced Visit

13. The Care Quality Commission began their planned inspection of the physical and mental health services provided by the Trust on 22nd June 2015. At the request of the Care Quality Commission we provided information regarding the quality and safety of the services offered by the Trust. A number of unannounced visits to community settings are currently taking place. When the report is published the findings will be received at the quality improvement committee and any exceptions will be escalated to the governing body.

GP Out of Hours

14. The GP Out of Hours service reports against a range of nationally set quality requirements and the committee were notified that over a period of months the service has not met a number of targets in relation to time taken to assess urgent calls. The service have identified that this links to NHS 111 determining the urgency required and that this position should now improve as clinicians within the Out of Hours service have been given the ability to change the urgency level of a callers needs following a clinical review.
15. An end of year report is expected to be available for the next Quality and Performance meeting in July 2015 and the committee will be updated following receipt of this report.

PARTNERS4HEALTH

16. Following the external independent review of Partners4Health by Mersey Internal Audit Agency there is one action that remains in progress on the action plan. The review recommended that all the condition specific clinical pathways used by Hospital at Home should be reviewed.
17. Partners4Health have provided significant clinical resources to support this work, along with a GP lead and Medicines Management from the clinical commissioning group, and expertise from Countess of Chester Hospital NHS Foundation Trust's Pharmacy and Microbiology Departments. The Clinical Director for Urgent Care from the Trust is also engaged in the process.

18. The committee noted the importance of making this an iterative process and not a single exercise. It was agreed that the pathways should be reviewed annually from the date of ratification. Any new pathway would also follow the same process to ensure robust clinical governance arrangements remain in place.

WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST

19. NHS England Area Team in conjunction with Wirral Clinical Commissioning Group convened a Quality Surveillance Group in February 2015 to review a number of concerns highlighted by the Care Quality Commission. Subsequent to this meeting further concerns regarding infection prevention control and organisational culture were escalated to NHS England, who convened a further extraordinary Quality Surveillance Group meeting in March 2015. The Director of Quality and Safeguarding represented this clinical commissioning group at these forums. The detailed findings from these meetings were shared with the committee and in summary the outcome from these meetings is an agreed set of actions that Wirral Clinical Commissioning Group supported by the Director of Commissioning Operations from Cheshire and Merseyside Area Team NHS England will oversee.
20. In the latest publication by the Care Quality Commission of risk ratings of providers against compliance with the essential standards of quality and safety Wirral University Hospital NHS Foundation Trust, previously (December 2014) graded as band 6, has now been downgraded to band 1. The Care Quality Commission has categorised trusts into one of six summary bands, with band 1 representing highest risk and band 6 with the lowest. These bands have been assigned based on the proportion of indicators that have been identified as 'risk' or 'elevated risk' or if there are known serious concerns trusts are categorised as band 1. The committee received a summary of the elevated risks identified by the Care Quality Commission.
21. NHS England Area Team in conjunction with Wirral Clinical Commissioning Group are convening a follow up Quality Surveillance Group to review progress on actions previously agreed and the Director of Quality and Safeguarding will represent this clinical commissioning group at this forum. The committee will be provided with an update on progress and any exceptions.

MORECAMBE BAY INVESTIGATION REPORT

22. The committee reviewed the findings following an independent investigation by Dr Bill Kirkup into the management, delivery and outcomes of care provided by the maternity and neonatal services at the University Hospitals of Morecambe Bay NHS Foundation Trust between January 2004 and June 2013 were published in March 2015 [Morecambe Bay Investigation Report](#)
23. Although there are no specific recommendations for clinical commissioning groups within the report, there are a number of recommendations for the Morecambe Bay NHS Foundation Trust and the wider NHS which will have

implications for our provider organisations. Both One to One Midwifery and the Countess of Chester Hospital NHS Foundation Trust have provided assurance that they will review their services in line with recommendations and the responses will be reviewed with providers in the quality and performance meetings and any issues or exceptions will be escalated to the quality improvement committee. We have also considered the findings of the report in respect of our specifications for maternity services locally and will make appropriate adjustments to our service specifications and standard contracts to mitigate against any future risk.

NURSING HOMES

Willows Care Home

24. In December 2014 the Care Quality Commission published an inspection report on Willows Care Home that identified the need for improvements. The home developed an action plan in response to the findings of the Care Quality Commission inspection report. The governing body have previously been advised that following this report the Designated Nurse for Adult Safeguarding and Cheshire West and Chester Council have been contributing to the increased scrutiny of this home and they had reported progress in delivering improvements. In March 2015 the Care Quality Commission carried out an unannounced follow up visit and they published their findings in June.
25. The latest report found evidence of some improvements but note the overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by the Care Quality Commission. Services placed in special measures will be inspected again within six months. The Care Quality Commission note that the purpose of special measures is to:
 - Ensure that providers found to be providing inadequate care significantly improve
 - Provide a framework within which they can use their enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made
 - Provide a clear timeframe within which providers must improve the quality of care they provide or they will seek to take further action, for example cancel their registration
26. The Care Quality Commission report notes that their inspectors found compliance with the standards in the domain "caring" as good.
27. Cheshire West and Chester Council and NHS West Cheshire Clinical Commissioning Group continue to support the care home to ensure improvements are being sustained. The Countess of Chester Hospital NHS Foundation Trust will be supporting the learning and development of the staff by sharing educational resources and dementia specialist resources.

Atherton Lodge Nursing Home

28. In September 2014 the Care Quality Commission published an inspection report on Atherton Lodge that identified the need for improvements. Cheshire West and Chester Council and NHS West Cheshire Clinical commissioning Group have been monitoring the home to establish if the improvements required are being delivered in a consistent way that is sustainable. The voluntary suspension of admissions to the home has been lifted by the local authority, although strict admission criteria and phased admission remain in place. The Care Quality Commission has undertaken a further unannounced visit and the findings are not yet published

Crawfords Walk Nursing Home

29. The Care Quality Commission published the findings of their inspection visit in March 2015 in May 2015. The report identifies the need for improvements. The provider has submitted an action plan to the regulator to demonstrate how the improvements required will be achieved. The regulator has issued clear timescales for completion of the required actions for improvement. Cheshire West and Chester Council and NHS West Cheshire Clinical commissioning Group will monitor the implementation of the action plan. To date the regulator has not yet undertaken a return unannounced inspection.

QUALITY ACCOUNTS

30. Quality Accounts are annual reports to the public on the quality of the services that an NHS organisation delivers. By producing a quality account, each NHS provider, led by their board, is committing to improve the quality of services it delivers and inviting the public to hold them to that responsibility.
31. The regulations state that the provider must provide a copy of the draft relevant document to the commissioning organisation within 30 days beginning with 1st April following the end of the reporting period. We received the draft Quality Accounts from the Countess of Chester Hospital NHS Foundation Trust and from Cheshire and Wirral Partnership NHS Foundation Trust within the prescribed timescales.
32. The Director of Quality and Safeguarding formulated the 500 word responses to these Accounts in line with the regulations. The corroborative opinion that the commissioners offer will be published in the Quality Account and will cover issues that we are in a position to comment on. It is not therefore a signing-off of the Quality Account - that remains the responsibility of the provider. The Quality Accounts inclusive of commissioner's statements must be made public by 30th June 2015. The Quality Accounts inclusive of the commissioner responses are provided [here](#).

INFECTION CONTROL

Clostridium Difficile

33. The end of year position for clostridium difficile breaches (1st April 2014 – 31st March 2015) was 74 cases against a plan of 61. The number of hospital related cases was below the target. The number of community cases was higher than the target set and the Infection and Prevention Control team have investigated every case and are working with GPs and care homes to develop a standard protocol for the identification and treatment of clostridium difficile. The team are working proactively with post clostridium difficile patients for a least a month after the event to monitor for any relapses.

2014/15	Pre 48 Hour	Post 48 Hour	YTD	Target
MRSA	1	1	2	0
C.Diff	45	29	74	61

34. For 2015-16 the overall clostridium difficile breaches target for NHS West Cheshire Clinical Commissioning Group has been increased to a total of 78 with a decrease in post 48 hour breaches from 30 to 24 and an increase in pre 48 hour breaches from 31 to 54 to reflect the changing profile of the previous year.

Tuberculosis

35. A number of cases of tuberculosis have been recently identified across Cheshire in a community of migrant workers. This situation presents risk to the individuals where adequate treatment is not completed and a high risk for onward transmission or sustained outbreaks. A multi-agency group led by Public Health England is carrying out a desktop health needs assessment for this group and have planned an engagement event for members of this community.

PRIMARY CARE QUALITY

36. The GP lead for quality is providing practices with risk management training which includes effective reporting on the electronic incident reporting system.
37. Learning from incidents and complaints is being shared across primary care through a newly developed Clinical Learning Alerts system, with the initial alert issued to all practices during July 2015.
38. The outcomes based Primary Care Commissioning for Quality and Innovation Scheme, which aligns to the goals set for other local health providers, has now been launched. An update on progress will be provided to the quality improvement committee. Data packs for practices, clusters and the clinical

commissioning group have been produced to support the monitoring of progress and for benchmarking purposes.

CHILDREN'S SAFEGUARDING AND CHILDREN IN CARE

Care Quality Commission Review of Health Services for Children Looked After and Safeguarding

39. A formal review of the progress made to implement the recommendations contained in the Care Quality Commission Review of Health Services for Children Looked After and Safeguarding in Cheshire West and Chester Report published in February 2014 has concluded that the remaining actions are dependent on multi-agency working to complete. To ensure progress continues all outstanding actions will now be moved to the ownership of the appropriate Local Safeguarding Children Board sub-groups or other appropriate multi-agency meetings.

GPs and Child Protection Case Conferences

40. The Cheshire West and Chester Local Safeguarding Children Board have requested that the attendance and submission of reports by GPs to initial and review child protection case conferences now becomes part of the quarterly multi-agency dataset. This has now been implemented and is submitted by the Designated Nurse Safeguarding Children.
41. Table 1 demonstrates activity over the last year in West Cheshire. Attendance at initial child protection case conferences has consistently met the expected standard of 25% throughout the year and in quarter 4 achieved 67% of initial child protection case conferences with a GP present. Submission of reports for initial child protection case conferences is not yet consistently meeting the expected standard of 75% and at quarter 4 is 67%. Submission of reports for review child protection case conferences has not met the required standard of 75% at any time during the last 4 quarters.

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

	% of Initial Child Protection Case Conferences with GP attending	% of Initial Child Protection Case Conferences with report submitted	% of Review Child Protection Case Conferences with report submitted
Quarter 1 2014 / 15	43% (15 out of 35 conferences)	86% (30 out of 35 conferences)	68% (23 out of 34 conferences)
Quarter 2 2014 / 15	48% (10 out of 21 conferences)	62% (13 out of 21 conferences)	58% (29 out of 50 conferences)

	% of Initial Child Protection Case Conferences with GP attending	% of Initial Child Protection Case Conferences with report submitted	% of Review Child Protection Case Conferences with report submitted
Quarter 3 2014 / 15	48% (10 out of 21 conferences)	86% (18 out of 21 conferences)	46% (16 out of 35 conferences)
Quarter 4 2014 / 15	67% (12 out of 18 conferences)	67% (12 out of 18 conferences)	54% (28 out of 52 conferences)

42. The importance of sharing the information with practices to ensure it is accurate and to identify the reasons for non-attendance and importantly non submission of reports was discussed by the committee and it was agreed that the Primary Care Team would support this ongoing work. This will allow for a clearer understanding of the challenges and successful work in each practice.
43. The request by GPs for the use of information technology facilities (teleconferencing / SKYPE / videoconferencing) to join case conferences is being considered across the West Cheshire and Vale Royal Clinical Commissioning Group areas.

Serious Case Reviews

44. Cheshire West and Chester Local Safeguarding Children Board have commissioned two Serious Case Reviews. One review has now been completed and involved a child who sustained a serious injury. The report was presented to the Local Safeguarding Children Board by the Independent Author in June 2015. Following sign off by the Board and submission of the report to the Serious Case Review National Panel it will be published on the Local Safeguarding Children Board website. A full update will be provided at the next quality improvement committee.
45. The second Serious Case Review was commissioned following the death of a young person. The Local Safeguarding Children Board has appointed an Independent Author. The review has commenced and interviews are scheduled to take place with the practitioners involved during June 2015. The final report is expected to be completed in September 2015. The committee will be kept informed of the progress and learning from the review.

RECOMMENDATIONS

46. 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

July 2015

GOVERNING BODY REPORT

1. **Date of Governing Body Meeting:** 16th July 2015
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 July 2015. The key items for the governing body to note are:

 - A value proposition for the implementation of the Multispecialty Community Provider in West Cheshire has been submitted in line with the end of June deadline, requesting £6.6million each year for the next three years.
 - Work is ongoing to develop the governance for the Transformation and Stabilisation programmes with the introduction of the system-wide Transformation and Stabilisation Committees, reporting into the System Leadership Group.
 - GP direct access to the children's ambulatory care service will commence on 13th July 2015.
 - Funding to support the direct access physiotherapy service will form part of wider contract discussions with Cheshire & Wirral Partnership Trust
 - Implementation of the seven day service for end of life will go ahead whilst discussions regarding funding continue.
 - It is planned to use approximately £4 million of non-recurrent funding to support the delivery of financial duties. After two months, more than £1.7 million of non-recurrent funding was required to deliver the in-year control total. This is clearly not a sustainable position. In addition, £2.7 million of the savings target is yet to be assigned to a programme.
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
- July 2015

**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 July 2015.

COMMISSIONING DELIVERY COMMITTEE MEETING 14th MAY 2015

2. Details of the key issues discussed are provided in the following paragraphs.

DELIVERY AND PERFORMANCE REPORT

DELIVERY

Transformation and Stabilisation

3. It was noted at the committee that since the performance and delivery paper has been written, the Value Proposition has been submitted (in line with the end of June deadline) asking for approximately £6.6million per year for the next three years. NHS England's Investment Committee is meeting next week (w/c 6th July 2015) to assess the submitted value propositions. It is unclear at this stage whether we will be required to submit further information, however it was noted that the value proposition is strong on the detail of what we are trying to deliver but relatively weak on describing the impact. The modelling work to date is developmental based on historic information however there are plans to utilise the Simul8 modelling tool (developed as part the Year of Care national programme) to improve local modelling on long term conditions as well as seeking external expertise through the New Care Models team.
4. It was noted that many staff in the clinical commissioning group and partner organisations had helped to ensure the very short deadline for submission of the value proposition was met.
5. There is an opportunity for new care model sites to be part of the value proposition assessment process and West Cheshire have volunteered as it was felt this may provide an opportunity for further learning .
6. The evolving governance for the transformation and stabilisation work streams through the introduction of the transformation and stabilisation committees was noted. Membership of these groups is key to organisational ownership however there is a risk that key people will be attending multiple meetings. There will be further discussion on this at the Systems Leadership Group next week (w/c 6th July). A governance map is being prepared for this

meeting. Discussion regarding wider clinical commissioning group engagement in the proposed changes identified the need for lay members to be involved in the establishment of these new committees particularly to review the impact on governing body sub-committees. There is no proposed change to the scheme of delegation at this stage.

Starting Well

7. Following escalation of the concern that the GP direct access to the children's ambulatory care service was yet to commence, a service commencement date of 13th July has now been confirmed by the Trust.

Primary Care

8. Concern regarding the data sharing agreements that will be imperative to the delivery of the Extended Hours service will be picked up by the senior management team, as there are a number of other data sharing agreement concerns currently.
9. The future financial sustainability of the direct access physiotherapy service was noted as a concern due to the limited non-recurrent funding available in this financial year. It was agreed that this needs to be part of a wider discussion with Cheshire and Wirral Partnership NHS Foundation Trust.

Ageing Well and End of Life

10. It has been agreed that Cheshire and Wirral Partnership NHS Foundation Trust can go ahead with the implementation of the seven day service, while further discussion regarding the cost of provision, over and above that agreed within the business case, takes place.
11. It was noted that the evaluation of the Keeping Well programme is imminent which will support the determination of ongoing commitment to this work in reducing excess winter deaths.

PERFORMANCE

Diagnostic Tests Waiting no more than 6 Weeks

12. Performance has seen a significant drop in April and continues to breach the 99% tolerance with 95.30% being reported this month. This is due to a combination of an increase in workload throughout recent months, especially across the echocardiography service; workforce pressures from continued recruitment and retention issues; and equipment as a result of fault and failure. The Countess of Chester Hospital NHS Foundation Trust is working to resolve the issues and is expecting an improvement in performance in May.

Accident & Emergency Performance and the implementation of Discharge to Assess

13. Performance for the Accident and Emergency 4 hour waiting time target at the Countess of Chester Hospital NHS Foundation Trust was not achieved for April with 92.24% of patients being seen within the 95% standard.
14. The implementation of the Discharge to Assess model is crucial to the achievement of Accident and Emergency performance on a consistent basis. The health system supports the role of the Countess of Chester Hospital NHS Foundation Trust as the lead provider.
15. A number of issues were considered at the committee which are part of the final agreement with the Trust, in their role as the lead for implementing the Discharge to Assess care model. They are:
 - a. The planning assumptions, and associated savings, should be based on the total bed numbers with further work to assess the impact across the individual care categories to be undertaken as the flow of patients through the system is improved.
 - b. A Performance Management Framework will be developed by the clinical commissioning group, which will include critical measures that will challenge the demand, capacity and finance model assumptions.
 - c. The governance for the project will be part of the committee structure established for Stabilisation and Turnaround.
 - d. Any hospital efficiencies remain with the Countess of Chester Hospital NHS Foundation Trust, whilst efficiencies 'out of hospital' remain with the commissioners. The community cost pressures will be split 50 / 50 between the hospital and commissioners.
 - e. It was agreed to review the current commitments against the Reablement Budget.
 - f. The issue of funding arrangements for patients waiting longer than the average length of stay of 21 days has to be included in the Annual Investment and Efficiency Plan.
 - g. Any set up costs have to be funded from the Winter Monies.
16. Further details of performance against plan, to 30th April 2015, are available [here](#).

FINANCIAL PERFORMANCE TO THE END OF MAY 2015

17. The committee received an update on financial performance to the end of May 2015 and an early indication of the likely financial position at the end of quarter 1. The key points noted were as follows:

- a. The 2015/16 annual budget plans for a year-end surplus of £3.277 million (1%). However, this is predicated on the delivery of a challenging efficiency target of £9.5 million.
- b. At the end of May 2015 there is a reported underspend of £545,000; equating to 2 months of the planned year-end surplus. This position has been reported to NHS England.
- c. The plan to deliver the efficiency target remains at a high level and can be summarised as follows:

Service area	Description	£000
Secondary care contracts	Limit activity growth to 1.5%	(-)1,150
Continuing healthcare	Mitigate costs of CHC growth	(-)500
Prescribing	Mitigate growth to 2%	(-)800
Running costs	Additional reductions in spend	(-)500
Non-recurrent allocation	Charge exempt overseas visitors	(-)1,370
Non-recurrent funding	Governing body agreed not to invest	(-)2,500
Unallocated	tbc	(-)2,679
Total		(-)9,500

- d. It is, therefore, planned to use approximately £4 million of non-recurrent funding to support the delivery of financial duties. After two months in over £1.7 million of non-recurrent mitigation was required to deliver the in-year control total. This is clearly not a sustainable position. In addition, £2.7 million of the savings target is yet to be assigned to a programme.
- e. The savings targets for secondary care, complex care and prescribing will be delivered within the stabilisation programme.
- f. Work is underway to agree further details to underpin this plan; in particular, in relation to intermediate and elective care. However, early indications are that the £9.5 million efficiency target will not be delivered in full by March 2016.
- g. The governing body has previously agreed to review the financial plan at the end of quarter 1. A detailed discussion will, therefore, be held during August to agree how the 2015/16 position will be reported to NHS England. The quality of local efficiency plans is a key factor within

this discussion. A further update will be provided to the governing body in September 2016.

Continuing Healthcare, Funded Nursing Care and complex Care Programme Update

18. The committee received the regular monthly update from this programme. The following issues were discussed in detail:
- a. **Backlog recovery plan**; at the end of June 2015 the number of outstanding case reviews was 438. Progress is steady although not as fast as previously expected due to staff sickness and other professional issues. The committee were informed that progress was expected to improve due to the action plan that had recently been agreed with the complex care team.
 - b. **Previously unassessed periods of care**; progress against these cases has been extremely poor. New trajectories have been published by NHs England and an action plan has been agreed with North West Commissioning Support unit to plan to assess all restitution cases by September 2016.
 - c. In June 2015, clinical commissioning group accountable officers received communication from NHS England outlining the expectation that cases of patients who were alive would be urgently prioritised. The committee were informed that there were 19 such cases in West Cheshire and that these were now being prioritised.
 - d. A **serious process issue** in respect of the use of incorrect documentation was recently uncovered within the continuing healthcare service. NHS England is involved in supporting an external incident investigation. Communication from all relevant providers would indicate that this is not an issue in West Cheshire. A further update on this issue will be provided at the next committee meeting.

RECOMMENDATIONS

19. 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

July 2015

GOVERNING BODY REPORT

1. **Date of Governing Body Meeting:** 16th July 2015

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 confirmed summary of the quarter 3 assurance meeting with NHS England on 15th April 2015 and an overview of the quarter 4 assurance meeting held on 25th June 2015.
 - An update on the NHS England Vanguard bid.
 - Healthwatch Cheshire Annual Report 2014/15.
 - An update on recruitment to Governing Body positions.
 - The 2015/16 Governing Body Assurance Framework
 - High level meetings and events attended by the Chief Executive Officer.

4. **Recommendations**

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

5. **Report Prepared By:** Clare Dooley
Head of Corporate Governance
July 2015

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 3 ASSURANCE MEETING WITH NHS ENGLAND

2. We have now received the quarter 3 assurance meeting letter from NHS England from our meeting on 15th April 2015. The overall 2014-15 Quarter 3 clinical commissioning group assurance assessment is "Assured".
3. NHS England congratulated the clinical commissioning group on our successful bids for Vanguard and the Prime Minister's Challenge Fund noting that the quality of our bids was excellent and best practice for other clinical commissioning groups to learn from.
4. Outlined below is a summary of the main issues covered at the meeting and highlights any areas that the clinical commissioning group has agreed to focus on during the coming months.

Planning

5. There is a need for all clinical commissioning groups to ensure that the 2015/16 plans are realistic, credible and deliverable. To ensure that the clinical commissioning group is able to comply with the financial requirements of the business rules. NHS England recognise that the planning process has not been straight forward although are expecting that the hard work the team have put in will reflect in our clinical commissioning group plan.

Quality

Healthcare Acquired Infection

6. Whilst the performance against Methicillin-resistant Staphylococcus aureus (MRSA) has been good, there are issues in relation to the performance against the Clostridium Difficile ceiling. NHS England were pleased to see the clinical commissioning group has a very proactive approach to the management of healthcare acquired infection and is seeking to address the issues across the community not just within the acute sector. Discussions on the effectiveness of this approach is anticipated at future assurance meetings.

Stroke Services

7. It was noted that the Countess of Chester Hospital NHS Foundation Trust has appointed a Stroke Coordinator and that the clinical commissioning group was now assured, except for out of hours cover. The Medical Director for NHS England (Cheshire and Merseyside) will be discussing this further with the clinical commissioning group.

Accident and Emergency 4 hour Standard

8. Unfortunately, despite the significant amount of work undertaken by the system resilience group, the local acute healthcare system did not achieve the Accident and Emergency 4 Hour NHS Constitution standard in quarter 3, quarter 4, or for the year. There is an expectation that the local healthcare system will achieve the Standard in 2015/16, which is why the tranche 1 of the system resilience group funding has been included in the clinical commissioning group baseline to assist with this.
9. The west Cheshire economy was the subject of 2 local escalation meetings and although the performance has not yet fully recovered, it was positive to see that there has been an improvement in the numbers of patients both medically optimised and delayed transfers of care.
10. It was noted that the clinical commissioning group is actively monitoring the quality of care patients received in Accident and Emergency especially as the standard was not achieved.

Referral To Treatment Waiting Times:

11. The clinical commissioning group and the local provider both achieved the NHS Constitution Standard in Quarter 3.

Other NHS Constitution Standards:

12. It was noted in the delivery dashboard that the clinical commissioning group had not achieved the cancer standards in quarter 3 for:
 - 2 week Wait (breast cancer);
 - 31 Day Wait (surgery);
 - 62 Day Wait following urgent referral.
13. NHS England were encouraged that the clinical commissioning group investigates each breach of the standards. It is especially important to review the breaches attributable to “patient choice” to ensure that these are not access issues. While the number of patients is relatively small, the clinical commissioning group is not complacent and is looking to achieve the standards.

Transforming Care:

- 14. It was noted that the clinical commissioning group is on target to deliver its requirements by March 2015. NHS England were congratulatory about the clinical commissioning group becoming a pilot for the integrated commissioning of Learning Disability Services.

Parity of Esteem:

- 15. The clinical commissioning group is unlikely to achieve the dementia and improving access to psychological therapies targets for the year.

Primary Care Commissioning:

- 16. The clinical commissioning group have currently paused their arrangements for the co- commissioning of primary care but hope to progress in quarter 2 of 2015/2016.

Continuing Health Care (Residual Cases)

- 17. The issues regarding the North West Commissioning Support Unit and the failure to deliver to target were noted. Given the profile of this issue the NHS England Nursing Directorate will facilitate a common approach across the whole of Cheshire and Merseyside and will raise it with the commissioning support unit transitional board.
- 18. A summary of the provisional quarter 3 domain assessments is provided in the table below:

Domain		Provisional Assurance Assessment
1	Are patients receiving clinically commissioned, high quality services?	Assured
2	Are patients and the public actively engaged and involved?	Assured
3	Are CCG plans delivering better outcomes for patients?	Assured with Support
4	Does the CCG have robust governance arrangements?	Assured
5	Is the CCG working in partnership with others?	Assured
6	Does the CCG have strong and robust leadership?	Assured

QUARTER 4 ASSURANCE MEETING WITH NHS ENGLAND

19. The quarter 4 assurance meeting with NHS England took place on 25th June 2015. The confirmed outcome of this meeting is anticipated for reporting to the next formal governing body meeting in September 2015. In summary, the meeting focussed on:
- Quality issues
 - Transforming care
 - Personalised health care budgets
 - Planning assurance – operational plan and Better Care Fund update
 - Parity of esteem
 - Delivery and performance targets
 - Continuing health care services
 - Sustainability
 - A reflection of 2014/15 and forward look into 2015/16.
 - Strategic plan and 5 Year Forward View
 - A review of clinical commissioning group's 360° stakeholder feedback
 - Primary care delegated commissioning

NHS ENGLAND VANGUARD BID

20. The clinical commissioning group submitted the Vanguard value proposition document to NHS England on 30th June 2015 to assess the anticipated impact and quantifiable benefits of the Multispecialty Community Provider model of care on the West Cheshire healthcare system. The analysis includes the review of planning expectations had we continued as planned, against the impact of accelerating the pace of achieving our vision as well as increasing both scale and ambition (particularly increasing the focus on prevention) of the Multispecialty Community Provider model of care.
21. The NHS England Investment Committee met to consider all value propositions on 7th July and a formal response is anticipated during the week commencing 13th July.
22. Clarity on the financial allocation for Vanguard is required in order to agree how resources are allocated against each aspect of work. The process of allocating resources, by a central panel has raised concern and this issue will be escalated for further clarification. The West Cheshire Strategic Leadership Group has agreed that regardless of the resource allocation from NHS England the local health system requires a continued collaborative approach to recalibrate a whole system savings plan for the next three years. All work streams are to provide oversight of delivery, for both the design of new models of care and in terms of challenges of continuing with services which are not affordable.

23. A proposed governance structure and membership of the reporting groups across transformation and stabilisation was agreed by the West Cheshire Strategic Leadership Group on 8th July. The first stabilisation and transformation committee meetings have taken place and the first multispecialty community provider programme board meeting is scheduled for 15th July.

HEALTHWATCH CHESHIRE ANNUAL REPORT 2014/15

24. We have received a copy of the Healthwatch Cheshire Annual Report for 2014/15. To view this report please [click here](#).

GOVERNING BODY POSITIONS

25. Recruitment is now underway for the governing body Hospital Doctor and Nurse Lead positions. The interviews for these positions will take place on 22nd July 2015. It is anticipated that the successful candidates will be in post for the September governing body meeting.
26. Following the resignation of Dr Claire Westmoreland as the City Network Chair/governing body member an election process across the City Network took place on 9th July 2015 and the new Chair, Dr Annabel Jones, was elected. Dr Kevin Guinan was also elected as vice chair.
27. A recruitment process is underway to appoint to the Director of Operations post and Philippa Robinson, an interim consultant, is currently undertaking this role on an interim basis for the next 3 months. Interviews for the substantive appointment will take place on 7th September 2015.
28. As there have been a number of changes on the governing body, it is proposed to undertake a governing body development session, with external facilitation, at the October or December informal governing body meeting.

GOVERNING BODY ASSURANCE FRAMEWORK 2015/16

29. As previously set out in the audit committee report to the governing body risk management and assurance framework process for the clinical commissioning group has been modified to ensure that oversight of risks is scrutinised via our committee structure.
30. The 2015/16 governing body will be finalised and scored by risk owners by the end of July and shared with governing body members in August for comments and discussion. The final 2015/16 governing body assurance framework will be provided to the September formal governing body meeting for approval and ratification.

HIGH LEVEL MEETINGS AND EVENTS ATTENDED BY CHIEF EXECUTIVE OFFICER

31. Provided below is a list of high level meetings and events attended by the Chief Executive Officer:
- Informal Health and Wellbeing Board, at Cheshire West and Chester Council on 17th June 2015. Each partner provided a briefing or overview of key projects/initiatives/areas of progress from their organisation.
 - Strategic Crisis Management at the Britannia Daresbury Hotel on 23rd June 2015. This event provided training on incident management and leadership in a crisis.
 - Presented on the west Cheshire Way at the Cheshire and Warrington Leaders Board, Sub-Regional Annual Conference 2015 at Birchwood Park on 26th June 2015. This meeting was to bring together key stakeholders from around the sub-region to review the current challenges and opportunities in relation to public service transformation and the wider post election landscape.
 - The Multispecialty Care Provider Leadership Support Network Event in London on 1st July 2015. This event was to facilitate views from the Vanguard bidders to the New Care Model's team on their experience of working as a Vanguard, including discussion on how the New Care Models team could be provide opportunities and potential solutions on overall direction of the New Care Model's programme.
 - Cheshire Pioneer Panel at the Drummer, Winsford on 8th July 2015. The meeting considered Cheshire Fire and Rescue Safe and Well Visits Proposal, the Pioneer Support Plan for 2015/16 and opportunities for Cheshire Pioneer, behavioural change training and North West Employers on-site study sessions.

RECOMMENDATION

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

Alison Lee
Chief Executive Officer
July 2015

GOVERNING BODY REPORT

DATE OF GOVERNING BODY MEETING:	16 th July 2015
TITLE OF REPORT:	Clinical Commissioning Group Policies and Governance Documents
KEY MESSAGES:	This report provides three clinical commissioning group policies / governance documents for governing body ratification.
RECOMMENDATIONS:	The governing body is asked to approve / ratify the policies/governance documents.
REPORT PREPARED BY:	Clare Jones Governing Body and Committees Coordinator

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

CLINICAL COMMISSIONING GROUP POLICIES AND GOVERNANCE DOCUMENTS

INTRODUCTION

1. Three clinical commissioning group policies/governance documents are provided to the governing body for approval/ratification.

POLCIES AND GOVERNANCE DOCUMENTS

2. 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. Provided below is a list of the policies/governance documents for ratification. A hyperlink to each document is provided and the table summarises the oversight (i.e. which sub-committee has scrutinised the reports) for each, along with details of when each document has been previously considered by the governing body. Also included are the name and contact details for the lead officer from the clinical commissioning group for each policy.

No	Document	Oversight	Previous Governing Body Ratification Date	Lead Officer
1.	NHS West Cheshire Clinical Commissioning Group Constitution	Membership Council	January 2015	Alison Lee Chief Executive Officer 01244 385105 alisonlee2@nhs.net
2.	Conflict of Interest Policy	Audit Committee	April 2013	Gareth James Chief finance Officer 01244 385259 garethjames@nhs.net
3.	Safeguarding Adults Policy	Quality Improvement Committee	May 2014	Paula Wedd Director of Quality and Safeguarding 01244 385272 paula.wedd@nhs.net

RECOMMENDATION

3. The governing body is asked to approve/ratify the three policies / governance documents provided.

Gareth James
Chief Finance Officer
July 2015

- 1. Date of Governing Body Meeting:** 16th July 2015
- 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:** Clare Jones
Governing Body and Committees Coordinator

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

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 this report is to highlight some of the key issues raised and actions undertaken by the different sub-committees. Where available, approved meeting minutes are available via the hyperlink beside each meeting title.

GP LOCALITY NETWORKS

Chester City Locality GP Network – [minutes](#)

3. Major issues and actions from the April 2015 meeting included:
 - Tony Chambers and Ian Harvey from the Countess of Chester attended the meeting to discuss further referrals required from GP's which could possibly be done within clinics. Tony and Ian to attend meetings on a more regular basis.
 - Eye Care Service – Mediscan have been awarded a 3 year tender for the delivery of a triage and intermediate eye health service.
 - Frailty and the Primary Care Incentive Scheme – a useful document in identifying frailty for the commissioning for quality and innovation incentive scheme.
 - West Cheshire Clinical Commissioning Prime Minister's Challenge fund bid of almost £3.8 million has been approved. The bid is centred around four projects:
 - *Excellence in "In Hours Access"*
 - *Excellence in "Extended access"*
 - *Excellence in Care for Vulnerable Older People*
 - *Excellence in Care for People with Long Term Conditions.*
 - We have also made a successful application to NHS England to become a "multi-specialty community provider" which will support changes in general practice and the whole health economy. The money is available for 12 months and will give us the opportunity to decide what is working, what is not working and how to make sustainable change.

4. Major issues and actions from the June 2015 meeting included:
- The Chair of Chester City GP Locality Network, Dr Claire Westmoreland, read a statement to the Network. The Chair then left the meeting and Tony Bland assumed the role of Vice Chair for the remainder of the Network meeting.
 - Intermediate Eye Health Service – the network was updated on the recently awarded Intermediate Eye Health Service contract and a presentation was received from representatives of Mediscan, a community Ophthalmology service.
 - Prime Minister’s Challenge Fund (PMCF) Update - An update was provided regarding the IT element of Prime Minister’s Challenge fund and the following points and benefits were highlighted:
 - Agile working allowing GPs and practice staff improved access to electronic information
 - A platform will allow some of the federated working currently being discussed
 - Data saved centrally on to a central server will improve resilience and it will help with any technical issues and efficiencies
 - The CCG has now appointed all PMCF Project Managers and a Band 6 Locality Support Manager is being recruited to backfill on a 9 month secondment
 - Future of GP Network meetings – Feedback from Membership Council – Practices were invited to voice their individual thoughts around the proposed meeting structure. The majority of practices, as individual businesses, had a consensus that clustering isn’t far enough along to support the change in the meeting structure and whilst clustering was in its infancy the Network meeting is a vital forum to share information. It was then agreed to continue with the current Network structure with a proposal to split them into 2 halves with a representative from Primary Care Cheshire attending each meeting with the use of Membership Council agenda for Cluster Lead updates.

Rural Locality GP Network – [minutes](#)

5. Major issues and actions from the April 2015 meeting included:
- Drug & Alcohol Services – A presentation was received from Turning Point around the implementation of integrated substance misuse.
 - Intermediate Eye Health Service – The 3 year tender of the Intermediate Eye Health Service has been awarded to Mediscan and the Provider will establish sites in each of the 3 GP Networks.
 - Prime Minister’s Challenge Fund – Primary Care Cheshire (PCC) and West Cheshire CCG have been successful in bidding for £3.7m of funding from the Prime Minister’s Challenge Fund. Further information about what this will mean for practices will be made clear in the coming weeks.
 - Cluster Working – Colleagues from the M56 Cluster of practices (Helsby, Frodsham & The Knoll) shared and presented their experience of cluster-based working to date.
 - DNACPR feedback – the Rural Network agreed nurses can sign DNACPR forms if they are comfortable to do so.

6. Major issues and actions from the May 2015 meeting included:
- Intermediate Eye Health Service – the Network was updated on the recently awarded Intermediate Eye Health Service contract and the following presentation was received from representatives of Mediscan, a Community Ophthalmology Service:
 - Community Conversation – Empowering Patients – the Rural Network noted all 3 Networks are moving towards aligning their message to NHS England’s 5 Year Forward Plan, engaging patient populations and empowering patients in a logical, simple fashion for them to understand clearly what’s involved in their health care.
 - PMCF & Vanguard Update (including an update on the IT element of PMCF) – the CCG provided a verbal update on the PMCF and Vanguard funding

Ellesmere Port and Neston Locality GP Network – [minutes](#)

7. Major issues and actions from the April meeting included:
- Prime Minister’s Challenge Fund - Primary Care Cheshire has successfully bid for £3.7m non-recurrent funding to enhance and support changes within Primary Care across the area during the next 12 months.
 - Cluster Based Working – Discussion/Workshop - Initial ‘Cluster’ meetings are being initiated across the area with presentations from the M56 Cluster to share their good practice to date.
8. Major issues and actions from the May meeting included:
- Contractual Clarity with CoCH & SpaMedica - The Network noted the CCG proposed to include a penalty within the Countess of Chester (CoCH) Contract as part of the Contract’s quality indicators. The CCG asked practices to DATIX all examples of ‘none sick note’ episodes , patients discharged without medicines, referrals by the hospital for GPs to interpret radiology tests, discharge of patients for 1 DNR and any other area of concern, to keep the CCG informed.
The Network noted SpaMedica have a contract with Manchester CCG and it can operate anywhere within the Wirral, Manchester and Cheshire i.e. any Optometrist in these areas can refer to SpaMedica.
 - Intermediate Eye Health Service - The Network was updated on the recently awarded Intermediate Eye Health Service contract and a presentation was received from representatives of Mediscan, a Community Ophthalmology Service.
 - Community Conversation – Empowering Patients - The CCG highlighted the need to align its message to the public with NHS England’s 5 Year Forward View, to engage and empower patients within the local populations. Public engagement, involves listening to patients and also the transfer of power to patients regarding outcomes. Self care will be more important in order to bridge funding gaps in the current model of care. Self-care forms a large part of the PMCF bid.
The Vanguard bid represents good work by the CCG to address the 5 year plan. More work is needed, particularly with regard to working

more closely with the Council, Voluntary sector to create good social capital.

It is expected that the Vanguard money will support change management, which the CCG recognises is a long process.

There are no details regarding the amount of money that could be received as the bid process requires a costing exercise to be conducted in the next stages. A visit from NHS England is due on 11/12 May.

The Chair (JP) highlighted NHS England's 5 Year Forward View document, pages 12 – 15, focus on requirements needed to achieve the changes in Primary Care.

The Network noted that not all patients will want to 'self-manage' their conditions. The CCG noted that the PMCF fund offered a range of solutions for self-care which may be more suitable to one practice than another.

- PMCF & Vanguard Update (including an update on the IT element of PMCF) – the CCG provided a verbal update on the PMCF and Vanguard funding

CLINICAL SENATE – [minutes](#)

9. An update of the May 2015 meeting is contained within the Clinical Senate report.

QUALITY IMPROVEMENT COMMITTEE - [minutes](#)

10. An update of the June 2015 meeting is contained within the quality improvement report. The minutes from this meeting will be available for the September 2015 meeting.

COMMISSIONING DELIVERY COMMITTEE - [minutes](#)

11. An update of the July 2015 committee meeting is contained within the commissioning delivery committee report. The minutes from this meeting will be available for the September 2015 meeting.

RECOMMENDATION

12. The governing body is requested to receive and note any significant issues arising from, and the minutes of, the sub-committees.