

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

AGENDA

Formal Governing Body Meeting to be held in Public on Thursday 22nd March 2018, at 9.00a.m. in 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 Chris Ritchieson <i>GP Chair</i>
	9.15	Chairs Opening Remarks	I	Dr Chris Ritchieson <i>GP Chair</i>
A	9.20	Apologies for absence	-	Dr Chris Ritchieson <i>GP Chair</i>
B	9.20	Declarations of interests in agenda items	-	Dr Chris Ritchieson <i>GP Chair</i>
C	9.20	Minutes of last meeting held on 18 th January 2018	DR  IC DRAFT Govern Body Minutes March	Dr Chris Ritchieson <i>GP Chair</i>
D	9.25	Matters arising/actions from previous Governing Body meetings	D  ID WCCCGGB GE Actions Log March	Dr Chris Ritchieson <i>GP Chair</i>
WCCCGGB/18/03/14	9.30	GP Network Chairs Update	D Verbal	Dr Steve Pomfret <i>Chair - Rural Network</i> Dr Annabel Jones <i>Chair – City Network</i> Dr Jeremy Perkins <i>Chair – Ellesmere Port & Neston Network</i>
WCCCGGB/18/03/15	9.45	Chief Executive Officer's Business Report	D  WCCCGGB-18-03- Chief Officer's Bus	Alison Lee <i>Chief Executive Officer</i>
WCCCGGB/18/03/16	9.55	Update on Clinical Commissioning Group Constitutional and Scheme of Reservation and Delegation Changes	D  WCCCGGB-18-03- Update on change	Dr Chris Ritchieson <i>GP Chair</i>

Item	Time	Agenda Item	Action	Presenter
WCCCGGB/18/03/17	10.05	Integrated Care Partnership Update	DR  WCCCGGB-18-03- Integrated Care P	Alison Lee <i>Chief Executive Officer</i>
WCCCGGB/18/03/18	10.15	Finance, Performance and Commissioning Committee Report	DR  WCCCGGB-18-03- Finance Performan	Gareth James <i>Chief Finance Officer</i> Laura Marsh <i>Director of Commissioning</i>
WCCCGGB/18/03/19	10.45	2018/19 Financial Budget	DR  WCCCGGB-18-03- 2018-19 Financial	Gareth James <i>Chief Finance Officer</i>
BREAK	10.55			
WCCCGGB/18/03/20	11.05	Quality Improvement Committee Report	D  WCCCGGB-18-03- Quality Improvem	Paula Wedd <i>Director of Quality and Safeguarding</i>
WCCCGGB/18/03/21	11.20	Primary Care Commissioning Committee Report	D  WCCCGGB-18-03- Primary Care Com	Laura Marsh <i>Director of Commissioning</i>
WCCCGGB/18/03/22	11.35	Clinical Commissioning Group Policies and Governance Documents	DR  WCCCGGB-18-03- Policies and Govern	Gareth James <i>Chief Finance Officer</i>
WCCCGGB/18/03/23	11.40	Governing Body Assurance Framework	DR  WCCCGGB-18-03- Governing Body As	Gareth James <i>Chief Finance Officer</i>
CONSENT ITEMS				
WCCCGGB/18/03/24	11.50	Clinical Commissioning Group Sub-Committee Minutes	I  WCCCGGB-18-03- Minutes of Govern	Gareth James <i>Chief Finance Officer</i>
WCCCGGB/18/03/25	11.55	Any Other Business (to be notified to the Chair in advance)	D	All

Item	Time	Agenda Item	Action	Presenter
Date and time of next formal Governing Body meeting – Thursday 17th May 2018, at 9.00am in Rooms A & B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1UL				

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 18th January 2018, 9.00 a.m.
Rooms A&B, 1829 Building, Countess of Chester Health Park,
Liverpool Road, Chester, CH2 1HJ**

PRESENT**Voting Members:**

Dr Chris Ritchieson	Chair
Ms Alison Lee	Chief Executive Officer
Ms Chris Hannah	Lay Member
Dr Andy McAlavey	Medical Director
Mr Gareth James	Chief Finance Officer
Dr Annabel Jones	GP representative – Chester City
Dr Jeremy Perkins	GP representative – Ellesmere Port and Neston Locality
Dr Steve Pomfret	GP representative – Rural Locality
Ms Laura Marsh	Director of Commissioning
Mrs Paula Wedd	Director of Quality and Safeguarding

In attendance:

Ms Debbie Bryce	Head of Governance
Ms Christine France	Governing Body and Committees Coordinator

18/01	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, although the first 15 minutes of the agenda are set aside for questions from members of the public. Hard copies 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>No questions were received from the public.</p>	
	CHAIR'S OPENING REMARKS	
	<p>CR formally welcomed Sheila Hillhouse, to her first in public Governing Body meeting as nurse representative. He also outlined that there was still a vacancy for the secondary care doctor role and this would be re-advertised having not previously received any expressions of interest.</p>	

18/01	AGENDA ITEM	Action
	<p>CR advised that the Clinical Commissioning group met in private on 21st December, 2017, and considered feedback from NHS England on the constitution variation that was approved in September, 2017, by Membership Council to establish the Joint Commissioning Committee and remove the scheme of reservation and delegation as an appendix from the constitution to be a standalone document. The Clinical Commissioning Group have now considered the decision of the Governing Body that we wish to maintain the scheme of reservation and delegation as a separate document and have provided some additional information references to the scheme of reservation and delegation within the constitution, as recommended by NHS England. The final approval letter for the change to the constitution is awaited from NHS England.</p> <p>CR acknowledged pressures on health services across the system and referenced the winter planning meeting attended previously which clearly stated that A&E performance and managing the challenge over winter should be a board level issue. He thanked the Governing Body for their work on maintaining performance to date, including examples of the Medical Director supporting the hospital to discharge patients and the Chief Executive working to remove barriers between organisations to support discharge of some of the longest staying patients in hospital.</p> <p>CR reminded the Governing Body about the busy nature of the agenda for today's meeting and the importance of being concise but ensuring, as always, that appropriate and thorough scrutiny was applied to all items.</p>	
A	APOLOGIES FOR ABSENCE	
	Apologies were received from Pam Smith, Kieran Timmins and Ian Ashworth.	
B	DECLARATIONS OF MEMBER'S INTERESTS	
	Drs Chris Ritchieson, Andy McAlavey, Annabel Jones, Steve Pomfret and Jeremy Perkins declared an interest, as GPs, in agenda item WCCCGGB/18/01/04, full delegation of primary care commissioning. A decision was made that these GPs will be excluded from taking part in making a decision for this item, although they can contribute to discussions, and that the Vice Chair, as a Lay Member will chair this section of the meeting.	
C	MINUTES OF FORMAL GOVERNING BODY MEETING HELD ON	
	<p>CR noted that following the circulation of the papers for today's meeting some points of accuracy, particularly regarding the tense of the recommendations for each report, were received pertaining to the minutes of the meeting held on 16th November 2017. The minutes will be amended to reflect this. The Primary Care Committee Report was omitted from the agenda but was discussed at the meeting; the report has been circulated and no areas of concern were received following the meeting, so completing this item.</p> <p>Other comments/amendments on the minutes were as follows:</p> <ul style="list-style-type: none"> • Page 8, paragraph 3 should read TARGET toolkits are being promoted; 	

18/01	AGENDA ITEM	Action
	<ul style="list-style-type: none"> Regarding item 8, the quality improvement committee report, AMcA queried what assurances do we have to ensure children leaving care are supported? PW responded that this will be discussed under item 09 on today's agenda. 	
D	MATTERS ARISING/ACTIONS FROM PREVIOUS GOVERNING BODY MEETINGS	
	<p>17/07/017 - Chief Executive Officer's Business Report <i>CR will have conversations with NHS England about the resources that come to clinical commissioning groups for this function/additional work.</i></p> <p>CR commented that work has continued on this issue through the clinical commissioning group's primary care team and further information is contained in the report for agenda item 04, Full Delegation of Primary Care Commissioning. The clinical commissioning group received the delegation agreement last Friday. It contains a wealth of detail including the three staffing models and how the resource that sits within the NHS England team might move to or support the clinical commissioning group.</p> <p>17/11/35 - GP Network Chairs Update <i>IA to follow up the issue raised by SP regarding Turning Point and provide a response outside of the meeting.</i></p> <p>SP informed the governing body that he had not received a response on this issue. It pertained to commissioning alcohol services where the service is commissioned by the local authority; a meeting was held and some concerns were raised by practices of the rural network, unfortunately, representatives of the local authority were unable to attend. There is an intention to revisit the issue with some prospective work being done by those practices and the issue will be raised again with the local authority through IA. This action will be updated on the action tracker and re-dated for May 2018.</p>	IA
01	GP NETWORK CHAIRS UPDATE	
	<p>AJ informed the members that a joint network meeting was held between Chester and Ellesmere Port and Neston in January. Primary Care Cheshire led the first hour of the meeting, looking at clinical pathways for falls and future governance. Other agenda items included:</p> <ul style="list-style-type: none"> Full delegation of primary care – member practices have raised issues regarding resourcing in both personnel and finance; Commissioning for Quality and Innovation Scheme development which reflects financial pressures, workload and variations in practice across the locality; <p>At their December meeting the Chester network had their quarterly update from representatives of the Countess of Chester Hospital. It focused on unplanned care, A&E and developments around planned care and the referral support systems, the transfer of work from the acute side into the community and primary care and the strains that can cause in terms of workload and financial pressure.</p>	IA

18/01	AGENDA ITEM	Action
	<p>JP commented that informal feedback from GPs was that the joint meeting was well received. In addition to the concerns mentioned by AJ regarding full delegation of primary care some GPs expressed concern that they did not feel supported by the clinical commissioning group on this issue and JP felt that further work was needed before taking this issue for discussion at the membership council.</p> <p>SP provided an update on the rural network who are trying to bring in GPs as a provider organisation in Primary Care Cheshire in order that they can satisfactorily bring forward the GPs involvement in the Integrated Care Partnership; it was felt that this worked successfully. The network also looked at the falls pathway and the system needed to deliver a falls pathway at a local level.</p> <p>AL commented that it was encouraging to hear about the work around falls and noted that SP had been identified as the clinical lead to take this work forward with other partners as we try to integrate services. SP responded that it is hoped to have central coordination of information and utilising all the services involved. There is a meeting arranged with representatives of Primary Care Cheshire to look at the next steps.</p> <p>CR commented that there was positive work around falls and engaging GP members in the pathway redesign. He felt it was important to push back on the point that the clinical commissioning group of late has not been supportive of GPs, he feels strongly that this is not the case and it is reflected in a number of decisions the clinical commissioning group has made.</p>	
02	CHIEF EXECUTIVE OFFICER'S BUSINESS REPORT	
	<p>AL highlighted the following from her report:</p> <ul style="list-style-type: none"> • the work led by DB on emergency planning resilience and response. Training was received in December for on-call managers from Midlands and Lancashire Commissioning Support Unit and AL felt it was useful to bring everyone who is part of our on call arrangements together and that that had really helped over the winter period; • AL confirmed that, as of today, no cancer operations have been cancelled in West Cheshire; however, day cases and outpatient appointments are being deferred. There is a continued message regarding the importance of flu vaccination both for patients and staff; • all chief executives of clinical commissioning groups in Cheshire and Merseyside have been asked to identify clinical staff within their organisations who could be made available to support the hospital. This work has already begun with the clinical leads; • NHS England have confirmed the clinical commissioning group remains on course to be removed from directions but this will depend on the financial position at the end of March 2018; 	

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	<ul style="list-style-type: none"> • every clinical commissioning group across Cheshire and Merseyside has been asked to contribute 0.25% of their 2018/19 budgets to a region-wide transformation fund. In West Cheshire this equates to around £880,000. It is understood that there will be an opportunity to bid for transformation funding from the combined pot; • the clinical commissioning group is about to embark on its 360 stakeholder survey which will provide an insight into what stakeholders such as GPs, patient groups and partner organisations think about their relationships with the clinical commissioning group. She said it will be interesting to see the results following a dip last year in feedback from the GP membership; • results of our staff survey have been received. There were some positive findings regarding people being aware of and understanding the clinical commissioning group's values and that people feel supported in a crisis. There were a small number of concerns regarding bullying, harassment and discrimination; they are being taken very seriously and discussions are taking place both across the organisation and with a few individuals who may have been affected; • there has been a deviation from the standing orders regarding the appointment of our nurse member. SH has been appointed for 12 months rather than for four years to reflect the changing nature of the NHS; • a detailed workplan is being drawn up to support joint commissioning across Cheshire; this should provide added reassurance to our GP membership about the remit of the newly-established joint commissioning committee. <p>DB commented that there is a link in paragraph 4 of the report to an earlier version of the workplan not the updated version and this will be amended on the website and circulated to the governing body.</p> <p>CH queried how available the papers were from the Cheshire and Merseyside Health and Care Partnership and suggested that they are shared with the Governing Body. AL responded that we are represented by Jerry Hawker, Chief Executive of Eastern Cheshire clinical commissioning group and she will share his briefing notes. The organisation is not a sovereign body and if there are decisions regarding service reconfiguration they have to be brought back to each governing body.</p> <p>CH queried the process for decision making regarding third sector grants. LM responded that we are following the process established by the local authority, the focus is on early identification and prevention as set out in the Clinical Commissioning Group's commissioning intentions.</p> <p>SP expressed apprehension regarding the process to contribute to a transformation fund then bid for monies from it and that it would secure more than its 0.25% contribution back. GJ commented this does change the financial outlook for 2018/19 and it is a risk.</p>	<p>AL</p>

18/01	AGENDA ITEM	Action
	<p>AL admitted that it had come as a surprise but the system would need to be radically different to prevent some of the issues that have happened this winter.</p> <p>AJ queried whether it was possible to say no to being part of the fund, noting that allocations across Cheshire and Merseyside were inequitable anyway. GJ responded that it has been made fairly clear that all clinical commissioning groups should be involved.</p> <p>CR said the clinical commissioning group is already renowned regionally as a leader in the development of place based care and was cautiously optimistic for our involvement in the new fund.</p> <p>The governing body:</p> <ul style="list-style-type: none"> a. noted the contents of the report; b. ratified the deviation from Standing Orders. 	
03	INTEGRATED CARE PARTNERSHIP UPDATE	
	<p>AL said it is vital the local health economy moves from a default position of hospital admissions to helping people to live longer healthier lives and to provide more care at home or in a setting outside of hospital.</p> <p>Work within the integrated care partnership is now entering the third phase which is looking at delivering a new model of care which will make a positive difference for patients in a number of areas. These include respiratory, frailty and older people, risk stratification, enhanced community service and increasing access to health and advice via digital and community solutions. A summary of draft delivery intentions from each of these areas can be found within the supporting report.</p> <p>SH queried whether a robust evaluation process had been set up? AL responded that the longer term objectives have been agreed but evaluation measures may require further work.</p> <p>AJ said that mental health should be considered along with physical health when pathways are developed.</p> <p>The governing body:</p> <ul style="list-style-type: none"> a. noted the progress to date; b. noted the commencement of the next phase of service redesign to support the delivery of integrated care. 	
04	FULL DELEGATION OF PRIMARY CARE COMMISSIONING	
	<p>CR informed the governing body that due to the potential conflict of interest for himself as a GP, CH would chair this item. CH confirmed that GPs can contribute but cannot take part in the decision making for this agenda item.</p>	

18/01	AGENDA ITEM	Action
	<p>CR commented that discussions at the three GP networks regarding the clinical commissioning group taking on full delegation of primary care had provoked mixed views. These included anxiety regarding workforce capacity, financial risks and a potential risk to relationships. Positive feedback was also received and he noted that the clinical commissioning group had been able to unlock some issues for practice over the previous twelve months.</p> <p>CH said she was mindful of CR comments in his opening remarks and that this issue has been discussed in many other forums, but it is important that the governing body discuss this fully in public and although the report contains recommendations the governing body must raise their challenges and concerns rather than speaking to the recommendation.</p> <p>AMcA queried whether the membership council would vote on this issue. DB responded that the governing body would make the decision and the membership council would vote on the resulting changes to the constitution, due to the conflicts of interest for GPs voting on this issue.</p> <p>LM said the clinical commissioning group is in negotiation with NHS England regarding provision of additional workforce resource to enable full delegation.</p> <p>JP queried what would happen if the governing body agrees to move to full delegation but the membership council does not agree the changes to constitution? AL responded that we would need to go back and speak to NHS England.</p> <p>CH commented that it could help to alleviate some concerns of practices by sharing the experiences of other clinical commissioning groups who have already taken on full delegation.</p> <p>AL commented that this will impact on our primary care team including their capacity and there may need to be a review of roles.</p> <p>AMcA queried whether support would still be available for issues such as crisis management. LM responded that there is an expectation that NHS England will continue to support when those issues happen and they will retain some expertise to support clinical commissioning groups centrally. DB commented that a recent meeting with representatives of two other clinical commissioning groups provided reassurance on the support from NHS England both through the transition and ongoing.</p> <p>CR commented that it is likely the clinical commissioning group could be pushed towards full delegation eventually and it may be better to make the move under our own terms.</p> <p>CH asked the governing body to review the recommendations noting that no one has expressed a concern in principle during the debate. It was reiterated that only the non GP members of the governing body can make the recommendation.</p>	

18/01	AGENDA ITEM	Action
	<p>The Governing Body:</p> <ol style="list-style-type: none"> a. considered the content of the report and approved the recommendations of the Primary Care Commissioning Committee to move to primary care commissioning full delegation from 1st April 2018, including approval of the proposed revised terms of reference for the Primary Care Commissioning Committee; b. approved the resulting changes to the Clinical Commissioning Group's constitution for recommendation to the membership council in February 2018. Further work will be carried out before then to further explain the implications to the networks and to share experiences from other clinical commissioning groups to mitigate any residual concerns there may be amongst the membership. 	CR
05	QUALITY IMPROVEMENT COMMITTEE REPORT	
	<p>PW highlighted the following from her report:</p> <ul style="list-style-type: none"> • the Countess of Chester Hospital have invested in a falls coordinator who will provide focused training to reduce inpatient falls and the reduction of harm. • The Countess of Chester Hospital is not compliant with timescales around sending outpatient letters. The Trust are producing an action plan to rectify this which will be monitored by the quality and performance meeting. • There is positive assurance from Cheshire and Wirral Partnership Trust regarding waiting times for the step 4 psychotherapy service. • Cheshire and Wirral Partnership Trust have received a regulation 28 Preventing Future Deaths notice from the coroner. It relates to transfer of care processes, so PW and SP have met with the Trust to discuss this as they have had a previous Preventing Future Deaths notice from the coroner on this theme. • The report contains information on some of our smaller providers and it is important to understand that we have role to play, in both holding them to account for delivery of good care and offering expertise to improve the quality of care delivered. • Cheshire and Wirral Partnership Trust don't currently have an implementation date for the use of the national Child Protection Information System. This has been raised at the last contract meeting with them. PW has escalated this risk to the NHS England Cheshire and Merseyside Quality Surveillance Group. • The Joint Targeted Area Inspection took place in September and PW paid tribute to the Designated Nurse for Safeguarding Children for the work undertaken to support the inspection. Positive progress is being made on health assessments for children in care. 	

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	<ul style="list-style-type: none"> • Positive progress is being made by the patient experience team in building close links with commissioners to ensure maximum impact of patient feedback on future plans for service delivery. <p>AMcA queried how important are the health checks for children in care and whether our children placed out of area are being let down? PW responded that assessments are a statutory requirement and we are taking targeted action for each delay direct to the clinical commissioning group responsible for children in care in that locality.</p> <p>SH queried whether we have a good process for tracking our children placed outside of area and do we receive notifications straight away? PW responded that we do not have delays on notification and most of our children are not placed too far out of area in terms of geography and relationships with colleagues in these areas are good.</p> <p>AJ welcomed the improvement in waiting times for step 4 psychotherapy services but questioned whether there is a risk of diluting therapy and that the offer of group work may not be something some individuals are able to contemplate. PW suggested that LM could ask commissioner for mental health to follow this up.</p> <p>The governing body:</p> <ol style="list-style-type: none"> a. reviewed the issues and concerns highlighted and identify any further actions for the quality improvement committee; b. reviewed the concerns and positive assurance highlighted in the update provided by the Designated Nurse for Safeguarding Children and identify any further actions for the quality improvement committee; c. noted the update from the patient experience service that identifies the concerns and queries raised with our organisation. 	
06	AUDIT COMMITTEE	
	<p>GJ highlighted the following from the report:</p> <ul style="list-style-type: none"> • the external auditor has begun the year-end planning process and Grant Thornton are currently on site starting their interim audit; • there was discussion at the committee regarding our audit opinion and the impact of our financial position on it; in particular the national prescribing issue described as no cheaper stock obtainable which means we will potentially fail our financial duty to break even. It will likely mean we will have some level of qualification to our audit opinion even if we deliver what we planned at the beginning of the year. This will clearly be disappointing; • we are making good progress towards our internal audit annual plan. Four audit reviews were reported to the committee all of which received 	

18/01	AGENDA ITEM	Action
	<p>significant assurance. The continuing health care review was conducted jointly across cheshire and wirral and previously the committee had raised some significant concerns. Since the meeting we have received positive assurance on those actions that were raised through that audit;</p> <ul style="list-style-type: none"> • we remain on course to remain compliant in regard to the information governance toolkit for year-end. We have a plan to become compliant with the new General Data Protection regulations from 25th May 2018; there is quite a lot of work involved in this that will touch most of the organisation. The committee will monitor this action plan; • the committee did approve some changes to the scheme of reservation and delegation which are now recommended to the governing body for ratification. <p>CR commented that one key change put forward was that the scheme of reservation should be a stand alone document from the constitution which will be reviewed by the audit committee and approved by the governing body. We are awaiting sign off from NHS England to accept the enhanced wording in the constitution and to keep the scheme of reservation and delegation as a separate document.</p> <p>The governing body:</p> <ol style="list-style-type: none"> a. noted the key items of business discussed at the audit committee on 13th December 2017; b. considered and approved the recommendation of the audit committee regarding the proposed changes to the Scheme of Reservation and Delegation, which will now be recommended to the Membership Council. 	CR
07	FINANCE, PERFORMANCE AND COMMISSIONING COMMITTEE	
	<p>GJ reported that the committee considered the financial position to the end of November 2017. The report provided today also includes a brief update to the end of December. The trajectory agreed following the month six deep dive is continuing and we are seeing a slow improvement in our underlying position. We are also seeing a slight improvement to our likely year-end forecast position month on month and that has reduced from the previously reported £2million to c. £1.7million. We will need a level of non-recurrent financial support to bridge that gap.</p> <p>As mentioned under the audit committee report the national prescribing problem described as no cheaper stock obtainable has been included in our risk adjusted position from month 8. If we achieve what we planned at the beginning of the year and bridge the gap from the £1.7million we will still report a deficit at year end of c. £2.5million. This will impact as discussed earlier on our year-end audit opinions. From discussions with NHS England this will still be seen as success for us and should still enable us to be removed from directions.</p>	

18/01	AGENDA ITEM	Action
	<p>JP queried whether with the improving financial outlook the clinical commissioning group would look to implement the second half of the recommended £3 funding per head of population for primary care in 2018-19 to help achieve 10 high-impact changes? GJ responded that it is an option due to the current position and provision has been made for this in the wider context of budget setting for 2018/19. He plans to take the financial budget to the FPCC meeting on March 1st.</p> <p>AL commented that it would be useful to find out more from NHS England regarding their plans to mitigate the no cheaper stock obtainable risk.</p> <p>LM highlighted the following on financial recovery:</p> <ul style="list-style-type: none"> • as at month 7 we were tracking efficiency savings of £4.9million against a target of £5.1million. The table contained within the report gives a fuller picture of some of the successes and some of the areas of concern; • repeat prescribing continues to be a really strong success for us, with the support of practices and the public; • there is positive work going on around starting well with increasing collaboration across the Countess of Chester and Wirral Hospitals; • there was an opportunity to bid for additional winter pressure money and the impact of the money is just beginning to show with additional staff in A&E along with capacity in the community to support the winter pressures in the hospital. We are tracking how that is being used in order to inform plans for next year; • within planned care there is further potential to redesign cancer pathways to enable national targets to be achieved. • Positive assurance has been received from NHS England regarding the development of neighbourhood care with enhanced integrated teams; <p>LM informed the committee that as at the end of September we were failing to deliver six constitutional targets. The committee agreed to focus on diagnostics and cancer 62 days as both were targets which had been reached before.</p> <p>CH emphasised that it is important to challenge ourselves and to make a positive difference on those areas where improvement can be made.</p> <p>AL reported that regarding diabetes care the clinical commissioning group has been benchmarked as third in the country for meeting NICE guidelines.</p> <p>The governing body:</p> <ol style="list-style-type: none"> a. noted the business discussed and decisions made at the finance performance and commissioning committee meeting held on 7th December 2017; b. noted the financial position to the end of October 2017 and progress against the 2017/18 Financial Recovery Plan; 	

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	<ul style="list-style-type: none"> c. noted the position against national/local performance targets; d. noted the progress made with the Integrated Personalised Commissioning implementation and the need to think how it will need to be overlaid onto the new model of care for integrated care; e. noted the update on public health services commissioning including that the Sexual Health and Substance Misuse Services will be put out for tender with a view to going live in April 2019; f. noted the concern raised in relation to Cheshire & Wirral Partnership Trust adult and older people's specialist mental health redesign. 	
08	LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016/17	
	<p>The Chair welcomed Geoffrey Appleton, Independent Chair of the Local Safeguarding Adults Board to the meeting.</p> <p>Geoffrey informed the governing body that adult safeguarding had seen a significant transformation over the last three years. There has been a noticeable change in the way people are exploiting others i.e. modern slavery. Other issues he highlighted were how offenders are managed on release, the Prevent agenda following last year's attacks in Manchester and London and the updating of the domestic violence strategy.</p> <p>Geoffrey said that adult and children safeguarding teams are working more closely together. He discussed the issue of Crawford's Walk care home last year and highlighted the good cross working of all agencies involved.</p> <p>AMcA queried where referrals for neglect come from. Geoffrey responded that they are often picked up through the fire service home checks where staff are trusted by the public and are trained to look for safeguarding issues. He also highlighted an area for development is primary care referrals and reiterated that even small concerns should always be reported.</p> <p>AL queried whether consideration had been given to online exploitation of older people? Geoffrey responded that the board are working proactively with trading standards to proactively target this.</p>	
09	LOCAL SAFEGUARDING CHILDRENS BOARD ANNUAL REPORT 2016/17	
	<p>PW introduced, Gill Frame, Independent Chair of the Local Safeguarding Children's Board. Gill informed the governing body that the main focus of the board going forward will be on implementing recommendations from the recent Joint Targeted Inspection.</p> <p>Neglect and self-harm are two areas of focus as there is evidence that early intervention can improve outcomes for children and young people.</p> <p>LM suggested that within its next workplan the board could look at early identification and prevention to align with the workstreams of the Integrated Care Partnership.</p>	

18/01	AGENDA ITEM	Action
	AMcA queried what support was available for our children leaving care? Gill responded that there is increased vulnerability for these children and went on to describe some of the support that is in place.	
10	GOVERNING BODY ASSURANCE FRAMEWORK	
	<p>GJ raised that the financial risk around financial duties has been updated regarding the no cheaper stock available issue.</p> <p>The governing body considered and approved the 2017/18 governing body assurance framework proposed by the Executive risk sponsors, noting the summary of changes from the governing body in November 2017 and the addition of the one new risk around cyber security.</p>	
11	CLINICAL COMMISSIONING GROUP POLICIES AND GOVERNANCE DOCUMENTS	
	<p>The Chief Finance Officer advised that one policy is provided for ratification by the governing body, as proposed by the committee outlined in the covering paper. It was noted that the lead officer on the report should be PW not GJ.</p> <p>PW commented that it is important that the clinical commissioning group have a continuing healthcare/complex care policy that becomes an evolving document and does allow for exceptionality.</p> <p>The governing body approved/ratified the NHS Continuing Healthcare commissioning policy.</p>	
12	CLINICAL COMMISSIONING GROUP SUB-COMMITTEE MINUTES AND COMMITTEES OF THE CLINICAL COMMISSIONING GROUP	
	The governing body received and noted the significant issues arising from, and the minutes of, the sub-committees to the governing body and committees of the clinical commissioning group and there were no issues to be raised.	
13	ANY OTHER BUSINESS	
	There was no other business to be discussed.	
	DATE AND TIME OF NEXT FORMAL MEETING	
	The next meeting will take place on Thursday, Thursday 15 th March 2018, at 9.00 am, Rooms A&B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1HJ.	

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 20th July 2017				
17/07/014	Chief Executive Officer's Business Report CR will have conversations with NHS England about the resources that come to clinical commissioning groups for this function/additional work.	Chris Ritchieson	Nov 2017	An update was provided to the January 2018 meeting – discussions are ongoing
Meeting Held on 16th November 2017				
17/11/35	GP Network Chairs Update IA to follow up the issue raised by SP regarding Turning Point and provide a response outside of the meeting. There is an intention to revisit the issue with some prospective work being done by the rural practices and the issue will be raised again with the local authority through IA.	Steve Pomfret/Ian Ashworth	May 2018	Update to May 2018 Meeting
Meeting Held on 18th January 2018				
18/01/02	Chief Executive Officer's Business Report Share with the governing body members Jerry Hawker's briefing notes of Cheshire and Merseyside Health and Care Partnership meetings.	AL	March 2018	Update to March Meeting
18/01/04	Full Delegation of Primary Care Commissioning Work to be carried out before the February Membership Council to further explain the implications to the networks and to share experiences from other clinical commissioning groups to mitigate any residual concerns there may be amongst the membership.	CR	February 2018	Update provided in paper 18/03/16
18/01/06	Audit Committee Recommend the proposed changes to the Scheme of Reservation and Delegation to the Membership Council.	CR	February 2018	Update provided in paper 18/03/16

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

GOVERNING BODY REPORT

- 1. Date of Governing Body Meeting:** 22nd March 2018
- 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 provided include:

 - An update on winter emergency pressures
 - An update on the private meeting of the Governing Body in February
 - The publication of the NHS 2018-19 Planning Guidance on 2nd February, 2018
 - An update on cyber security
 - NHS England on-line conflicts of interest training launch
 - Health & Wellbeing Board update on integrated care partnership and delayed transfers of care
 - Use of the Clinical Commissioning Group Seal
 - End of year CCG Improvement and Assessment Framework quality of leadership self-assessment
 - An update on the Joint Commissioning Committee for Clinical Commissioning Groups.
 - An update on general Clinical Commissioning Group business
 - High level meetings/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:** Debbie Bryce
Head of Governance

Alignment of this report to the clinical commissioning group's corporate objectives

Corporate objectives	Alignment of this report to objectives
We will deliver financial sustainability for the health economy providing value for money for the people of West Cheshire	2018-19 NHS Planning Guidance
We will improve patient safety and the quality of care we commission by reducing variation in standards of care and safeguarding vulnerable people	Delayed transfers of care update
We will support people to take control of their health and wellbeing and to have greater involvement in the services we commission	
We will commission integrated health and social services to ensure improvements in primary and community care	End of year CCG Improvement and Assessment Framework quality of leadership self-assessment
We will commission improved hospital services to deliver effective care and achieve NHS constitutional targets	2018-19 NHS Planning Guidance
We will develop our staff, systems and processes to more effectively commission health services	

Alignment of this report to the governing body assurance framework

Risk No	Risk Description	Assurance / mitigation provided by this report	Proposal for amendment to risk as a result of this report (revised risk description, revised mitigation or scoring)
2	Failure to embed systems and processes of good governance	End of year CCG Improvement and Assessment Framework quality of leadership self-assessment	-
15	Risk that the CCG does not have a robust cyber security framework in place	Cyber security update	-

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.

WINTER EMERGENCY PRESSURES

2. Further to the update in January, the local health care system remains under extreme pressure this winter.
3. The prolonged cold weather has exacerbated the underlying health conditions of some of our patients, along with outbreaks of flu with high flu admissions and a renewed spike in norovirus more recently, causing extreme pressure on the system. We are working with partners to ensure services are safe and effective and made the decision to cancel our Membership Council meeting on 28th February to free up GPs to assist with the pressures being experienced within the urgent care system. Some clinically trained staff from the Clinical Commissioning Group have also volunteered and been assisting with the provision of patient care locally.
4. A&E performance locally remains significantly below the 95% standard. In the recent 2018-2019 NHS planning guidance the A&E recovery trajectory has been pushed back one year, with provider trusts and Clinical Commissioning Groups now expected to meet 90% by September 2018, and return to 95% by March 2019.
5. The West Cheshire A&E Delivery Board scheduled an additional meeting to consider the pressures and hold all partners to account for delivering their responsibilities as part of the urgent care system.

FEBRUARY 'IN PRIVATE' MEETING OF THE GOVERNING BODY

6. The 'in private' meeting of the Governing Body on 15th February 2018 included the following:
 - A refresher training session on information governance which covered the forthcoming requirements of the General Data Protection Regulations which come into force on 25th May, 2018. The Governing Body found the training from Midlands & Lancashire Commissioning Support Unit extremely helpful in understanding the current information governance

issues, changes to regulations and the work underway to prepare the Clinical Commissioning Group for these.

- Consideration of the Clinical Commissioning Group's draft operational plan for 2018-19 and how it is proposed that this will be aligned to the Group's Commissioning Intentions.
- Consideration of the draft financial proposals for 2018-19.

2018-2019 NHS PLANNING GUIDANCE

7. On the 2nd February 2018 NHS England published planning guidance as a refresh of plans already prepared under the two-year NHS Operational Planning and Contracting Guidance 2017-2019. It sets out detail of how the additional funding from the November 2017 budget will be allocated and the developments in national policy with regards to system level collaboration. Documents published which have been considered by the Clinical Commissioning Group in preparation of their draft operational plan include:

- Refreshing NHS plans for 2018-19 (planning guidance)
- Commissioner Sustainability Fund and financial control totals for 2018-19: guidance
- Revised CCG allocations 2018-19 and accompanying notes

8. The key headlines from the planning guidance are:

- The A&E performance recovery trajectory has been pushed back one year. Trusts and CCGs will be expected to meet 90% by September 2018, and return to 95% by March 2019.
- With regard to the referral to treatment standard, the expectation is that the waiting list should not be any higher in March 2019 than in March 2018, alongside the expectation to halve the number of patients waiting 52 weeks in the same period.
- The Sustainability and Transformation Fund is to become the Provider Sustainability Fund, with total funding of £2.45bn (up from £1.8bn currently). Access to 30% of the fund remains linked to A&E performance. A new £400m commissioner sustainability fund will also be introduced to enable Clinical Commissioning Groups to return to in-year financial balance.
- The eight shadow Accountable Care System sites and two devolved health and care systems are now to be known as Integrated Care Systems (ICS). Integrated care systems are expected to prepare a single system operating plan and to work within a system control total. They are expected to move to a more autonomous regulatory relationship with NHS England and NHS Improvement over time.

- The planning guidance outlines that there will be no additional winter funding in 2018/19. Systems are required to produce a winter demand and capacity plan with actions and proposed outcomes. Guidance on submitting these winter plans will be available by March 2018.
 - The two-year National Tariff Payment system is unchanged, with local systems encouraged to consider local payment reform in certain areas.
9. With regard to commissioner finances, an additional £1.4bn will be made available to CCGs next year:
- £600m will be added to CCG allocations directly
 - £370m will be released through lifting the requirement for commissioners to underspend 0.5% of their allocations
 - £400m will be made available through a new Commissioner Sustainability Fund, through which commissioners will be expected to plan and deliver on their own control totals.
10. NHS England will also publish an update to the 2017/19 CQUIN guidance.
11. The timescales within the planning guidance include submission of draft plans by 8th March and all contracts to be signed by 23rd March 2018.

CYBER SECURITY UPDATE

12. The Assistant Chief Information Officer for Midlands and Lancashire Commissioning Support Unit (MLCSU) updated the ICT Collaborative Board in March 2018 on the Lessons Learned from the Wannacry Cyber Security incident in May 2017. Following the Wannacry attack, MLCSU developed a partnership with Leicestershire Health Informatics Service to conduct analysis of potential technical vulnerabilities and addressing those.
13. NHS Digital appointed a third party company at the end of 2017 to undertake further external and internal testing and audits were completed mid-February 2018. Some high priority changes have been implemented and action plans will progress other vulnerabilities in order of priority. Following the incident, MLCSU now have a formal Directors on-call rota in place and are developing an IT Major Incident Plan that will link to NHS England and client incident plans. MLCSU have also developed an accredited end user cyber security awareness course as 95% of all security attacks were the result of human error. The suitability of this for staff will be considered.
14. MLCSU have invested in improved Anti-Virus software, patch management software and an additional Cyber Security Manager. MLCSU have recently achieved Cyber Essential certification, which is an industry standard, which demonstrates MLCSU are now meeting essential requirements and have appropriate controls in place.

15. Mersey Internal Audit Agency is currently undertaking a review of cyber security at NHS West Cheshire Clinical Commissioning Group which will be conducted in accordance with the requirements of the internal audit plan, as approved by the Audit Committee. The results of the audit will be reported back to the Audit Committee.

NHS ENGLAND ON-LINE CONFLICTS OF INTEREST TRAINING

16. The NHS England on-line conflicts of interest training has now been launched and is available on the Midlands & Lancashire Commissioning Support Unit learning management system for CCG staff. Due to the delay in publishing this online training, NHS England has extended the deadline for relevant staff to complete module 1 of the training to 31 May 2018. The training package contains three modules:
- **Module 1** covers what conflicts of interest are; how to declare and manage conflicts of interest, including individuals' responsibilities; and how to report any concerns.
 - **Module 2** provides further information on managing conflicts of interest throughout the whole commissioning cycle and in recruitment processes.
 - **Module 3** provides advice on how chairs should manage conflicts of interest; an overview of the safeguards that should be applied in Primary Care Commissioning Committees; and how to identify and manage breaches of conflicts of interest rules, through a series of practical scenarios.

USE OF THE CLINICAL COMMISSIONING GROUP SEAL

17. Since the March 2017 report on the use of the Seal, there has been no further use of the Clinical Commissioning Group's Seal.

HEALTH & WELLBEING BOARD UPDATE

18. The Health and Wellbeing Board met in February. The following two agenda items may be of interest to the Governing Body:-

INTEGRATED CARE PARTNERSHIP

19. A joint report was presented to the Board from the Local Authority and West Cheshire Clinical Commissioning Group (CCG) on the development of an Integrated Care Partnership. The intention is to create a partnership to improve collaborative working and create positive outcomes for patients through redesigning models of care. It was emphasised that a new organisation is not being created; instead work was ongoing to improve the links between each organisation operationally and in terms of governance.

20. Members had received the published document “Joining up Care in West Cheshire” which summarised the partners’ vision, the case for change and the outline of the future model. The Board will continue to have oversight of the process and future developments towards of an Integrated Care Partnership will continue to be reported back to the Board.
21. The Board considered the details of the service redesign and the intended outcomes of the work. It was felt that there was a need to build confidence in the emerging system, so that patients could see the value of changes through tangible improved outcomes. There was confidence across the Board that appropriate governance arrangements would be worked through to enable the robust service redesign to yield improved care outcomes. The need to measure the outcomes of the integrated care partnership was raised. It was reported that work was taking place with the University of Chester to develop an assessment process for the high level outcomes of integrated care. It was noted that the report reflected the current position in West Cheshire and as the work across the CCGs moved forward the issue would need to be revisited.

DELAYED TRANSFERS OF CARE

22. The Board received the latest performance dashboard on Delayed Transfers of Care based on the December figures. It was reported that the number of delayed days had decreased from 1189 in November, 2017, to 674 days in December ,2017; an overall reduction of 515 across the system. Members were advised that this was the lowest number of delayed days since July, 2015, and was a reduction of 939 days when compared to the peak figure recorded in June 2017. The December performance had exceeded the NHS England targets across both NHS and Adult Social Care delays and had moved Cheshire West and Chester’s national performance benchmarking ranking for Local Authorities from 116th out of 151 areas to 75th.
23. Members also discussed the effect which cross-border patient flows had on delays and further information was sought. It was reported that discussions were ongoing with Flintshire County Council regarding delays attributable to Flintshire residents at the Countess of Chester Hospital.

CCG IMPROVEMENT & ASSESSMENT FRAMEWORK QUALITY OF LEADERSHIP INDICATOR END OF YEAR SELF ASSESSMENT 2017-18

24. A revised NHS England **CCG IAF Improvement and Assessment Framework** (CCG IAF) became effective from the beginning of November 2017, aligning key objectives and priorities, including the way the regional team assesses and manages its assurance of Clinical Commissioning Groups.
25. The Quality of Leadership indicator is one of the 51 indicators published through the MyNHS pages on the NHS Choices website and is included within the leadership domain of the CCG Improvement & Assessment Framework. This

indicator assesses the quality of a CCG's leadership, how CCGs work with partners and the governance arrangements that CCGs have in place to ensure they act with integrity and how robustly the senior leaders of a CCG, both clinicians and managers, are performing their leadership role.

26. CCGs are rated as Green Star, Green, Amber or Red on the Quality of Leadership indicator.

There are four components to the quality of leadership indicator:

1. Leadership Capability and Capacity
 2. Quality
 3. Governance
 4. Leadership around transformation
27. Each Clinical Commissioning Group were requested by NHS England to submit their quality of leadership end of year self-assessment against the key lines of enquiry, and overall, by 26th February, 2018, applying a consistent approach using principles and guidance from NHS England.
 28. NHS West Cheshire Clinical Commissioning Group submitted their overall self-assessment of the quality of leadership indicator for 2017-18 as *green, the CCG has no issues with its leadership or minor/low risk issues.*
 29. A risk based review of the Quality of Leadership indicator is carried out by Director of Commissioning Operations teams at NHS England, with any changes to the current position being reported to the national team by exception on a quarterly basis. At year end all CCG's will have their Quality of Leadership indicator reviewed and this will contribute to the overall annual assessment that will be made for CCGs.

UPDATE ON THE JOINT COMMISSIONING COMMITTEE

30. A workshop of the Joint Commissioning Committee of the Cheshire CCGs was held on 26th January, 2018 and an *in camera* meeting was held on 9th March, 2018. The workshop considered the values that joint working of the CCGs should adhere to and started to describe the options for the future configuration of commissioning and CCGs across Cheshire. A further paper will be considered at a future CCG governing body meeting, most likely in May 2017.

GENERAL CLINICAL COMMISSIONING GROUP BUSINESS ITEMS

31. The Clinical Commissioning Group has reviewed the Department of Health *Group Accounting Manual* and is currently preparing their 2017-18 annual report and accounts.

32. A number of Clinical Commissioning Group audits are currently underway by Mersey Internal Audit which includes cyber security, conflicts of interest, the governing body assurance framework and a follow-up to a contracts management audit.
33. The Clinical Commissioning Group held its whole team event on 7th March, 2018.

MEETINGS/EVENTS ATTENDED BY THE CHIEF EXECUTIVE OFFICER

34. Provided below is a summary of some of the high level meetings and events attended by the Chief Executive Officer since the previous public governing body meeting in January 2018.
 - West Cheshire A & E Delivery Board
 - Integration workshop – launch of phase three
 - Cheshire CCGs Joint Commissioning Committee workshop
 - Meeting with NHS England and CCG Accountable officers across Cheshire and Merseyside
 - Cheshire West and Chester People's Overview and Scrutiny Meeting
 - Meeting with integration leads in Manchester and St Helens
 - Leading Large Scale Change workshop
 - Meeting with NHS England and NHS Improvement on A & E
 - Contract and finance summit meeting

RECOMMENDATIONS

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

Alison Lee
Chief Executive Officer

March 2018

GOVERNING BODY REPORT

- 1. Date of Governing Body Meeting:** 22nd March 2018
- 2. Title of Report:** Update on Clinical Commissioning Group Constitution and Scheme of Reservation and Delegation Changes
- 3. Key Messages:**

This report provides an update in public on the changes to the Clinical Commissioning Group's Constitution and Scheme of Reservation and Delegation that have been agreed by the Governing Body in February, 2018:

 - It summarises the 'refresh' changes to the Constitution agreed by the governing body in February, and subsequently agreed by the Membership Council in February.
 - It summarises the changes to the Scheme of Reservation and Delegation agreed by the Governing Body in February, and subsequently by the Membership Council in February.
 - It outlines why some of these changes were agreed in advance of the March, 2018, public governing body meeting by the governing body, due to the timescales and work involved.
- 4. Recommendations** The governing body is asked to note, in public, the changes that the governing body has previously agreed to the Clinical Commissioning Group's Constitution and Scheme of Reservation & Delegation in February, 2018.
- 5. Report Prepared By:** Debbie Bryce
Head of Governance

Alignment of this report to the clinical commissioning group's corporate objectives

Corporate objectives	Alignment of this report to objectives
We will deliver financial sustainability for the health economy providing value for money for the people of West Cheshire	
We will improve patient safety and the quality of care we commission by reducing variation in standards of care and safeguarding vulnerable people	
We will support people to take control of their health and wellbeing and to have greater involvement in the services we commission	
We will commission integrated health and social services to ensure improvements in primary and community care	
We will commission improved hospital services to deliver effective care and achieve NHS constitutional targets	
We will develop our staff, systems and processes to more effectively commission health services	A refreshed Constitution aids the effective operation of the Clinical Commissioning Group.

Alignment of this report to the governing body assurance framework

Risk No	Risk Description	Assurance / mitigation provided by this report	Proposal for amendment to risk as a result of this report (revised risk description, revised mitigation or scoring)
2	Organisational Governance	<p>Refreshing the Constitution aids good governance by updating it and removing out-of-date content.</p> <p>Decisions made by the Governing Body outside of a public meeting are reported back to meetings held in public.</p>	-

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

UPDATE ON CLINICAL COMMISSIONING GROUP CONSTITUTION AND SCHEME OF RESERVATION AND DELEGATION CHANGES

INTRODUCTION

1. The governing body received a presentation on the Clinical Commissioning Group's Constitution from the Head of Governance at their 'in private' meeting in December, 2017, which indicated some out of date content within the constitution and areas where detail could be added to enhance it. It was agreed by the governing body that this 'refresh' work should proceed but that it may take some time to prepare.
2. The governing body also considered at their in public governing body in January, 2018, a proposal for full delegation of primary care commissioning that would also require a change to the Clinical Commissioning Group's constitution. The required changes for the constitution for full delegation of primary care commissioning were included within the proposal that was approved by the Governing Body at their public meeting in January, 2018. There was a recommendation for the Audit Committee to consider and propose to the governing body the required changes to the Scheme of Reservation & Delegation for full delegation of primary care commissioning.
3. The refresh work on the constitution was progressed, but was not completed in time to be considered at the January, 2018, in public governing body meeting.
4. The Audit Committee was asked to consider changes to the Scheme of Reservation for full delegation of primary care commissioning following the January governing body meeting. Audit Committee did this and also considered some updates to other areas within the Scheme of Reservation and Delegation and recommended all changes to the governing body for approval.
5. Due to the short timescale to also seek Membership Council approval of the full changes to the constitution and scheme of reservation and delegation at their 28th February, 2018, scheduled meeting, the governing body members were then asked to provide virtual approval of all of the changes, i.e. outside of a scheduled meeting, which they did approve and recommended to the Membership Council.
6. Membership Council were then asked to approve the proposed changes to the constitution and scheme of reservation and delegation at their 28th February, 2018, meeting. Due to pressures within the urgent care system, this meeting was subsequently cancelled, so this approval was done virtually, i.e. outside of the meeting, but did receive a majority approval of the changes.

7. 28th February, 2018, was also the deadline for submitting the delegation agreement to NHS England for full delegation of primary care commissioning, which included confirmation that the Membership Council had approved the resulting changes to the Clinical Commissioning Group's constitution.
8. The Clinical Commissioning Group can only make two requests per year to NHS England to vary its constitution, so it was important to aim to capture and approve all relevant changes within the timeframe available.

SUMMARY OF CHANGES TO THE CONSTITUTION

9. The following changes have been approved to the Clinical Commissioning Group's constitution:
 - References to 'Remuneration and Development Committee' have been changed to 'Remuneration Committee', where they were present;
 - General updates to out of date content have been made and the contents page updated;
 - References to the role and responsibilities of the 'Director of Operations' post have now been removed, as this post no longer exists;
 - The Medical Director has been included as a voting member for Membership Council;
 - Primary Care Committee updated narrative has been included in section 6.7.6, as approved as part of the January Governing Body proposal on full delegation of primary care commissioning;
 - Section 8.2 on Conflicts of Interest has been updated to reflect the NHS England July, 2017, revised statutory guidance;
 - Within Standing Orders of the Constitution (Appendix 3), the following have been updated:
 - Section 2.3 principles of appointment and removal from office (to reflect statutory guidance)
 - Section 2.3.6 added as a new section on 'standing down/unable to act' to make this clear
 - Section 2.3.9 added as new section on 'vote of no confidence' to make this procedure clear
 - Quorum for Membership Council has been reduced from 65% voting member attendance to 60% attendance (to reflect a local CCG's practice and to ensure quoracy)

- Section 3.8.5 added as new section to make clear Membership Council representatives sending representatives on their behalf (and voting);
 - In section 3.11.4 the requirement for minutes to be physically signed has been removed;
 - In Appendix E, terms of reference have been refreshed for the Audit Committee, Quality Improvement Committee, Finance, Performance & Commissioning Committee and Senate, with the previous terms of reference removed for Joint Primary Care Committee and the new full delegation of primary care commissioning terms of reference inserted for Primary Care Committee, as approved by the Governing Body in January, 2018.
 - The Quality Improvement Committee terms of reference have had their membership enhanced.
10. The link to the Clinical Commissioning Group's constitution which includes the track changes that were agreed by the governing body and membership council is [here](#).

SUMMARY OF CHANGES TO THE SCHEME OF RESERVATION & DELEGATION

11. The following changes have been approved to the Clinical Commissioning Group's Scheme of Reservation & Delegation:
- The tender values have been updated with EU legislation in sections 10.1 and 10.2, with the addition of new sections 10.3 and 10.4. Delegated financial limits have also been updated in J1 and J2, with the addition of J3 and J4 to reflect this;
 - Section 9.6 has been added regarding approval of the annual Joint Commissioning Committee workplan by the Membership Council to make this clear;
 - Section 9.7 has been added regarding Primary Care Full Delegation from the NHS England Delegation Agreement. Also, a 'Delegated Financial Limits – Primary Care Commissioning delegated functions from NHS England' section has been added from the Delegation Agreement with NHS England;
 - Within the Delegated Financial Limits section 'A', the Gifts and Hospitality declaration wording has been updated to reflect the NHS England revised statutory guidance from July 2017.

12. The link to the Clinical Commissioning Group's Scheme of Reservation & Delegation which highlights the changes that were agreed by the governing body and membership council is [here](#).

NEXT STEPS

13. The changes agreed by the Governing Body and Membership Council to the Clinical Commissioning Group's Constitution and Scheme of Reservation & Delegation have been submitted to NHS England for approval and will be uploaded to the Clinical Commissioning Group's website, once approved.

RECOMMENDATION

14. The governing body is asked to note, in public, the changes that the governing body has previously agreed to the Clinical Commissioning Group's Constitution and Scheme of Reservation & Delegation in February, 2018.

Chris Ritchieson
Chair

March 2018

GOVERNING BODY REPORT

1. **Date of Governing Body Meeting:** 22nd March, 2018

2. **Title of Report:** Integrated Care Partnership Update

3. **Key Messages:** This report provides an overview of the progress to deliver integrated care across West Cheshire.

4. **Recommendations** The governing body is asked to:
 - Note the progress to date

5. **Report Prepared By:** Alison Lee
Chief Executive Officer

Alignment of this report to the clinical commissioning group's corporate objectives

Corporate objectives	Alignment of this report to objectives
We will deliver financial sustainability for the health economy providing value for money for the people of West Cheshire	Yes
We will improve patient safety and the quality of care we commission by reducing variation in standards of care and safeguarding vulnerable people	Yes
We will support people to take control of their health and wellbeing and to have greater involvement in the services we commission	Yes
We will commission integrated health and social services to ensure improvements in primary and community care	Yes
We will commission improved hospital services to deliver effective care and achieve NHS constitutional targets	Yes
We will develop our staff, systems and processes to more effectively commission health services	Yes

Alignment of this report to the governing body assurance framework

Risk No	Risk Description	Assurance / mitigation provided by this report	Proposal for amendment to risk as a result of this report (revised risk description, revised mitigation or scoring)
6	Integrated care development	Phase 3 progress	-

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

INTEGRATED CARE IN WEST CHESHIRE

PURPOSE

1. This paper is to update the Governing Body regarding activity relating to the Integrated Care Partnership (ICP).
2. Our vision is that the people of West Cheshire will live longer, healthier lives at home, or in a homely setting. People will be at the centre of all decisions, and receive support to the highest standards of quality and safety.
3. We will achieve this by joining up delivery of our health and social care and focussing on prevention, early identification and supported self-management, where hospital based care is minimised.

BACKGROUND

4. The Governing Body will recall that a separate report was produced in January, 2018, to the Governing Body on integrated care developments, following these being previously included in the Chief Executive Officer's report.
5. Health and social care partners are working in the third phase of our integration work.
6. The third phase will deliver the new model of care in a number of different areas including respiratory, frailty and older people, risk stratification, enhanced community service and increasing access to health and advice via digital and community solutions. A number of what are called 'enabling' work streams support this, including finance, governance, estates and communications and engagement.

PHASE THREE UPDATE

7. A summary of the work undertaken since the last update to the Governing Body in January, 2018, is provided below:
 - **Workstream mobilisation** - All workstreams (apart from workforce) have convened to review and further shape their delivery plans. Updated delivery plans were submitted to the Programme Office on 16 February, 2018, and these will be discussed at both Advisory and Delivery Groups before sign off by Senior Leaders in April, 2018. A series of regular meetings is now being

established for each workstream. Given the pressures on the system, discharge processes, action on stranded patients, and building the foundations for the delivery of effective care communities (all of which are in our workstreams) will be amongst the priorities.

- **Governance** - The Advisory Group have met twice with members considering the terms of reference for the group and working principles. The Advisory Group's role is to advise on changes to care pathways, identify areas of focus, set clinical priorities and advise the Delivery Board. The Advisory Group also has representatives from Healthwatch and the University sitting on this group. The newly formed Delivery Group also met. This group has formed out of the Integrated Services Steering Group and will be a key group that oversees the delivery of the workstreams, considers the interface between the workstreams and develops the necessary outcome measures. This group retains the expertise (both clinical and managerial) of the people on this group as well as inviting those leading the six priority work streams.
- **Communications and Engagement** - Communications leads from across the partnership recently met along with Healthwatch Cheshire to review the approach to engaging stakeholders in the work of the Integrated Care Partnership. Alison Lee and Jonathan Taylor, Programme Lead for Communications and Engagement, have met with Neil Skitt from the Health and Care Partnership for Cheshire and Merseyside to discuss the priorities, challenges and risks relating to effective communication regarding integration and opportunities for joint working. Discussions have also been held with representatives from 24 Patient Participation Groups (PPGs). This was an opportunity to bust some myths created by national headlines about accountable care and to answer people's questions. PPG members were on the whole, very supportive of our plans. The public narrative document 'Joining up Care in West Cheshire' (which articulates the vision, case for change and blueprint for change) was presented at the Health and Wellbeing Board on 21 February, 2018. 'Joining up Care in West Cheshire will provide a key vehicle to engage with local people, discuss our vision, understand their views and address any concerns or misconceptions.
- **Models of Care** - A 'model of care' summary was provided to programme sponsors, leads and support breaking down the very detailed blueprint and outlining how it will work. The four design principles needed to underpin our model of care were reinforced as;
 - *Better needs assessment of the population*
 - *Person-centred care*
 - *Integrated working and;*
 - *Innovative workforce.*

The two main “patient-facing” elements of the model; the front door and service delivery are summarised as;

- *Providing a consistent “way in” or front door to our health and care system*
 - *Delivering person-centred, integrated services that focus on keeping well*
- **Programme Management Office** - The ICP Programme Management Office is working closely with the workstreams to ensure that a co-ordinated approach to the delivery of the key milestones is achieved. A number of ‘quick wins’ (see below) have been identified that will work towards the stabilisation of the system. These are being developed in more detail to understand the interrelationship between the workstreams, assess the levels of resource required to deliver the changes and also the likely impact. Sign-off of the revised delivery plans will take place in April.
 - **Delivery Group** - The delivery group met for the first time on 1st March, 2018. It is chaired by Alison Lee who is the Senior Responsible Officer for integration in phase three. Fourteen clinicians/practitioners formed part of the leadership of the group including three GPs. The delivery group recommended that a programme definition document (or similarly titled) is produced summarising the impact, benefits and savings from each of the work streams.

The work streams have all identified quick wins which are a combination of “visible” initiatives to help staff and patients gain confidence in the integration agenda and those which will have the biggest impact. They include:

Respiratory:

- Implementation of rescue packs
- Evening and weekend support from single point of access
- Increase uptake of flu and pneumonia vaccines
- Promote oral health in care homes

Community front door:

- Localised public health campaigns in pharmacies
- Expansion of minor ailments scheme
- Link pharmacists with social prescribing
- Wellbeing coordinator training to pharmacists to develop service signposting

Frailty:

- Falls – standard response and clarification of pathways as well as supporting public health colleagues to implement the agreed falls prevention strategy
- Support to people who live in care homes. Using this as the first “risk stratified” cohort
- Independent review of the demand and capacity for intermediate care

Enhanced Care Communities:

- Getting identified services on the same IT system to access patient's medical history and stop duplication of "history taking"
- Enhancing psychological input to the integrated teams
- Produce a visual aid/description to illustrate the "out of hospital" model of care

Digital front door:

- Joining up council and health websites
- Pilot of 111 app
- Trial of Teletracking community access portal with high-referring practices

8. In summary, the Integrated Care Programme delivery process has moved from development stage towards implementation. An agreed approach to communications has been agreed with all partners and is fully supported by the Health and Wellbeing Board. The emphasis is on joined-up care and using the opportunities provided through integration to improve the patient's experience of both health and social care. There is more work to do and there will be challenges ahead, though we are at the stage where we are beginning to address issues together which are already proving to be of significant benefit.
9. In future, it is proposed that the Systems Leadership Group reports formally to the governing body with a paper covering points of escalation, as well as minutes.

RECOMMENDATION

10. The governing body is asked to:
- a) note the progress to date;
 - b) Agree that the System Leadership Group reports formally to the Governing Body.

Alison Lee
Chief Executive Officer
March 2018

GOVERNING BODY REPORT

1. **Date of Governing Body Meeting:** 22nd March 2018
2. **Title of Report:** Finance, Performance and Commissioning Committee Report
3. **Key Messages:**

At the end of January 2018 we have reported an in-year deficit of £1.871 million although we continue to report that this position will be recovered and that we will, therefore, deliver financial balance as at 31st March 2018.

Our reported forecast out-turn reflects a change in national guidance, whereby the forecast pressure relating to the no cheaper stock obtainable (NCSO) issue is now factored into clinical commissioning group forecasts.

At the end of January 2018 we have reported delivery of £6.617 million savings against an in-year target of £7.869 million. Although significant progress is being made, we know that not all initiatives result in 'bottom-line' savings.

The third sector review process involved review of a number of expressions of interest from third sector providers against the Clinical Commissioning Group strategic and programme priorities

The Committee were updated on outcome of the Wellbeing Service procurement.

The Clinical Commissioning Group are requesting further discussion with the Local Authority regarding review of the commitments within the improved Better Care Fund
4. **Recommendations:** The governing body is asked to:
 - Note the business discussed and decisions made at the finance performance and commissioning committee meeting held on 1st March 2018.

- Note the financial position to the end of January 2018 and progress against the 2017/18 Financial Recovery Plan as well as the development of the 2018/19 Financial Recovery Plan.
- Note the position against national/local performance targets.
- Note the decisions made in relation to the third sector grants review
- Note the committee approved the decision to award the contract for the Wellbeing Service to Primary Care Cheshire Community Interest Company on behalf of the governing body.
- To request further discussion is undertaken with the Local Authority to understand whether additional funding would be available in 18/19 from the improved Better Care Fund to reduce pressures on the NHS

5. Report Prepared By:

Gareth James
Chief Finance Officer

Laura Marsh
Director of Commissioning

Alignment of this report to the clinical commissioning group's corporate objectives

Corporate objectives	Alignment of this report to objectives
We will deliver financial sustainability for the health economy providing value for money for the people of West Cheshire	The report provides an update on performance against financial duties and on our priority programmes which support the delivery of financial sustainability.
We will improve patient safety and the quality of care we commission by reducing variation in standards of care and safeguarding vulnerable people	The report provides an update on our priority programmes which will deliver reduced variation in standards of care.
We will support people to take control of their health and wellbeing and to have greater involvement in the services we commission	The report provides an update on our priority programmes which will support patients taking control of their health and wellbeing.
We will commission integrated health and social services to ensure improvements in primary and community care	The report provides an update on our priority programmes that focus on integration.
We will commission improved hospital services to deliver effective care and achieve NHS constitutional targets	The report provides an update on our performance against constitutional standards and locally agreed performance measures and our priority programmes which will deliver improved hospital services and achievement of constitutional targets.
We will develop our staff, systems and processes to more effectively commission health services	The report provides oversight of how we use our staff, systems and processes that enable effective commissioning.

Alignment of this report to the governing body assurance framework

Risk No	Risk Description	Assurance / mitigation provided by this report	Proposal for amendment to risk as a result of this report (revised risk description, revised mitigation or scoring)
1	Delivery of financial duties as at 31/03/18	The report provides an update on financial performance for the period ended 31 st January 2018.	No change
2	Delivery of 2017/18 financial plan (and comply with legal directions)	The report provides an update on financial performance for the period ended 31 st January 2018.	No change
9	Engagement of stakeholder in new models of care	The report provides an update on continuing involvement of stakeholders in development of the new model of care.	No change
10	Delivery of financial recovery plan	The report provides an update on each of the financial recovery plan programmes.	No change
11	Delivery of NHS constitutional targets	The report provides an update on the performance against constitutional targets.	No change

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP
GOVERNING BODY
FINANCE, PERFORMANCE AND COMMISSIONING COMMITTEE
REPORT

INTRODUCTION

1. This report provides an overview of the business discussed and decisions made at the finance performance and commissioning committee meeting held on 1st March 2018.
2. Details of the key issues discussed are provided in the following paragraphs:

FINANCE AND CONTRACTING PERFORMANCE FOR THE PERIOD ENDED 31st JANUARY 2018

3. The committee received an update on financial performance and delivery of the 2017/18 financial recovery plan at the end of January 2018.
4. After 10 months of the financial year we have reported the following financial position to NHS England:
 - In-year deficit of £1.871 million.
 - Forecast delivery of financial balance as at 31st March 2018.
 - Zero additional financial risk.
5. Our reported forecast out-turn reflects a change in national guidance, whereby the forecast pressure relating to the no cheaper stock obtainable (NCSO) issue is now factored into clinical commissioning group forecasts.
6. Our underlying position has improved further since month 9. Excluding NCSO our likely year-end position has reduced to £1.418 million deficit. For clarity, our reported year-end position assumes this risk will be mitigated in full and our deficit will solely reflect the full-year impact of NCSO.
7. The following table outlines what is required in order to deliver our forecast position:

Description	£M
'Do nothing' forecast at month 10	4.001
Recovery delivery months 11&12	(-)0.755
Non-recurrent mitigations	(-)1.418
Forecast at January 2018 *	1.828

**this position will improve by £1.672m following release of 0.5% headroom*

8. Our intention will be to increase the level of non-recurrent funding to ensure that we deliver financial balance as at 31st March 2018.

DELIVERY OF FINANCIAL RECOVERY PLAN

9. At the end of January 2018 we have reported delivery of £6.617 million savings against an in-year target of £7.869 million. Although significant progress is being made, we know that not all initiatives result in 'bottom-line' savings. We are, therefore, taking a prudent approach and reducing the level of savings required each month.
10. All known mitigations are now factored into our financial forecast. As discussed during recent months the remaining gap will be offset by year-end non-recurrent actions. We will, therefore, deliver our forecast, excluding NCSO, with the following approach:
 - Year-end contract settlements with local providers.
 - We have raised an invoice to resolve the dispute with NHS England in relation to funding of specialised respiratory critical care activity.
11. The committee also received more detailed updates on the following high-risk budget areas:
 - **Prescribing;** at the end of January 2018 we are forecasting a year-end over spend of £1.200 million against the prescribing budget. This represents a significant deterioration from last month which is as a result of a change in NHS England guidance to now include the full forecast implication of NCSO in our financial forecast. There is now more accurate NCSO reporting software available. This coupled with several of the medicines previously out of stock becoming available has reduced the forecast NCSO pressure to £1,770.
 - **Secondary care contracts;** at the end of January 2018 we are reporting a pressure against the secondary care contract budget of £2.388 million with forecast year-end pressure of £3.358 million. This represents an improvement from last month resulting from, in the main, performance against the majority of contracts slowing down in December. As reported throughout the year, the majority of the overspend has arisen from the challenging QIPP targets and budget reductions set at the beginning of the year.

As with previous months we continue to make an assumption of further financial savings in the remainder of the year. We continue to take a prudent assessment of likely impact of our recovery plans with a reduced assumption of £250,000 in February and March.
 - **Continuing healthcare and complex care;** at the end of January 2018 we are forecasting an underspend of £417,000; representing a deterioration of c£250,000. During January 2018 the net number of packages continued to reduce although this might be distorted by a high volume of funded nursing care packages being amended. However, this has not resulted in an improved forecast due to a number of packages being backdated to before January and 1 patient with backdated costs of more than £100,000.

FINANCIAL RECOVERY PLAN DELIVERY

12. It was reported that good progress continues to be made in delivery of the projects within the Financial Recovery Plan. As noted within the finance section, delivery of efficiencies up to January 2018 was £6.6m against a forecast of £7.8m. As reported throughout 2017/18, a number of the projects, particularly in planned care, were not projected to fully deliver until Q3 and 4, to allow time for implementation. However a number of factors have resulted in under delivery against expected efficiency savings including; difficulties with clinical engagement within partner organisations, inability to track efficiencies due to data recording issues and delays in achievement of milestones.
13. The full Financial Recovery Plan tracker can be found [here](#).
14. It was noted that there have been significant redesign delays for paediatrics and we have been unable to implement the design work set out from April 2017 however it is hoped that this will now be addressed through the collaboration with Wirral and the move to a single delivery plan.
15. The committee considered the work underway to try and address falls ensuring that providers are aware of what is available for falls prevention in the community, in line with the shared health and care falls strategy. A 'pick up' service is being trialled, in collaboration with the ambulance service. In addition we are focusing on particular care homes where additional training is needed for staff on falls prevention as well as care following a fall. It was noted that through the consideration of case studies, the GP networks have been looking at this and the need to streamline falls prevention. The expectation is to develop a standardised response when an individual falls including standardised coding and a single point of referral.
16. A financial recovery plan for 18/19 has been developed with a total opportunity of approximately £10.6million.

WIDER COMMISSIONING

17. The Clinical Commissioning Group is proposing to adopt the East Cheshire/Vale Royal & South Cheshire Clinical Commissioning Group guidance for Early Years Providers and Schools on the Use of Over-the-Counter Medicines, in conjunction with Cheshire West and Chester Local Authority. This provides simple guidance on which medications can be administered without the need for a prescription from the child's GP.

PERFORMANCE

18. At the end of December 2017, we were failing to deliver five constitutional performance measures (Referral to Treatment, 62 day cancer, Accident and Emergency, diagnostics and dementia). (Ambulance Performance remains suspended). A summary of performance is provided [here](#).

19. In relation to concerns regarding the failure to achieve the cancer target it was noted that the Countess of Chester Hospital are holding weekly meetings tracking progress to get back to achievement of the 62 day cancer target.
20. Although the referral to treatment target is being missed, benchmarking data demonstrates the Countess compare well with peers and we continue to have no 52 week waiters.
21. The committee discussed the ongoing concern regarding A&E four hour target as the Countess is averaging 70% against target. The decision was taken to stand down the membership council yesterday to reduce the pressure on the community. Out of hours is struggling with high numbers of attenders as well as struggling to fill rotas. In comparison with other trusts the Countess Hospital is high on the radar for A&E and the DTOC target, whereas until recently the focus was on Southport and East Cheshire Trusts. It was noted that we are not yet achieving the target for people streamed to the urgent treatment centre. Yesterday only 7 people were streamed to the urgent treatment centre. This will be further discussed at the A&E Board.

THIRD SECTOR GRANTS REVIEW

22. The Committee received an overview of the third sector grant review and an update on the progress to date. It was noted that the Clinical Commissioning Group are keen to continue to work innovatively with our third sector organisations and want to move away from a rolling grants process year on year which prevents new organisations from getting involved and potentially inhibits innovation. In addition, the Clinical Commissioning Group is keen to try and align with the processes used by the Local Authority with their third sector partners.
23. Following a successful information event the invitation for expressions of interest for bids (to meet the Clinical Commissioning Group's strategic and programme priorities) was well responded to with numerous bids received.
24. In order to ensure a consistent approach to grant allocation, the following principles were used:
 - All grant funding should be applied for on the basis of supporting the Clinical Commissioning Group to achieve its commissioning intentions
 - A transparent and fair application process would be developed and would follow a 'light touch' procurement methodology
 - The Clinical Commissioning Group would remove hospice funding from this process and their funding arrangements are being negotiated separately.
 - All third sector organisations across West Cheshire would be given equal opportunity to apply
 - Grants would be awarded based on the following categories:
 - Yes we will award,
 - Will not award,
 - Further discussion is needed with providers
 - The applications support the Integrated Care Partnership programme and will be considered as part of that process

25. When considering applications, all involved used the following rationale in making their decision:

- The overall commissioning outcomes of the Clinical Commissioning Group
- The individual programme outcomes that the application related to:
 - The quality of the application and proposed delivery
 - The evidenced need for the project
 - The projects sustainability and added value
- Where an application was made over a number of programme areas the average of managers scores were taken
- The application should show equity of delivery across the footprint, if this isn't the case it should demonstrate exceptional value for money
- Applications should not be a duplication of any funding provided by Cheshire West and Chester Council unless it shows additionality to the delivery
- Any organisations that are currently funded will be funded at the existing level unless they have submitted a bid which offers dramatic difference in delivery and outcomes

26. Following the assessment of the bids it was confirmed that the following decisions had been made:

	Amount applied for	Amount supported	Amount not supported	Clarification Amount	Potential to be supported via ICP funding
Totals	£1,380,976	£289,275	£402,361	£546,552	£12,137

27. The Committee requested that the Communications and Engagement team work with those organisations that had not been approved for funding to help them understand the decisions made. The Committee wanted to recognise the value of the third sector particularly in their ability to be flexible and to innovate as well as providing services to fill the gaps left by statutory organisations

28. The Finance, Performance and Commissioning Committee:

- were assured that the applicants were made aware of the respective decision and the appropriate commissioning processes (or clarification conversations) commence;
- were assured that currently funded organisations that are unsuccessful are served notice;
- noted that the clinical commissioning group remains the responsible commissioner for the grant funded organisations due to the difficulties in varying the Local Authority framework;
- were assured that the organisations listed under potential Integrated Care Partnership projects are advised that we will discuss this with them further;
- noted that the third sector funding offer across the system is considered as part of the developing Integrated Care Partnership

WELLBEING PROCUREMENT

29. The Committee noted this procurement brings together three existing services; the Wellbeing Coordinators, Self-Management Courses and the Peer to Peer Coaching service.
30. The contract will be let for three years, at a cost of £500,000 per year, with an option to extend for a further two.
31. The successful bidder in the open procurement process is Primary Care Cheshire Community Interest Company. The members of the committee, excluding GP members approved the decision to award the contract for the Wellbeing Service to Primary Care Cheshire Community Interest Company on behalf of the governing body.

IMPROVED BETTER CARE FUND

32. The Committee discussed how the funding had been used during 17/18 as part of a two year plan. One significant element was that the funding be used to reduce pressures on the NHS. Although it was recognised that evaluation of the effectiveness of 17/18 schemes was required, there was a need to review the two year plan to understand whether any additional funding would be available in 18/19. This would be progressed with the Local Authority.

RECOMMENDATIONS

33. The governing body is asked to:
 - Note the business discussed and decisions made at the finance performance and commissioning committee meeting held on 1st March 2018.
 - Note the financial position to the end of January 2018 and progress against the 2017/18 Financial Recovery Plan as well as the development of the 2018/19 Financial Recovery Plan.
 - Note the position against national/local performance targets.
 - Note the decisions made in relation to the third sector grants review
 - Approved the decision to award the contract for the Wellbeing Service to Primary Care Cheshire Community Interest Company on behalf of the governing body.
 - To request further discussion is undertaken with the Local Authority to understand whether additional funding would be available in 18/19 from the improved Better Care Fund to reduce pressures on the NHS

Gareth James
Chief Finance Officer

Laura Marsh
Director of Commissioning
March 2018

GOVERNING BODY REPORT

- 1. Date of Governing Body Meeting:** 22nd March 2018

- 2. Title Of Report:** 2018/19 Financial Budget

- 3. Key Messages:**
 - NHS West Cheshire Clinical Commissioning Group will begin 2018/19 with an annual budget of £354.032 million including a £5.160 million running cost allowance.

 - Budgets have been set following both national guidance and local planning assumptions.

 - The 2018/19 financial budget has been set to deliver our NHS England control total of £2.4 million surplus as at 31st March 2019.

 - To deliver the control total we will need to deliver efficiency savings of £7.460 million and mitigate potential additional risk of approximately £5.9 million.

 - The 2018/19 budget currently excludes any additional budget relating to the full delegation of primary care (medical) services from April 2018.

- 4. Recommendations:** The governing body is asked to agree the 2018/19 financial budget.

- 5. Report Prepared By:** Gareth James
Chief Finance Officer

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY

FINANCIAL BUDGET 2018/19

INTRODUCTION

1. NHS West Cheshire Clinical Commissioning Group will begin 2018/19 with a total budget of £354.032 million including a running cost allowance of £5.160 million.
2. During 2018/19 we have received allocation growth of £9.484 million (2.83%) which includes an additional £2.843 million (our share of additional £1.6 billion). The running cost allocation has been reduced for 2018/19 by £22,000.
3. The governing body is asked to approve a base budget in the amount of £354.032 million; made up as follows:

Description	£m
Recurrent programme allocation b/fwd	334.240
Growth in allocation (2%)	6.641
Additional allocation growth (0.83%)	2.843
Adjusted published allocation*	3.158
GP access allocation	1.547
Other non-recurrent	0.443
Total 2018/19 programme budgets	348.872
2018/19 running cost allowance	5.160
Total 2016/17 financial budget	354.032

**recurrent increase in respect of tariff changes and market rent adjustment.*

4. Appendix A analyses the budget across recognised budget headings. It is important to note that the 2018/19 financial budget is a 'snapshot' as at 1 April 2018 and will be subject to change during the financial year.
5. Our 2018/19 budget currently excludes a further allocation in respect of the delegated primary care (medical) services from April 2018. We are currently working through the budget handover process with NHS England. We expect to receive an additional allocation of approximately £35 million and this will be added to our 18/19 financial budget.

BUDGET SETTING METHODOLOGY

6. The 2018/19 financial plan and, therefore, financial budget has been developed following application of national inflation and efficiency rules and local finance and activity planning assumptions.
7. The 2018/19 financial budget also includes £3.998 million for expected increases in activity and costs and £1.630 million for mandated and other local investments.

8. The impact of our planning assumptions can be summarised by the following table. Our original plan (scenario A below) resulted in a QIPP target of £8.683 million. Further guidance from NHS England confirmed that QIPP plans should be a maximum of 2%. We have, therefore, revised our 17/18 mitigations and 18/19 inflation assumptions to reduce the QIPP target to £7.460, or 2.15% (scenario B).

Description	£m (scenario A)	£m (scenario B)
Recurrent financial position	(-)1.500	(-)1.500
Repayment of non-rec mitigations	(-)2.000	(-)1.500
Allocation growth	9.522	9.522
Inflation	(-)5.190	(-)4.467
Activity growth	(-)3.998	(-)3.998
Investments	(-)1.630	(-)1.630
Contingency	(-)1.740	(-)1.740
STP transformation (0.25%)	(-)0.880	(-)0.880
Planned non-recurrent income	1.133	1.133
Financial recovery plan (QIPP)	8.683	7.460
Planned surplus	2.400	2.400

UNDERLYING FINANCIAL POSIITON

9. We will begin 2018/19 with a recurrent deficit of approximately £1.5 million. This means that we are spending £1.5 million more than available funds. During 2017/18 we had planned to return to recurrent balance. However, we will only balance as at 31st March 2018 following approximately £1.5m non-recurrent measures.
10. We plan to return to recurrent, or underlying, financial balance at 31st March 2019; analysed as follows:

Description	£m
B/fwd recurrent deficit	(-)1.500
Allocation growth	9.522
Cost pressures & efficiency target	(-)8.465
Recurrent investments	(-)2.510
0.5% contingency	(-)1.740
Recurrent 18/19 financial recovery plan	7.093
18/19 control total	2.400

11. We will also begin 2018/19 with a cumulative deficit of £5.719 million; equal to our year-end deficit at 31st March 2017. If we deliver our 18/19 control total we will reduce our cumulative deficit (described as 'draw up') to £3.319 million as at 31st March 2019. There is an expectation that we will mitigate our cumulative deficit to zero at the end of financial year 2019/20.

NHS ENGLAND BUSINESS RULES

12. NHS England has changed the 'business rules' for 2018/19. Clinical commissioning groups have been given fixed control totals and are not required to protect any funding for non-recurrent usage (previously described as 'headroom'). Our control total for 2018/19 is a £2.4 million surplus.

SECONDARY HEALTHCARE

13. A budget of £256.807 million has been set for secondary healthcare contracts. This reflects activity growth of approximately 1.0% over and above 2017/18 out-turns. We have also applied national tariff assumptions of a further 1% price increase.
14. There is a significant risk that activity grows in excess of the 1% expected increase. An additional £1 million has, therefore, been reported as financial risk.
15. Due to the collection criteria of QIPP data within the NHS England planning templates, our entire financial recovery target has been removed from the secondary care budget. It is anticipated that the next submission will include enough data entry points to allow for the £7.460 million savings to be broken down into a more accurate and granular position.
16. Our allocation includes a second year's non recurrent funding for transfer of services from NHS England specialised services (I/R rules transfer of £2.595m) and also includes the non-recurrent transfer out relating to HRG4+ of £168k.

PRIMARY CARE PRESCRIBING

17. The 18/19 plan increases prescribing spend by 4%; made up of 2% price inflation and 2% growth. As with previous years the 18/19 budget will be calculated using forecast spend adjusted for known changes between the forecast and the year-end. We will then apply the above percentage increases. The proposed budget is as follows:

Description	£M
PPD forecast (month 7)	40.051
Other adjustments to forecast*	(-)1.588
Adjustment for non – rec NCSO	(-)1.313
17/18 forecast spend	37.150
2% price inflation	0.743
2% activity growth	0.743
Proposed prescribing budgets	38.636

*other adjustments include rebate schemes, planned income and FRP savings anticipated.

18. QIPP, or efficiency plans, are currently being finalised and, once agreed, will be netted off the prescribing budget.

CONTINUING HEALTHCARE, COMPLEX CARE AND NHS FUNDED NURSING CARE

19. The 2018/19 financial plan provides for 2% price inflation and an additional 4% increase in the number and cost of packages. The 18/19 CHC, complex care and FNC budget will be calculated based on the 12 month cost of current packages on Broadcare currently estimated to be c£26.6 million plus the inflation and activity growth.
20. We have, therefore, set an annual budget of £28.128 million. The budget does not currently take account of 2017/18 reviews of complex care packages that have yet to be actioned on our reporting system. This should result in a material reduction in 2018/19 costs.
21. We are currently developing our financial recovery plan. This will involve the continued review of both continuing healthcare and other high cost packages of care. We are also working with the Cheshire and Wirral complex care programme board to develop an efficiency plan.

CONTINGENCIES (RESERVES)

22. In line with principles of sound financial management, organisations are expected to create reserve budgets to provide cover for an appropriate assessment of risk. Further guidance from NHS England mandates all clinical commissioning groups to set aside a contingency of at least 0.5% of funding.
23. NHS West Cheshire Clinical Commissioning Group will, therefore, begin 2016/17 with recurrent contingencies of £1.740 million. The Chief Finance Officer will closely monitor the use of contingencies with regular reports to the finance, performance and commissioning committee throughout the financial year.

2018/19 INVESTMENTS

24. The 2018/19 planning guidance mandates several areas for investments. We have, therefore, generated a budget of £2.510 million, analysed as follows:

Description	£m
Primary care 5-year forward view	0.394
Mental health 'parity of esteem'	0.736
Community teams/integration	0.500
STP 0.25% investment	0.880
Total investments included in 18/19 plan	2.510

25. Guidance from NHS England is clear that minimum levels of investment in primary care and mental health are mandated. The only discretionary investment included in the plan is, therefore, the £0.5 million set aside for the development of our integrated teams.
26. We have contributed our share to the Cheshire and Merseyside transformation fund. The process for access to this fund is still to be determined. At the time of setting the 18/19 budget this fund is the only opportunity for additional investment.

RUNNING COSTS

27. We will begin 2018/19 with an allowance of £5.160 million, representing a reduction of £22,000.
28. We plan to operate within our 2017/18 running cost allowance as at 31st March 2018. During 2018/19 we will set some funding aside to support the development of integrated care. We will also work alongside our neighbouring clinical commissioning groups in Cheshire to limit running cost spend whenever possible.
29. Regular updates will be provided to the finance, performance and commissioning committee on progress against the 18/19 running cost target.

FINANCIALRECOVERY PLAN

30. Following the implementation of our financial planning assumptions (both national and local) we have a gap between expected spend and available resources of £7.460 million. This has previously been described as our Quality, Innovation, Productivity and Prevention (QIPP) gap and forms the basis of our financial recovery target for 2017/18. In short, this means that, if not delivered, NHS West Cheshire Clinical Commissioning Group will deliver a deficit of approximately £5 million (missing our control total by c£7.5 million).
31. Our governance and reporting arrangements underpinning delivery are embedded throughout the organisation. Our 2018/19 recovery plans are currently being finalised. We have identified a total opportunity of £10.958 million. However, individual projects are at varying degrees of readiness.
32. Many of our plans will target acute hospital activity reductions and will, therefore, potentially not impact on reduced commissioning spend due to our continued 'block' contracting arrangement with the Countess of Chester NHS Foundation Trust. Our focus now is on the development of a single West Cheshire efficiency plan.
33. Once finalised, savings targets will be netted off budgets prior to budget holder sign-off.

RISK

34. We are planning to deliver a surplus as at 31st March 2019. However, there is very little resilience in our plan; apart from our 0.5% contingency there is no contingency for activity growth in excess of our 2018/19 planning assumptions.
35. Clinical commissioning groups are required to report a 'risk-adjusted deficit' each month to NHS England. Our 2018/19 financial plan reflects potential net risk of £5.9 million. The reported risks are summarised as follows:

Risk Description	Full Risk £m
Prescribing; additional 2% growth	0.800
18/19 contract negotiation	3.000
Potential increase in ambulance service contract value	0.500
Potential secondary care activity growth	1.000
Continuing healthcare	0.500
Non-delivery of QIPP target (25%)	1.865
Gross risk	7.665
0.5% contingency	(-)1.740
NET RISK	5.925

36. The list of reported risks is not exhaustive and will be closely monitored throughout the year.
37. Our financial plan currently assumes very little investment to support the development of a new care model.

BETTER CARE FUND

38. During 2018/19 we will continue to contribute our minimum contribution to the Better Care Fund with Cheshire West and Chester Local Authority. This is made up from contributions across many budget lines from Appendix A.

Figures in £'000s	2017/18			2018/19		
	Minimum Pooled Fund Contribution	Additional CCG Contribution to BCF	Total	Minimum Pooled Fund Contribution	Additional CCG Contribution to BCF	Total
BCF Expenditure						
Acute services - NHS	5,519.0	-	5,519.0	5,574.2	-	5,574.2
Acute services - Non-NHS	1,277.0	630.0	1,907.0	1,289.8	636.3	1,926.1
Acute Total	6,796.0	630.0	7,426.0	6,864.0	636.3	7,500.3
MH services - NHS	88.0	-	88.0	-	-	-
MH services - Non-NHS	215.0	-	215.0	217.2	-	217.2
MH Services Total	303.0	-	303.0	217.2	-	217.2
Community services - NHS	2,498.0	-	2,498.0	2,523.0	-	2,523.0
Community services - Non-NHS	2,275.0	76.0	2,351.0	2,297.8	76.8	2,374.5
Community services Total	4,773.0	76.0	4,849.0	4,820.7	76.8	4,897.5
Continuing Care services	-	4,249.0	4,249.0	-	4,291.5	4,291.5
Primary Care services	-	-	-	-	-	-
Social Care	5,926.0	-	5,926.0	5,985.3	-	5,985.3
Other Programme services	92.0	-	92.0	92.9	-	92.9
Total CCG BCF Expenditure	17,890.0	4,955.0	22,845.0	17,980.0	5,004.6	22,984.6
Total Pooled Fund	17,890.0			17,980.0		
Total Pooled Fund Requirement	16,189			16,496.9		
Validation		GREEN			GREEN	

NEXT STEPS

39. Following governing body approval of the 2018/19 financial budget, budget holders will be required to formally accept budgets, including financial recovery savings targets. Further adjustments might be made to the budget to reflect actual year-end performance.
40. Financial performance will be reported to the finance performance and commissioning committee on a monthly basis.

RECOMMENDATIONS

41. The governing body is asked to agree the 2018/19 financial budget.

Gareth James
Chief Finance Officer

March 2018

	Total - 2018/19 Resource
Revenue Resource Limit (£000)	354,032
2018/19	TOTAL
	Total - 2018/19 Plan
Income and Expenditure	
New Acute services Categories	
Net Non-elective (zero length of stay)	6,352
Net Non-elective (non-zero length of stay)	42,322
Daycase Elective Spells	20,425
Ordinary Elective Spells	7,806
Total first outpatient attendances	11,572
Total follow-up outpatient attendances	10,839
Total outpatient procedures	4,386
Urgent Treatment Centres	31
A&E attendances - Type 1	7,308
A&E attendances - Other	609
High cost drugs and devices	6,847
Maternity	7,244
Ambulance	9,023
Critical care	4,120
NCA's	2,782
Other acute	64,569
Sub-total - Acute services	206,234
Mental Health services (Please transfer to the new description below)	
New Mental Health Categories	
Children & Young People's Mental Health (excluding LD)	2,098
Children & Young People's Eating Disorders	250
Improved access to psychological therapies (adult)	617
A and E and Ward Liaison mental health services (adult)	4,437
Early intervention in psychosis 'EIP' team (14 - 65)	1,235
Crisis resolution home treatment team (adult)	2,000
Learning Disabilities	3,494
Dementia	57
Other adult and older adult - inpatient mental health (excluding dementia)	14,497
Sub-total - MH services	28,685
Community Health Services	
CH Contracts - NHS	19,057
CH Contracts - Other providers (non-nhs, incl. VS)	2,830
Sub-total - Community services	21,888
New Continuing Care services	
Continuing Healthcare Assessment & Support	1,191
Adult Joint Funded Continuing Care	5,405
Funded Nursing Care	3,955
NHS CHC Adult Fully Funded	15,674
Childrens Continuing Care	1,903
Sub-total - Continuing Care Services	28,128
Primary Care services	
Prescribing	38,636
Out of Hours	3,078
Practice Transformation Support	390
PC - Other	8,161
GP IT Costs	992
Sub-total - Primary Care services	51,257
Other Programme services	
NHS Property Services re-charge (excluding running cost)	778
Voluntary Sector Grants / Services	635
Social Care	6,004
Other Programme Services	880
Sub-total - Other Programme services	8,297
Total - Commissioning services	344,490
Running Costs	
CCG Pay costs	3,336
CSU Re-charge	669
NHS Property Services re-charge / CHP Charges	380
Running Costs - Other Non-pay	1,018
Sub-total - Running costs	5,403
Contingency	1,740
Total Application of Funds	351,632
In Year Underspend/(Deficit)	2,400

GOVERNING BODY REPORT

1. **Date of Governing Body Meeting** 22nd March 2018

2. **Title of Report:** Quality Improvement Report

3. **Recommendations** The governing body is asked to:
 - a. Review the issues and concerns highlighted and identify any further actions for the quality improvement committee

 - b. Review the Infection Control Update and identify any further actions for escalation to Director of Infection Prevention and Control

 - c. Note the current position reported by the Designated Nurses for Safeguarding Children and Children in Care and identify any further assurances required against the actions taken to mitigate exceptions

 - d. Note the update from the patient experience service that identifies the concerns and queries raised with our organisation

4. **Report Prepared By:** Paula Wedd
Director of Quality and Safeguarding

Alignment of this report to the clinical commissioning group's corporate objectives

Corporate objectives	Alignment of this report to objectives
We will deliver financial sustainability for the health economy providing value for money for the people of West Cheshire	
We will improve patient safety and the quality of care we commission by reducing variation in standards of care and safeguarding vulnerable people	This report highlights variations in practice that impact on patient safety and actions to mitigate risk
We will support people to take control of their health and wellbeing and to have greater involvement in the services we commission	
We will commission integrated health and social services to ensure improvements in primary and community care	
We will commission improved hospital services to deliver effective care and achieve NHS constitutional targets	
We will develop our staff, systems and processes to more effectively commission health services	

Alignment of this report to the governing body assurance framework			
Risk No	Risk Description	Assurance / mitigation provided by this report	Proposal for amendment to risk as a result of this report (revised risk description, revised mitigation or scoring)
5	Failure to commission safe, effective and harm free care from Providers	This identifies how: *risk to the number of falls of inpatients causing harm is being managed by the Countess of Chester Hospital *Cheshire and Wirral Partnership Trust are taking action to understand gaps in their transfer of care processes	No change
6	Failure to ensure robust arrangements are in place for the safeguarding of vulnerable children	This report identifies that we have got challenges in sustaining improvements in the timeliness of review health assessments for looked after children	Board assurance framework scoring reduced to an improved position
7	Failure to ensure robust arrangements are in place for the safeguarding of adults at risk	This report identifies how the risk in care providers is being mitigated through closure to admissions and close surveillance	No change

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

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 a number of issues to be brought to the attention of the governing body from its meeting on 8th February 2018.

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

4. Focused surveillance will remain on the number of inpatients who fall and sustain significant harm. The governing body asked to be kept sighted on the number of falls with serious harm subsequent to the information being received by the committee.

Number of falls with significant harm reported on StEIS

November December 2017	January February 2017	March April 2017	May June 2017	July August 2017	September October 2017	November December 2017
3	2	4	7	4	4	4

5. There has been one Never Event reported in December 2017 by the hospital. It has been reported as wrong site surgery and a detailed Root Cause Analysis of the incident is underway which will be shared at a future Serious Incident Review group. The last Never Event to be reported was in January 2017.

6. The Trust is currently not compliant with the following requirements of the standard NHS contract: Where there is information which the GP needs quickly in order to manage a patient's care, the provider must communicate this by issue of a clinic letter within 10 days of attendance (reducing to within 7 days from 1 April 2018). A number of the specialties are compliant but this is not universal across the hospital. The Trust have been asked formally at the Quality and Performance meeting for an action plan that identifies options for achieving this requirement. This has been delayed due to operational urgent care challenges experienced by the hospital.

CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST

7. The committee were advised that the Serious Incident Review Group had reviewed a Root Cause Analysis report relating to an older person who had taken an intentional overdose. The Root Cause Analysis identified that the person had a history of depression and anxiety following the death of a loved one some years previously. Whilst the individual was known to a number of both physical and mental health community services it was noted that the grief and loneliness experienced by the person was a contributing factor in this incident.
8. The Serious Incident Review Group wanted to highlight to the governing body the need to address commissioning issues in respect of the health and wellbeing of people who are experiencing loneliness and isolation.

UNIQUE CARE

9. Unique Care provides support to people living in their own homes. It is a provider that has been used by our Continuing Healthcare Service. The governing body have previously been advised that we had suspended the commissioning of packages with Unique Care. This was a consequence of them being issued with a Regulation 28 Preventing Future Deaths Notice by the Coroner and until assurances were provided about the actions they'd taken to meet the failings in Care Quality Commission regulatory breaches and the current inadequate rating.
10. We have met with them to seek assurance that changes have been made and the provider presented their Care Quality Commission Improvement Plan. It was agreed that the Improvement Plan included all the areas identified within the regulatory inspection and that the suspension on packages would remain in place until there is evidence that that the plan is delivering the required changes. This will be reviewed again in April 2018.

ONE TO ONE MIDWIFERY LTD

11. The committee wants to highlight that the regional Quality Surveillance Group has been asking commissioners to work closely with this provider to understand any emerging risks to their financial stability. Our contract team is following this up with the provider who is keen to engage with other providers to explore how alliance models could be useful to managing financial risks in this market.

INFECTION PREVENTION AND CONTROL

Primary Care Inoculation/ Needle Stick Incidents

12. During this reporting period a small number of incidents have been reported by practices relating to inoculation/ needle stick incidents. Due to the increase being reported by primary care, a review of all the incidents has been undertaken by the quality team.
13. The recipients who sustained the injury involved patients, clinical and cleaning staff. There were no themes apparent regarding the root causes of the incidents. The incident reports identified variability in terms of what next steps practices took following the injuries so we sought advice from the Community Infection Prevention Control team.
14. The advice provided and noted here, has been shared with the reporting practices: *“Under the Health and Social Care Act 2008 (rev 2015) Code of practice on the prevention and control of infections and related guidance, criterion 10, care providers must have a system in place to manage inoculation injuries. They can purchase Occupational Health provision at their own discretion.”*
15. The committee identified this as an area that primary care could consider as a quality improvement project.

Methicillin Resistant Staphylococcus Aureus (MRSA)

16. In December there was one case of post-48 hour MRSA. In line with national requirements a post infection review has been completed by the Community Infection Prevention Control team and the report will be shared at the Serious Incident Review Group.

Antimicrobial Resistance

17. West Cheshire Clinical Commissioning Group is an outlier for the volume of prescriptions for cephalosporin and quinolone antibiotics when compared to the total number of prescriptions for antibiotics. These broad-spectrum antibiotics should be avoided when narrow-spectrum antibiotics remain effective because they increase the risk of methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile and resistant urinary tract infections. They are however on the local antibiotic formulary for use

in specific situations. The Medicines Optimisation team are taking steps to address this by adding a prompt to the practice clinical system which will require the prescriber to justify the prescribing of these antibiotics. The aim of this intervention is to limit their prescribing.

Quality Premium 2017/18

18. At November 2017 primary care were achieving the targets for all three indicators of the antibiotic Quality Premium: Reduction of inappropriate antibiotic prescribing for urinary tract infections in primary care:
 - a. A \geq 10% reduction in Trimethoprim: Nitrofurantoin prescribing ratio based on Clinical Commissioning Group baseline data (June15-May16) for 2017/18
 - b. A \geq 10% reduction in the number of trimethoprim items prescribed to patients aged 70 years or greater on baseline data
 - c. Items (antibacterial items) per STAR-PU must be equal to or below England 2013/14 mean performance value of 1.161 items per STAR-PU

19. Another Quality Premium measure for 2017/18 is the reduction of Gram Negative Bacteria blood stream infections across the whole health economy. In September 2017 the clinical commissioning group submitted an E. coli bacteraemia Improvement Plan. A working group, set up by the Consultant Microbiologist at the Countess of Chester Hospital will focus on two sections of the Improvement Plan. These are:
 - a. Compliance with local antimicrobial formulary for first-line treatment of urinary tract infections
 - b. Management of recurrent urinary tract infections

20. The Medicines Optimisation team attended the initial meeting and will be involved in supplying baseline data regarding current prescribing and updating the local Management of Recurrent Urinary Tract Infections Guidelines. Other members of the group include a Consultant Urologist, clinical commissioning group Medical Director, Infection Prevention Control Nurses and Antimicrobial Pharmacist from Countess of Chester Hospital.

SAFEGUARDING CHILDREN

21. A national document "Working Together to Safeguard Children – revisions to statutory guidance October 2017" is out to consultation. The proposed revisions are being made largely to reflect the legislative changes introduced through the Children and Social Work Act 2017 and new 'child death review' guidance. We have responded with comments to the consultation.

22. The Clinical Commissioning Group as one of the three identified statutory partners identified in the guidance will have a major role in contributing to the development of the new multi-agency safeguarding and child death review arrangements outlined in the document. The outcome of the consultation and the publication date for the updated guidance is awaited.

Child Protection - Information Sharing

23. As reported in previous updates the Child Protection – Information Sharing (CP-IS) is a nationwide system that enables child protection information to be shared securely between local authorities and NHS Trusts across England. NHS organisations must take all reasonable steps towards implementing Child Protection – Information Sharing, as set out in the NHS Standard Contract.
24. The Child Protection – Information Sharing project connects local authority children’s social care systems with those used by NHS unscheduled care settings, such as Accident and Emergency departments, walk in centres, out of hour’s services and maternity units.
25. It ensures that health and care professionals are notified when a child or unborn baby with a child protection plan or looked after child status is treated at an unscheduled care setting. Work to implement the system in West Cheshire continues. The following provides an update on the current position:
 - a. Countess of Chester Hospital NHS Foundation Trust - Progress has been maintained by the Trust to implement CP-IS. Staged implementation has commenced with A&E going live in January 2018. The Trust is expecting to have maternity and paediatric services linked into the system by 31st March 2018. NHS Digital continues to link with the Trust during the implementation stage
 - b. Cheshire and Wirral Partnership NHS Foundation Trust - The Trust out of hour’s service is part of hub arrangements across Cheshire. Progress to implement CP-IS is delayed due to the issues identified with some systems including Adastral. NHS Digital is working with the relevant suppliers to make modifications to address these national issues. Unfortunately there is no workaround available at present. The dates for modifications have not yet been confirmed. Communication between NHS Digital and the Trust continues. An implementation date cannot be confirmed at this time
 - c. Cheshire West & Chester Council - As previously reported Cheshire West and Chester have successfully implemented CP-IS and went live in October 2017

Child Sexual Exploitation and Child Sexual Abuse Peer Review

26. The committee were informed that in January/February 2018 a Child Sexual Exploitation and Child Sexual Abuse Peer Review was undertaken. The focus of the review was on the:
 - a. Effectiveness of the integrated front door in:
 - i. Receiving referrals from agencies at the earliest stage where Child Sexual Exploitation is an issue
 - ii. Quality of screening tools in assessing the level of risk to the child
 - iii. Applying the appropriate threshold to referrals based on information across the agencies
 - b. Effectiveness of the multi-agency response in ensuring the child and family receive the right service at the right level for the right outcome, including any action in respect of the person of interest.
27. Multi-agency partners have completed audit tools on 6 young people as requested by the Cheshire East review team. Focus groups and one to one meetings with partners will inform the report. Health providers, including 4 GP practices in West Cheshire are involved in the review. The Named GP has completed the GP audits. Findings and learning from the peer review will be shared with the committee and assurances along with any exceptions will be shared with the governing body.

Joint targeted area inspection of the multi-agency response to abuse and neglect in Cheshire West and Chester – September 2017

28. Between 25th and 29th September 2017, Ofsted, the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services and HMI Probation undertook a joint inspection of the multi-agency response to abuse and neglect in Cheshire West and Chester. This inspection included a 'deep-dive' focus on the response to our children experiencing neglect.
29. At the time of the last update to the governing body a joint health improvement plan had been submitted to the Local Safeguarding Children Board. This was incorporated into the multi-agency improvement plan and was agreed by the Board on 27th November 2017. In line with Ofsted requirements the response was submitted in February 2018 to Ofsted by the Cheshire West and Chester Director of Children's Services. Our partnership response will inform the lines of enquiry at any future joint or single agency activity by inspectorates.
30. Organisations will be required to demonstrate implementation and improvements to the Local Safeguarding Children Board at agreed times during the year.

31. A quarterly improvement plan update has been requested from the Trusts by the Designated Nurse Safeguarding Children. Any health related exceptions will be reported to Quality Improvement committee.

CHILDREN IN CARE

32. A national report “The Care Leavers Association – CARING FOR BETTER HEALTH: An investigation into the health needs of care leavers December 2017” has been published.
33. This report is the culmination of a 3 year project conducted by The Care Leavers Association and funded by the Department of Health Voluntary Sector Investment Programme. The Care Leavers Association is a national user-led charity working to improve the lives of care leavers of all ages. This project sought the views of care leavers and professionals in a variety of ways and included care leavers of all ages and stages of life. This approach enabled the team to gain valuable insight into the long term consequences of the relative neglect of health care issues for this group. The final report and commissioning toolkit has been developed to assist organisations involved in the planning and delivery of health services for care leavers and the Designated Nurse for Looked after Children and Care Leavers will be reviewing current service provision across the area in line with recommendations within this report.

Cheshire West and Chester Children in Care population

34. The total Children in Care population for Cheshire West and Chester has risen by 6% during Quarter 3 from 489 at the end of September 2017 to 518 at the end of December 2017. The total number of Cheshire West and Chester Children in Care originating from West Cheshire Clinical Commissioning Group area at the end of Quarter 3 was 355. Of those, 209 children are placed within the area and 146 are placed in other areas. In addition, there were 90 children from other Local Authorities placed in the West Cheshire Clinical Commissioning Group area at the end of this reporting period.

Health Assessments

35. Procedures are in place to monitor adherence to statutory timescales and quality of all Health Assessments for West Cheshire Children in Care.
36. Table 1 shows the Health Assessment data recorded on the local authority monthly performance report for Quarter 3 2017-18 for all children in care for 12 consecutive months or more. In summary the percentage of children with an up to date health assessment for Quarter 3 was 89.2% compared to 86.8% for Quarter 2.

Table 1 Source: Cheshire West and Chester Local Authority

Performance Indicator	England (latest)	Statistical Neighbour (Latest)	North West (Latest)	CWaC Q1	CWaC Q2	CWaC Latest	Direction of Travel against previous quarter
% of children looked after for at least 12 months with recent health assessment (snapshot)	90%	87.2%	91.5%	80.4%	86.8%	89.2%	↑

Initial Health Assessments

37. The Countess of Chester Hospital NHS Foundation Trust Safeguarding Assurance Framework Initial Health Assessment performance data for Quarter 3 (Table 2) demonstrates a significant improvement in performance for the completion of Initial Health Assessments within the 20 day statutory timescale. At the end of Quarter 3, 93.75% of Initial Health Assessments had been completed within 20 days which is further improvement on 90% for Quarter 2. Of the 2 Initial Health Assessments that were not completed within 20 days, 1 was a baby who was not brought to the clinic appointment as he/she was no longer in care and the Provider had not been notified by the Local Authority. As reported in previous quarterly updates to this Committee, completion of Initial Health Assessments within statutory timescales is dependent on multiagency systems working efficiently, promptly and in partnership. The continued improvement in this performance area is demonstrating that effective systems are in place; however further improvement in timescales for notifications of a child coming into care within 48 hours are required. There is a clear integrated Initial Health Assessment pathway and escalation process in place which continues to be applied consistently, and continued monitoring of performance will ensure system issues are addressed promptly.

Table 2 Source: Countess of Chester NHS Hospitals Trust Safeguarding Assurance Framework

	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Direction of travel
Percentage Requested in timescale	50%	68.4%	66.6%	75%	↑
Percentage Completed in timescale	75%	78.9%	90%	93.7%	↑

Review Health Assessments

38. During the first half of 2017-18, the percentage of Review Health Assessments completed by Cheshire and Wirral Partnership NHS Foundation Trust on West Cheshire Children in Care within statutory timescales initially dipped to 82.1% at the end of Quarter 1 but improved to 89.2% by the end of Quarter 2, as shown in Table 3. At the end of Quarter 3 however, 83.3% of Review Health Assessments had been completed in the month that they were due representing a reduction in performance which requires further review.
39. There was a steady improvement in the percentage of Review Health Assessments completed within timescale for West Cheshire children in care placed out of area from 48.9% at the end of Quarter 1 (2017-18) to 63.6% at the end of Quarter 2. This was largely attributed to the more formal and robust escalation pathway that is now in place (as reported in the update to the governing body previously) however at the end of Quarter 3 there has been another dip in performance with only 47.8% of children placed out of area being seen for their Review Health Assessments in the month that they are due. It is recognised nationally that there are often difficulties in influencing the timeliness of health assessments that are being completed by other providers and the committee were advised that this issue will be examined in detail with the Specialist Children in Care Team to identify the reasons for the current reduction in achievement of timescales. Processes for requesting completion of Review Health Assessments by other areas will be reviewed as there is a possibility that the requests need to be made earlier.

Table 3 source: Cheshire and Wirral Partnership NHS Foundation Trust Safeguarding Assurance Framework

	Quarter 1 (2017-18)	Quarter 2 (2017-18)	Quarter 3 (2017-18)	Direction of travel
West Cheshire Children in area	82.1%	89.2%	83.3%	↓
West Cheshire children out of area	48.9%	63.6%	47.8%	↓
Children placed in West Cheshire area by other Local Authorities	76.9%	84.6%	77.1%	↓

40. The Designated Nurse has received assurance from Cheshire and Wirral Partnership NHS Foundation Trust that all children in care placed in West Cheshire by other clinical commissioning groups receive an equitable service which includes the completion of high quality Review Health Assessments in statutory timescales. The information is now reported by the Trust on the Safeguarding Assurance Framework, and is included in Table 3. At the end of Quarter 3 performance had reduced from 84.6% to 77.1% and this will also be discussed at the review with the Specialist Nursing Team to identify actions required to improve performance in this area.

PATIENT EXPERIENCE

41. The Patient Experience Team received 193 contacts from October 1st 2017 to 31st December 2017. These contacts included members of the public raising complaints and concerns, providing comments on services or requesting advice and signposting. The patient, relative and carer experiences encompassed a wide range of provider and commissioned services.

Complaints

42. During the four month period from October 1st 2017 to 31st December 2017, the Patient Experience team received eight new complaints, four of which were from solicitors writing on behalf of clients to dispute a continuing healthcare checklist assessment; three were from relatives of patients in receipt of complex care, the main issue raised was the lack of progress and time taken to complete a Continuing Healthcare Assessment. The remaining two complaints were from a patient who had experienced problems at a dressing's clinic and another who had cause to complain about staff attitude at a local GP Surgery.

MP Enquiries

43. The team received 12 enquiries from local MPs from October 1st 2017 to 31st December 2017 which is an increase on the previous quarter. The issues raised on behalf of their constituents were as follows:

- Concern about a home ventilator that had broken down
- Enquiry about the Continuing Healthcare service
- Request for an update on the Dressings Clinic at Ellesmere Port
- Query on behalf of a constituent with type 1 diabetes.
- Query regarding the link between a high BMI and eligibility for a knee operation
- Concern about progressing a referral to a hospital in London
- Query about prescribing baby milk
- Query regarding breastfeeding advice given to new mums
- Request for information on autism care pathway
- Concern regarding treatment of a rare skin condition

- Two queries regarding funding for constituent's treatment

Compliments

44. The Patient Experience team received one compliment from October 1st 2017 to 31st December 2017. A letter was received from a person who wanted to thank the clinical commissioning group for funding the psychological therapy that has transformed her life.

Patient Advice and Advice (PALS) Queries

45. A total of 183 contacts made to the Patient Experience Team during the period from October 1st 2017 to 31st December 2017, as shown below:

Subject Area	Number of Queries
General queries (request for information, contacts, events)	98
Referral support service	15
Continuing Healthcare queries	9
Access to medicines	5
Access to treatments/services	3
Waiting times for adult ADHD services	6
Patient Transport Services	3
GP Patient queries	7
Queries regarding cancelled/missed outpatient appointments	2
Access to Diabetes Glucose Libre blood glucose monitoring system	9
Fertility Services	4
Other Issues	22

46. Key themes during this period were:
- a. **Referral Support Service:** The Patient Experience Team received fifteen calls from people who had been unable to contact the referral support service to book an appointment. This number shows a slight increase on that from the last quarter, indicating that this is still an issue. Measures have been taken to try and resolve the situation.
 - b. **Access to Diabetes Blood Glucose Monitoring System Libre™**– The Patient Experience team received nine queries about the availability of this new system on the NHS. This followed the announcement from NHS England and publicity from Diabetes UK about the launch. As part of the response, a review into the distribution of all blood glucose monitoring services is currently taking place, and all queries will be responded to when the final decision is made.
 - c. **Waiting times for adult attention deficit hyperactivity disorder services (ADHD)** – The Patient Experience team was contacted by six people who were concerned about what they saw as lengthy waiting times to be seen by this service. The Patient Experience team liaised closely with the Cheshire and Wirral Partnership NHS Foundation Trust, to ensure those who are awaiting treatment feel fully supported.
 - d. **Continuing Healthcare Service:** Several queries were received regarding the Continuing Healthcare service, these ranged from request for contacts through to how to apply for funded nursing care. All queries were responded to promptly in order to prevent further delay.

PATIENT EXPERIENCE INSIGHT AND INTELLIGENCE

47. The committee received a detailed update on the outcomes of an event when each Programme Manager was given the opportunity to showcase how their programme utilises patient experience information and highlighting what has changed as a result of the patient experience information outlined in the annual Patient Insight and Intelligence Report.
48. Each Programme Manager gave a short presentation consisting of two slides to evidence the following:
- a. What changes occurred as a result of the information published in the 2015-2016 Patient Insight and Intelligence Report.
 - b. Provide an explanation about how the 2016/2017 Patient Insight and Intelligence Report influenced their 2017/2018 Programme work plan, and to explain any future proposed changes.

49. The following is a summary of the key patient experience themes highlighted at the presentations:
- a. Reduce and aim to eliminate system and process barriers to provide a joined up service for patients
 - b. Improve public awareness about the services that we offer. This was especially the case for access to urgent care and extended primary care access. Also, for planned care, patients fed back that they needed good communication and information. They also want services that are local and accessible
 - c. Information is provided at all levels of service provision that supports people to be informed and make choices and decisions, including how to self-care and prevent using services in the first place
 - d. To provide a culture and environment of respect, dignity for patients, partly achieved through providing highly skilled staff and high quality services
 - e. People want more choice. This was particularly the case regarding being able to choose where and when they are seen, and want care that is structured (for example, through care plans), that keeps them informed about any changes
50. Following the meeting, Pam Smith, NHS West Cheshire Clinical Commissioning Group, Lay Governing Body Member for Patient and Public Involvement wrote to the Programme Managers to inform that, as a result of their presentations and feedback, the Patient Experience Manager and the Head of Communications and Engagement have been tasked with reviewing the following areas of patient experience:
- a. The date for publication of the Patient Insight and Intelligence Report to be moved from February 2018 to June 2018, in order to fit better with the Clinical Commissioning Group's commissioning planning cycle.
 - b. The Patient Experience Manager and the Head of Communications and Engagement will develop a framework for 'You Said, We Did' so that it is more explicit in NHS West Cheshire Clinical Commissioning Group's plans, showing how NHS West Cheshire Clinical Commissioning Group has used the information we collect to develop services, and how this is fed back to contributors and wider stakeholders.
 - c. Programme Managers were asked to pass on any patient feedback on their services to the Patient Experience Manager.

RECOMMENDATIONS

51. The governing body is asked to:
- a. Review the issues and concerns highlighted and identify any further actions for the quality improvement committee
 - b. Review the Infection Control Update and identify any further actions for escalation to Director of Infection Prevention and Control
 - c. Note the current position reported by the Designated Nurses for Safeguarding Children and Children in Care and identify any further assurances required against the actions taken to mitigate exceptions
 - d. Note the update from the patient experience service that identifies the concerns and queries raised with our organisation

Paula Wedd
Director of Quality and Safeguarding

March 2018

GOVERNING BODY REPORT

1. **Date of Governing Body Meeting:** 22nd March 2018
2. **Title of Report:** Primary Care Commissioning Committee Report
3. **Key Messages:**

This report provides an update on the business discussed and decisions made at the Primary Care Commissioning Committee meeting on 11 January 2018:

 - The Committee considered the content of the full delegation of primary care report and recommended to the Governing Body to continue to full delegation of Primary Care Commissioning;
 - The committee approved the new specification for the DMARD Local Enhanced Service subject to feedback from the local medical committee;
 - The committee approved the recommendation to progress with option 2, adding wound management care to the primary care CQUIN for 2018/19, utilising the Personal Medical Services reinvestment monies;
 - The committee noted the work being undertaken as part of the GP Forward View.
4. **Recommendations**

The governing body is asked to note the decisions and recommendations made by the Primary Care Commissioning Committee including:

Full Delegation Of Primary Care Commissioning:

 - a. That the committee members who were not conflicted were in favour of recommending full delegation to the governing body. There was recognition that if delegation is agreed, the following issues will need to be satisfactorily addressed:
 - i. mitigation of any additional staffing costs and risks where possible;
 - ii. continuation of support, with written assurance, from NHS England for unpredictable, serious incidents/issues;

- iii. that no further development is required of network members prior to delegation but that there is an opportunity for the Committee members to more fully understand the business model of primary care;
 - iv. a commitment from NHS England to providing resources for the transition period (a minimum of six months).
- b. That the Committee considered the content of the report and recommended to the Governing Body to continue to full delegation of Primary Care Commissioning.

Other primary care issues:

- c. The committee reviewed the DMARD Local Enhanced Service and approved the new specification subject to feedback from the local medical committee.
- d. The committee noted the options appraisal for the provision of dressings and approved the recommendation to progress with option 2, adding wound management care to the primary care CQUIN for 2018/19, utilising the Personal Medical Services reinvestment monies.

5. Report Prepared By:

Laura Marsh
Director of Commissioning

Dr Andy McAlavey
Medical Director

Alignment of this report to the clinical commissioning group’s corporate objectives

Corporate objectives	Alignment of this report to objectives
We will deliver financial sustainability for the health economy providing value for money for the people of West Cheshire	The report provides an update on primary care commissioning decisions in a joint commissioning context with NHS England.
We will improve patient safety and the quality of care we commission by reducing variation in standards of care and safeguarding vulnerable people	The report provides an update on our primary care quality performance and approach to reducing variation in standards of care.
We will support people to take control of their health and wellbeing and to have greater involvement in the services we commission	n/a
We will commission integrated health and social services to ensure improvements in primary and community care	The report provides an update on delegated commissioning.
We will commission improved hospital services to deliver effective care and achieve NHS constitutional targets	n/a
We will develop our staff, systems and processes to more effectively commission health services	n/a

Alignment of this report to the governing body assurance framework

Risk No	Risk Description	Assurance / mitigation provided by this report	Proposal for amendment to risk as a result of this report (revised risk description, revised mitigation or scoring)

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

PRIMARY CARE COMMISSIONING COMMITTEE

INTRODUCTION

1. This report provides an update on the business discussed and decisions made at the Primary Care Commissioning Committee meeting on 11 January 2018.
2. Details of the key issues discussed are provided in the following paragraphs.

COMMITTEE WORKPLAN

3. The draft committee workplan was presented. It was agreed that the workplan would be broken down further to include more detail and would be agreed at the March meeting.
4. It will be a dynamic document that will enable items to be added or updated throughout the year.

FULL DELEGATION OF PRIMARY CARE COMMISSIONING (GP CONTRACT)

5. The committee was updated regarding the conflicts of interest involved in the decision which was to be taken regarding recommending full delegation to the governing body. The GP members and the NHS England representative were deemed to have a conflict of interest and as such were unable to take part in the decision making process on this item.
6. The committee was advised that the NHS England Managing Conflicts of Interest: Revised Statutory guidance for clinical commissioning groups recommends that GPs do not have voting rights on the primary care commissioning committee. Therefore, the committee's terms of reference will state that GP and NHS England representatives on the committee will be excluded from being voting members of the committee.
7. The committee was updated on the arrangements needed for the Governing Body to make the decision to move to full delegation of primary care commissioning. It was noted that if the Governing Body agrees full delegation, they will need to recommend to the membership council meeting in February the resulting changes to the constitution.

8. Discussions regarding the implications of becoming fully delegated have taken place at November Membership Council and January networks.
9. Work has commenced with NHS England on due diligence regarding the financial risks of full delegation of primary care commissioning.
10. It was reported that there are risks around the capacity of all teams; finance, contracting, quality and primary care teams, although there is work underway with neighbouring Clinical Commissioning Groups to share expertise and capacity across Cheshire.
11. Network chairs raised the issue that some practices had queried how well understood the business model of general practice is by committee members. It was recognised that further training and support might be required by members of the committee regarding primary care finance and business model to support full delegation from April 2018.
12. The committee members who were not conflicted were in favour of recommending full delegation to the governing body. There was recognition that if delegation is agreed, the following issues will need to be satisfactorily addressed:
 - mitigation of any additional staffing costs and risks where possible;
 - continuation of support, with written assurance, from NHS England for unpredictable, serious incidents/issues;
 - that no further development is required of network members prior to delegation but that there is an opportunity for the Committee members to more fully understand the business model of primary care;
 - a commitment from NHS England to providing resources for the transition period (a minimum of six months).
13. The Primary Care Commissioning Committee considered the content of the report and recommended to the Governing Body to continue to full delegation of Primary Care Commissioning.

PRIMARY CARE QUALITY REPORT

14. There were three specific items that the Committee focused on with regard to primary care quality:
 - the Primary Care Support England investigation of missing medical records
 - information on quality and safety incidents
 - developments regarding the primary care commissioning for quality and innovation scheme

15. The Committee was informed that a response had been received from Primary Care Services England in relation to the significant number of patient records that had not been received in a timely manner. The report included actions to try to resolve the issue including releasing records from legacy storage, requesting release of patient notes from previous GP surgeries using patient labels and circulation of NHS England guidance to practices regarding conveyance of notes.
16. The practices most affected by this issue were then asked to replicate their previous audit to understand whether the position had improved. The practices have reported back and the improvement has not been as significant as the Clinical Commissioning Group had hoped based on the assurances by the provider and NHS England. The current status has been escalated to NHS England and Primary Care Services England and comment is awaited.
17. The interim Clinical Lead for Quality and Safety has identified three areas where Datix Incident Trends have required further action. These are communication from the hospital via fax, inoculation injuries and post splenectomy patients.
18. Further work is taking place to investigate which pathways and departments use faxes and how electronic alternatives can be implemented. With regard to post-splenectomy patients and antibiotic prophylaxis, a Central Alert has been received by practices to implement best practice. With regard to inoculation injuries, further work is taking place in partnership with Cheshire and Wirral Partnership Trust to update the current needle stick injury policy which will then be shared with all West Cheshire practices.
19. The Primary Care Commissioning for Quality and Innovation Scheme for 2018/19 continues to be developed and conversations and refinements have taken place with programmes, clinical leads and locality Network meetings. The intention is to align the primary care commissioning for quality and innovation scheme with the integrated care agenda. The scheme will be brought back to the committee for sign off in March 2018.
20. The committee noted the following:
 - a. response received from Primary Care Services England and recommended next steps
 - b. the work being undertaken to ensure a standard approach to Care Quality Commission inspection requirements.
 - c. The progress made towards developing the CQUIN for 2018/19 and agreed that this would be discussed further at the March meeting.

PRIMARY CARE COMMISSIONING REPORT

21. The committee was updated on the work undertaken to date with practices identified within the Support and Escalation Process.

22. The committee considered and supported proposed personal medical service key performance indicators for 2018/19.
23. The committee was advised of the review being undertaken by the clinical commissioning group of the Disease Modifying Anti-Rheumatic Drugs Local Enhanced Service (DMARD). It is hoped to relaunch the service from 1 April 2018.
24. The committee noted the following:
 - a. The progress of work taking place with practices as part of the Support and Escalation Process;
 - b. The progress of the PMS practices within 2017/18 and approved the key performance indicators for the PMS practices in 2018/19;
 - c. The review of the DMARD Local Enhanced Service and approved the new specification subject to feedback from the local medical committee.

OPTIONS APPRAISAL FOR THE PROVISION OF DRESSINGS

25. The clinical lead for primary care outlined the background to the issues concerning the provision of dressings in primary care and explained that a task and finish group had been established to find an equitable solution.
26. The Committee considered the options and approved the inclusion of dressings care into the 2018/19 CQUIN as the next step in the development of a comprehensive pathway of care.
27. The committee:
 - a. Noted the progress made by the clinical lead and the task and finish group
 - b. Noted the potential risk if a solution is not found, including clinical risk to patients
 - c. Approved the recommendation to progress with, adding wound management care to the primary care CQUIN for 2018/19, utilising the Personal Medical Services reinvestment monies.

PRIMARY CARE PROGRAMME UPDATE

GP FORWARD VIEW

28. The committee was advised that:

International GP Recruitment

29. All Clinical Commissioning Groups in Cheshire and Merseyside were successful in their application for the International GP Recruitment programme. The application outlined the need for 122 doctors in 107 practices across the area. Nine practices in West Cheshire have asked for a GP covering a population of c83,000.

Clinical Practice Pharmacists

30. The Clinical Commissioning Group and NHS England Local Area Team have developed a model for implementation of the Clinical Practice Pharmacists pilot locally. There will be 2.8 WTE pharmacists covering ten practices as well as care homes and the extended hours service.

Econsult

31. All 27 practices that have signed up to use econsult have now implemented the system. This system will provide patients with an opportunity to contact the practice to obtain support to self-manage their long term condition, request fit notes or obtain a prescription as alternatives to having an appointment. Should the patient require an appointment, the GP has all the information relating to their episode of care and as a result the consultation time is reduced.

Releasing Time For Care

32. The 9 practices involved have now completed half the programme. Feedback and actions taken as a result of this programme have been extremely positive and the benefits associated with a whole cluster attending the workshops together have been apparent.
33. A second cohort of the programme will commence in April 2018. Nine practices have signed up to be part of this cohort to date.

Practice Manager Training and Development

34. NHS England has published information regarding the funding allocations and offer for Practice Manager Development programme. This includes:
 - Advanced Practice Manager Development Programme
 - Sharing best practice resources
 - Practice Manager Development Conferences
 - GPFV Regional Awards Event

Cluster Admin Team Sessions

35. GPFV funding has been used to support practice admin teams to come together to provide networking opportunities to support moving towards a primary care home model.

INFORMATION TECHNOLOGY

Cheshire Shared IT Network (MPLS)

36. The committee was advised of the developments around Information Technology in practices, including; the implementation of the Cheshire Shared IT Network, the Single domain (North West Shared Infrastructure Service), public wifi, a centralised storage facility, the Virtual Desktop Infrastructure (VDI) and Docman 10. All of which will have a beneficial impact on the effectiveness and efficiency of primary care.

ESTATES

Ellesmere Port Hub

37. The development work is progressing with a draft schedule of accommodation produced. The Memorandum of Understanding signed by all partners is due to expire at the end of December 2018. Partners will be asked to sign a new agreement, however until costs have been finalised, organisations are unlikely to be comfortable to sign. The consultants will be working on finalising the costs in the next month.

RECOMMENDATIONS

38. The governing body is asked to note the decisions and recommendations made by the Primary Care Commissioning Committee including:
39. Full Delegation Of Primary Care Commissioning:
- a. That the committee members who were not conflicted were in favour of recommending full delegation to the governing body. There was recognition that if delegation is agreed, the following issues will need to be satisfactorily addressed
 - i. mitigation of any additional staffing costs and risks where possible;
 - ii. continuation of support, with written assurance, from NHS England for unpredictable, serious incidents/issues;
 - iii. that no further development is required of network members prior to delegation but that there is an opportunity for the Committee members to more fully understand the business model of primary care
 - iv. a commitment from NHS England to providing resources for the transition period (a minimum of six months).
 - b. That the Committee considered the content of the report and recommended to the Governing Body to continue to full delegation of Primary Care Commissioning.

40. Other primary care issues:

- a. The committee reviewed the DMARD Local Enhanced Service and approved the new specification subject to feedback from the local medical committee.
- b. The committee noted the options appraisal for the provision of dressings and approved the recommendation to progress with option 2, adding wound management care to the primary care CQUIN for 2018/19, utilising the Personal Medical Services reinvestment monies.

Laura Marsh
Director of Commissioning

Dr Andy McAlavey
Medical Director

March 2018

GOVERNING BODY REPORT

DATE OF GOVERNING BODY MEETING:	22 nd March, 2018
TITLE OF REPORT:	Clinical Commissioning Group Policies and Governance Documents
KEY MESSAGES:	This report provides one clinical commissioning group policy for governing body ratification.
RECOMMENDATIONS:	The governing body is asked to approve / ratify the policy.
REPORT PREPARED BY:	Christine France Governing Body and Committees Coordinator

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP
GOVERNING BODY
CLINICAL COMMISSIONING GROUP POLICIES
AND GOVERNANCE DOCUMENTS

INTRODUCTION

1. One clinical commissioning group policy is 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, where required. Provided below is the policy for ratification. A hyperlink to the document is provided and the table summarises the oversight (i.e. which sub-committee has scrutinised the report), along with details of when the document has been previously considered by the governing body. Also included is the name and contact details for the lead officer from the clinical commissioning group for the policy.

No	Document	Oversight	Previous Governing Body Ratification Date	Lead Officer
1.	Shared Parental Leave	Approved by Trade Unions at Midlands & Lancashire Commissioning Support Unit's CCG Staff Partnership Forum	May 2016	Gareth James Chief Finance Officer 01244 385259 garethjames@nhs.net

RECOMMENDATION

3. The governing body is asked to approve/ratify the policy provided.

Gareth James
Chief Finance Officer
March 2018

GOVERNING BODY REPORT

1. **Date of Governing Body Meeting:** 22nd March 2018

2. **Title of Report:** 2017/18 Governing Body Assurance Framework

3. **Key Messages:** This report presents a summary of the changes to the 2017/18 governing body assurance framework as at the end of January 2018.

4. **Recommendations** The governing body is asked to consider and approve the 2017/18 governing body assurance framework proposed by the executive risk sponsors, noting the summary of changes from the previous assurance framework (reported to the governing body in January 2018).

5. **Report Prepared By:** Debbie Bryce
Head of Governance

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY 2017/18 GOVERNING BODY ASSURANCE FRAMEWORK

INTRODUCTION

1. The **assurance framework** is aligned to the NHS England Improvement Assessment Categories. In accordance with the clinical commissioning group's risk management strategy, the departmental risk registers have been reviewed in January 2018.
2. An efficient and effective assurance framework is a fundamental component of good governance, providing a tool for governing bodies to identify and ensure that there is sufficient, continuous and reliable assurance on organisational stewardship and the management of the major risks to organisational success.

REVIEW

3. For ease, a summary of the changes to the governing body assurance framework, since the governing body in January 2018, are provided below.

Risk Number 2016/17	Risk Number 2017/18	Risk Sponsor/Owner	Summary of risk changes	Change to risk rating
1.	-	Chief Finance Officer	<u>Financial Sustainability</u> Failure of the clinical commissioning group to deliver financial duties - risk that the revised <u>2016/17</u> financial forecast will not be delivered.	Risk was archived in July 2017
2.	1.	Chief Finance Officer	<u>Financial Sustainability</u> Positive assurance and gaps in controls narrative have both been updated. Following guidance, the risk relating to 'no cheaper stock obtainable' is now factored into the year-end forecast with zero additional risk. Addition to partnership issues narrative to reflect the development of a joint efficiency plan for 2018/19.	Overall risk rating has reduced from 20 to 15. Risk likelihood rating reduced from 4 to 3.

Risk Number 2016/17	Risk Number 2017/18	Risk Sponsor/Owner	Summary of risk changes	Change to risk rating
3.	2.	Chief Finance Officer	<u>Organisational Governance</u> Update to gaps in control and assurance narrative	Unchanged
4.	3.	Chief Finance Officer	<u>Information Governance</u> (The Commissioning Support Unit is leading us through the training and process of the introduction of the new General Data Protection Regulations in May 2018). Update to positive assurance narrative.	Unchanged
5.	4.	Director of Quality & Safeguarding	<u>Safe/effective/harm-free care from providers</u> Unchanged	Unchanged
6.	5.	Director of Quality & Safeguarding	<u>Safeguarding Vulnerable Children</u> Update to gaps in controls narrative to include temporary gap in designated nurse hours.	Unchanged
7.	6.	Director of Quality & Safeguarding	<u>Safeguarding Vulnerable Adults</u> Unchanged	Unchanged
8.	7.	Director of Quality & Safeguarding	<u>Safe/quality services during financial recovery</u> Update to gaps in controls narrative.	Unchanged
9.	8.	Chief Executive Officer	<u>Integrated Care Development</u> Unchanged	Unchanged

Risk Number 2016/17	Risk Number 2017/18	Risk Sponsor/Owner	Summary of risk changes	Change to risk rating
10.	9.	Director of Commissioning	<u>Delivery of Financial Recovery Plan (programmes)</u> Unchanged	Unchanged
11.	10.	Chief Finance Officer & Director of Commissioning	<u>NHS Constitutional Performance Targets</u> Updated narrative to reflect Quarter 3 failure to deliver the A&E standard, referral to treatment and cancer 62 day target.	Unchanged
12.	11.	Chief Executive Officer	<u>Sustainable Leadership (to deliver the West Cheshire Way)</u> Unchanged	Unchanged
13.	12.	Chief Executive Officer	<u>Delivery of Organisation Improvement Plan</u>	Unchanged
-	13	Chief Executive Officer	<u>Integrated Care (capacity and capability)</u> Updated narrative for gaps in controls.	Unchanged
-	14	Chief Finance Officer	<u>Financial Sustainability (reimbursement of Hospice payroll costs)</u> Unchanged	Unchanged
-	15	Chief Finance Officer	<u>Cyber Security</u> Unchanged	Unchanged

RECOMMENDATIONS

4. The governing body is asked to consider and approve the 2017/18 governing body assurance framework proposed by the executive risk sponsors, noting the summary of proposed changes from the governing body assurance framework reported to the governing body in January 2018.

Gareth James
Chief Finance Officer

March 2018

Date of Governing Body Meeting:	22 nd March 2018
Title of Report:	Minutes of Governing Body Sub-Committees and Committees of the Clinical Commissioning Group.
Key Messages:	To provide an overview of business and actions/decisions made by the sub-committees of the governing body and Committees of the Clinical Commissioning Group (Joint Commissioning Committee and Primary Care Commissioning Committee).
Recommendations:	The governing body is requested to receive and note any significant issues arising from, and the minutes of, the sub-committees and Committees of the Clinical Commissioning Group
Report Prepared By:	Christine France Governing Body and Committees Coordinator

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

MINUTES OF GOVERNING BODY SUB-COMMITTEES AND COMMITTEES OF THE CLINICAL COMMISSIONING GROUP

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, along with committees of the Clinical Commissioning Group. 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 or reports are available via hyperlink.

GP LOCALITY NETWORKS

Chester City Locality GP Network

3. The approved minutes from the December 2017 and February 2018 Chester City Locality GP Network meetings are available [here](#). The approved minutes of the joint Chester City and Ellesmere Port and Neston Locality GP Network meeting held in January 2018 are available [here](#).

Rural Locality GP Network

4. The approved minutes from the December 2017 and January 2018 Rural Locality GP Network meetings are available [here](#).

Ellesmere Port and Neston Locality GP Network

5. The approved minutes from the December 2017 and February 2018 Ellesmere Port and Neston GP Locality Network meeting are available [here](#). The approved minutes of the joint Chester City and Ellesmere Port and Neston Locality GP Network meeting held in January 2018 are available [here](#).

PRIMARY CARE COMMISSIONING COMMITTEE – [minutes](#)

6. An update of the January 2018 meeting is included within the primary care report.

QUALITY IMPROVEMENT COMMITTEE - [minutes](#)

7. An update of the February 2018 meeting is contained within the quality improvement committee report.

FINANCE, PERFORMANCE AND COMMISSIONING COMMITTEE – [minutes](#)

8. An update of the February and March committee meetings is contained within the finance, performance and commissioning committee report.

AUDIT COMMITTEE

9. There is no update scheduled to be provided to the governing body.

CHESHIRE CLINICAL COMMISSIONING GROUP'S JOINT COMMISSIONING COMMITTEE

10. There is no update scheduled to be provided to the governing body.

RECOMMENDATION

11. The governing body is requested to receive and note any significant issues arising from, and the minutes of, the sub-committees of the governing body and Committees of the Clinical Commissioning Group.