NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP AGENDA

Formal Governing Body Meeting to be held in Public on Thursday 15th May 2014, at 9.00am in Tarvin Community Centre, Meadow Close, Tarvin, CH3 8LY

Item	Time	Agenda Item	Action	Presenter
	9.00	Welcome and **Open Forum**	-	Dr Huw Charles-Jones *GP Chair*
	9.15	Chairs Opening Remarks		Dr Huw Charles-Jones *GP Chair*
A	9.20	Apologies for absence	-	Dr Huw Charles-Jones *GP Chair*
B	9.22	Declarations of interests in agenda items	-	Dr Huw Charles-Jones *GP Chair*
C	9.23	Governing Body Register of Declared Interests (April 2014)	-	Dr Huw Charles-Jones *GP Chair*
D	9.25	Minutes of last meeting held on 20th March 2014	DR	Dr Huw Charles-Jones *GP Chair*
E	9.35	Matters arising/actions from previous Governing Body Meetings	D	Dr Huw Charles-Jones *GP Chair*
WCCCGGB/14/05/01	9.40	Health and Wellbeing Strategy 2014 – 2019 Update	D	Caryn Cox *Director of Public Health, Cheshire West and Chester Council*
WCCCGGB/14/05/02	9.55	Integrated Strategic Needs Assessment Update	DR	Caryn Cox *Director of Public Health, Cheshire West and Chester Council*
WCCCGGB/14/05/03	10.10	Quality Improvement Committee Report	DR	Sheila Dilks *Clinical Lead - Nurse Representative* Paula Wedd *Director of Quality & Safeguarding*
WCCCGGB/14/05/04	10.25	Commissioning Delivery Committee Report	DR	Chris Hannah Vice Chair/Lay Member Laura Marsh *Director of Commissioning*
WCCCGGB/14/05/05	10.40	Audit Committee Report	DR	David Gilburt *Lay Member* Gareth James *Chief Finance Officer*

BREAK	**10.55 – 11.05**			
WCCCGGB/14/05/06	11.05	Finance Update	D	Gareth James *Chief Finance Officer*
WCCCGGB/14/05/07	11.15	Programme Delivery Update Report	D	Laura Marsh *Director of Commissioning*
WCCCGGB/14/05/08	11.30	Chief Executive Officer's Business Report	I	Alison Lee Chief Executive Officer
WCCCGGB/14/05/09	11.40	Committee Annual Reports 2013/14	D	Alison Lee *Chief Executive Officer*
WCCCGGB/14/05/10	11.55	Clinical Commissioning Group Polices and Governance Documents	DR	Gareth James *Chief Finance Officer*
CONSENT ITEMS				
WCCCGGB/14/05/11	11.55	Clinical Commissioning Group Sub-Committee Minutes	I	Alison Lee *Chief Executive Officer*
WCCCGGB/14/05/12	12.10	Any Other Business**	-	Dr Huw Charles-Jones *GP Chair*
Date and Time of Next Meeting – Thursday 17th July 2014, at 9.00am – Civic Suite, Ellesmere Port Civic Hall, Ellesmere Port CH65 0AZ				

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.

Governing Body Register of Declared Interests

Name	Title	Declaration information	Date Declared
Dr Huw Charles-Jones	Chair	• GP Principal, Lache Health Centre, Hawthorn Road, Chester, CH4 8HX. • Lache Health Centre is a member of Cheshire Primary Care Provider, which is a Community Interest Company;	April 2014
Alison Lee	Chief Executive Officer	• Husband – Photo-Journalist with Agence-France-Presse (international news agency).	January 2014
Dr Andy McAlavey	Medical Director	• GP Principal, Drs Cox McAlavey, Anderton & Cunningham, Great Sutton Medical Centre, Old Chester Road, Ellesmere Port, CH66 3PB; • Great Sutton Medical Centre is a member of Cheshire Primary Care Provider, which is a Community Interest Company; • Area 36 Round Table (Cheshire, Wirral, North Wales).	April 2014
Dr Claire Westmoreland	GP Network Chair (City)	• Stepfather employed by Cheshire & Wirral Partnership NHS Foundation Trust as Community Psychiatric Nurse; • Partner at Western Avenue Medical Centre, with APMS contract for Westminster Surgery. • Western Avenue Medical Centre is a member of Cheshire Primary Care Provider, which is a Community Interest Company	February 2014
Dr Jeremy Perkins	GP Network Chair (Ellesmere Port and Neston)	• General Practitioner Neston Surgery (provider of primary care) • Neston Surgery is a member of Cheshire Primary Care Provider, which is a Community Interest Company	April 2014
Dr Steve Pomfret	GP Network Chair (Rural)	• GP Principal at the Knoll, Surgery, Princeway, Frodsham, Cheshire, WA6 6RX; • Partner in Practice sits on Board of Compass Charity who may be seeking to provide counselling services to the NHS. • Knoll Surgery is a member of Cheshire Primary Care Provider, which is a Community Interest Company	April 2014

Name	Title	Declaration information	Date Declared
Chris Hannah	Vice Chair / Lay Member	• Chair, Skills for Health, charity supporting skills development across the UK health sector – ongoing; • Acting chair, Alternative Futures Group, charity - providing learning disabilities and mental health services across the North West – ongoing; • Director, Goodwin Hannah Ltd – Until 31/03/14.	January 2014
David Gilburt	Lay Member	• Joint owner of a business known as Bonduca Solutions which provides consultancy support, including advice on financial turnaround, financial planning, business case development and service redesign to NHS and other organisations; • Actively involved in activities which support the Neuromuscular Centre in Winsford, Cheshire which provides a range of services and specialist advice for people with muscular dystrophy; • Interim Director of Finance of the Ealing Hospitals NHS Trust; • Offer occasional paid ad hoc specialist advice to the Gerson Lehrman Group which provides access to research for a wide range of financial and investments institutions and life sciences companies.	February 2014
Pam Smith	Lay Member	• Director of Pam Smith Consultancy Ltd which offers management advice, research and support to Local Authorities, Housing and care providers; • Associate of Research in Practice for Adult Social Care; • Advancing Quality Alliance Associate; • Board Member of Care Plus a subsidiary Board of Housing Plus in Staffordshire.	April 2014
Mr Mike Zeiderman	Secondary Care Physician	• Director of AMOS Medical. Providing NHS and Private Care at Renacres Hall Hospital, Halsall Nr Ormskirk and at SPIRE Liverpool and Formby.	January 2014
Sheila Dilks	Clinical Lead - Nursing	• None.	February 2014
Gareth James	Chief Finance Office	• Wife is Associate Director of Effective Services at Cheshire & Wirral Partnership NHS Foundation Trust.	January 2014

Name	Title	Declaration information	Date Declared
Rob Nolan	Director of Contracts and Performance	• Partner is Audit manager at Mersey Internal Audit Agency; • Joint Role with Wirral Clinical Commissioning Group.	February 2014
Paula Wedd	Director of Quality & Safeguarding	• None.	January 2014
Laura Marsh	Director of Commissioning	• Husband is employee of Cheshire and Merseyside Commissioning Support Unit.	April 2014
Helen McCairn	Director of Partnerships	• None.	January 2014
Caryn Cox	Director of Public Health, Cheshire West and Chester Council	• St John Ambulance (West Midlands) Divisional Officer – 1979 – to date; • Jigsaw Associates – Owner (Public Health Consultancy) – 2001 – to date; • Health and Safety Executive Member – Research Ethics Committee – 2007 – to date.	January 2014

NHS West Cheshire Clinical Commissioning Group

Formal Governing Body Meeting

Thursday 20th March 2014, 9.00a.m., Conference Rooms A & B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester CH2 1HJ

PRESENT

Voting Members:

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

Non-voting Members:

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

In attendance:

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

14/01	AGENDA ITEM	Action
	WECOME AND OPEN FORUM	
	The Chair welcomed everyone to the meeting and noted that there have been four questions raised by members of the public prior to this meeting. The following responses were noted: *Gus Cairns* *Patient, Deputy Chair of Healthwatch Cheshire West Operational Committee, NHS Specialist Urology Clinical Reference Group patient representative, Elms Medical Centre PPG member, Chair Blacon Health Partnership* *Is the clinical commissioning group looking at NHS England's 7 day working 24/7, which will mean consultant-led 7day 24/7 hospital services, which could mean patients being discharged on a weekend with care needs at home and perhaps nurses and GP's and social workers working a rota over 7 days especially with named GP's for over 75's coming in ?* Response: The Chair noted that this is an interesting and pertinent question, as it is known that the way in which GPs work has to change in order to meet the rising demands on primary care, and a tight financial climate. Across NHS West Cheshire Clinical Commissioning Group, GP practices are considering how to work innovatively together, and with other partners to transform the way that services are provided to patients across 7 days. As part of the West Cheshire Way (our strategy for improving health care), the clinical commissioning group is working together with all local providers across primary, secondary, community and social care to develop services that place the needs of patients at their centre. This means ensuring that individual patients can access the care they need, in the setting that is most appropriate for them. The clinical commissioning group needs to balance improving access to primary care for patients with good continuity of care, to ensure that those with more complex needs, especially older patients, are looked after and managed by people who know them. It is recognised that the current model cannot simply be extended across the weekend. For this reason, the building blocks of the transformation are the integrated teams that have been developed across clusters of practices, who will work with their respective GP practices to respond to the needs of the patients they care for. *Murdo Kennedy* *West Cheshire Mental Health Forum Chair* Question 1. *What is the clinical commissioning group going to do about the lack of any mention of either physical or mental health disability in the Working Well business case in Altogether Better (the programme for integrated health and social care in West Cheshire), particularly in view of the recent reports by Litchfield, Harrington, Clegg and RAND Europe ?* Response: The Chair noted that the Working Well business case does not directly reference physical or mental health disability but it is acknowledged that there	

14/01	AGENDA ITEM	Action
	is an opportunity and willingness for all partners to work together and put the patient at the centre of delivery. People may be experiencing disabilities – physical or mental health related and the clinical commissioning group would expect that all organisations within the economy work with people experiencing these problems. One of the clinical commissioning group's priorities is Mental Health, and the clinical commissioning group has recently signed the Time to Change pledge, led by Mind and Rethink Mental Illness, which challenges discrimination against people with mental health problems. Mental Health is everybody's business and we should make every contact count and the clinical commissioning group is already undertaking work to ensure that we join up physical and mental health. There are joint management structures now in provider services (Cheshire and Wirral Partnership NHS Foundation Trust) and there is work underway to pull together physical community and mental health care into integrated teams. The clinical commissioning group will utilise the newly published Closing the Gap report to ensure that its plans are meeting the needs of the West Cheshire population. Question 2. *What is the clinical commissioning group going to do about the inability of some 20% of West Cheshire residents to obtain specialist follow-up community care in Wirral following specialist secondary care from Wirral? (e.g. specialist rehab after heart, stroke, hip or knee operations)* Response: The Chair noted that the following response has been provided by Julie Critchley, Service Director West for Cheshire and Wirral Partnership NHS Foundation Trust • Wirral University Teaching Hospital NHS Foundation Trust (Arrowe Park) patients West Cheshire patients treated at Arrowe Park for Acute Coronary Syndrome (ACS) /Heart Attacks, heart failure, complex devices, and coronary revascularisation are all able to access specialist cardiac rehabilitation services at the Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trusts. Arrowe Park patients can access the full programme of education, exercise, psychology liaison, anxiety management, dietician, specialist nursing review, medicines titration/optimisation, clinical assessment, electrocardiogram, symptom management, aggressive lifestyle management. Musculoskeletal and Physiotherapy services following orthopaedic surgery would be referred in the usual way and patients would be offered an appointment in Cheshire and Wirral Partnership NHS Foundation Trust's existing clinics. Patients would also have choice and, if they did choose, they could have follow up at the acute provider • Tertiary Centre patients For patients referred for coronary revascularisation at the tertiary centre (Liverpool Heart and Chest Hospital NHS Foundation Trust), the Cardiac Rehabilitation services receive referrals for 98-100% of all patients.	

14/01	AGENDA ITEM	Action
	However, if patients are not seen at a tertiary centre, cardiac rehabilitation would have no way of receiving the referral unless Wirral University Teaching Hospital NHS Foundation Trust sends the referral. Local protocol usually demonstrates that these patients should be referred to St Catherine's Hospital in Wirral for rehabilitation. St. Catherine's Hospital would then send the referrals on to Cheshire and Wirral Partnership NHS Foundation Trust. Cheshire and Wirral Partnership NHS Foundation would like to be informed if this is not the case, as they would like to be made aware of where and when this is not happening to ensure that this can be discussed with the providers. It was noted that, in relation to the figure of 20% residents quoted within the question: In 2013/14 the clinical commissioning group are projecting a spend of £16,060,000 with Wirral University Teaching Hospital NHS Foundation Trust, which equates to 5.2% of the clinical commissioning group's annual budget. Dr Jeremy Perkins provided details of situations experienced by his patients and a record is being kept of where these issues arise. The majority of patients have previously been able to access rehabilitation services at St. Catherine's Hospital, but the numbers now being able to access this service have been reduced, even though some patients would prefer to be treated there. Question 3. *In view of the unique opportunity for integrated mental, physical and social care in West Cheshire where there is a single provider for community health care and primary and secondary mental health care, is the clinical commissioning group intending to participate in NHS England's mental health leadership programme for clinical commissioning groups? (This programme apparently has a budget of £294k for the north of England.)* Response: The clinical commissioning group is aware that NHS England, in November 2013, put out to tender the commissioning of a Mental Health Leadership Programme for clinical commissioning group's for mental health in England, for delivery in 2014-15. The clinical commissioning group has not yet seen any information relating to expressions of interest in joining this and will make a decision when more information is available. However, the clinical commissioning group has joined the Mental Health Positive Practice Collaborative and, as a Commissioner, is also entering the Positive Practice in Mental Health Awards for the work being undertaken in relation to the Mental Health Integrated provider Hub. http://www.positivepracticeinmh.com/ In response to Mr Murdo Kennedy's comment that, as Wirral and East Cheshire services are health led, and West Cheshire is led by the local council, this could be an opportunity for West Cheshire to improve services by making them health led, Alison Lee responded that the clinical commissioning group did not see the integrated teams as being council led, and further details were provided. Alison Lee noted that it is felt that the integrated services within West Cheshire are very much led by the NHS. The Chair agreed with this sentiment, noting that the major challenge faced by the	

14/01	AGENDA ITEM	Action
	clinical commissioning group is to engage the local authority in the integrated teams and, where this is already occurring, this is where the best results are being achieved. It was noted that, given the time restraints at the meeting, a complete response would be returned to Mr Kennedy outside of this meeting. An issue was raised from the floor by Mr Roger Parkin and Mrs Tessa Parkin. Mr Parkin provided details of his experience as a patient at the Accident and Emergency Department of Countess of Chester Hospital NHS Foundation Trust during February 2013, noting issues relating to his general wellbeing care and what he felt to be an unnecessary length of stay. Mr Parkin feels that these issues were due to a management issue in relation to the environment of wards, rather than a nursing issue. The Chair noted that it was inappropriate for Mr Parkin to have had this experience but, unfortunately, similar experiences by other patients have been raised previously. The Chair requested permission to highlight Mr Parkin's case to the Trust, in support of having these and similar issues addressed. Mr Parkin agreed to forward to the clinical commissioning group the document that he had previously provided to Healthwatch.	SP
	CHAIRS OPENING REMARKS	
	The Chair advised that the meeting is held in public but is not a public meeting. Hardcopies of the agenda and minutes of the previous formal Governing Body meeting were made available for members of the public, and a full set of papers can be obtained from the clinical commissioning group's website at www.westcheshireccg.nhs.uk. Twelve members of the public were in attendance at the meeting. The Chair made the following opening remarks: • This is the last formal governing body meeting of 2013/14 and, therefore, there is a theme of reflection upon the last year and looking forward to the plans for 2014/15 within the papers for consideration today. • 31 of the clinical commissioning group's member practices put forward a bid to the Prime Minister's Challenge Fund, to improve the provision of general practice locally, at the end of November 2013. It is expected that the practices will be notified as to whether they were successful or unsuccessful during March 2014. Member practices were asked to come up with innovative ways to improve general practice and practices applied for the bid in clusters. If the bid is successful, the funding will be used to improve access and care for patients, and to improve the sharing of information. It is noted that, should the bid be unsuccessful, much of this work will still be undertaken, as it is felt that a new way of practice working is required, and this work will also	

14/01	AGENDA ITEM	Action
	integrate with work being undertaken in relation to the West Cheshire Way. • The clinical commissioning group has had its Quarter 3 assurance meeting with NHS England, where the draft 2 year operational plan "Setting out on the West Cheshire Way" was discussed. NHS England are supportive of the direction of this plan and requested assurance that the clinical commissioning group will be able to quantify the changes that will take place in the health system in the next 5 years. Providing this assurance will be challenging, as is highlighted in agenda item WCCCGGB/14/03/44 of this agenda. Common sense dictates that this is the appropriate way forward and change will be visible in the utilisation of the Countess of Chester Hospital NHS Foundation Trust, the work being undertaken within the community and patient satisfaction levels. • The Care Quality Commission, the body responsible for inspecting the NHS, has chosen this clinical commissioning group as one of 12 clinical commissioning groups to have their GP practices inspected. It is thought that the inspection will involve the Out of Hours service and 20% of GPs. • Moving forward in to the new financial year, there will be a change in the way in which papers are presented to the governing body meeting. There will no longer be detailed programme level updates, as assurance will now be provided to the governing body from the commissioning delivery committee. Also, detailed reports on the other key areas of quality, performance and finance will be considered at the relevant sub-committees and highlights will be brought to governing body. The aim of these changes is to provide additional time for the governing body to consider more strategic concerns and to prevent duplication in reporting. There will be a requirement of sub-committee chairs to highlight any areas of key risk or notable achievements to the governing body.	
A	**APOLOGIES FOR ABSENCE**	
	Apologies were received on behalf of Caryn Cox, Director of Public Health, Cheshire West and Chester Council.	
B	**DECLARATIONS OF MEMBER'S INTERESTS**	
	There were no additional declarations of interest to be noted. The governing body members were reminded that updated declarations of interest forms should be returned to the clinical commissioning group offices.	**All**

14/01	AGENDA ITEM	Action
C	**MINUTES FROM THE MEETING HELD ON 16TH JANUARY 2014**	
	The minutes of the meeting held on 16th January 2014 were agreed as an accurate record of the meeting's proceedings, with the following amendments: • Developing Primary Care – Page 7 – Within the recommendations, the wording is to be amended to "The Governing body noted the ...." • Starting Well Programme Update – Page 10, last bullet point – End of life care – the wording is to be amended to "Children's end of life care may........ " • Quality Improvement Report – Page 13 – Child Protection Case Conferences – The named doctor is to be amended to Dr Jane Wilkinson. • Finance Update – Page 15 ➢ Second bullet point – the wording is to be amended to ".... using the Standardised Mortality Ratio." ➢ Third bullet point – the wording is to be amended to "This level of reduction will represent a significant challenge. Work will continue throughout 2014/15, in particular, involving regular meetings with budget holders, to ensure that this target is delivered with effect from April 2015."	
D	**Matters Arising from Previous Governing Body Meetings**	
	Page 10 – Alison Lee noted that, in the January 2014 minutes, it had been recorded that Cheshire West and Chester Council had referred issues relating to prospective adults who wish to adopt and GP assessments to the NHS England Local Area Team. Helen McCairn noted that it is not known whether a response has been provided to the local authority and this issue will be followed up. **Action Log** All actions and matters arising from previous meetings were confirmed as completed, or updated as below: • April 2013 - Item 112 – Transfer of Assets and Liabilities – Gareth James provided an update to the meeting and noted that this issue can now be removed from the action log. • July 2013 - Item 11 - Community Services Review Update – Helen McCairn noted that this work is being progressed through outcome based commissioning. Cheshire and Wirral Partnership NHS Foundation Trust will be monitoring the ongoing work and details were provided of the specific recommendations to be undertaken. • November 2013 – Item C – Alison Lee apologised that a formal acknowledgement of Audrey Williamson's retirement and contribution to the Local Safeguarding Children Board has not yet been issued, and	**HMcC**

14/01	AGENDA ITEM	Action
	this issue will be followed up. • November 2013 – Item 28 – Friends and Family Test, Wirral University Teaching Hospital – Concern had been raised at the low response rate for the test and a contract query had been raised by NHS Wirral Clinical Commissioning Group. Improvement has since been noted in the Trust's Accident and Emergency Department and ward visits have been instigated to progress this issue, and further improvement is expected. • November 2013 – Item 29 – Our Children Deserve Better – It was noted that, following the presentation of the Local Safeguarding Children Board annual report, further involvement by the Youth Parliament will be sought during the redesign of services. Further details providing assurance in relation to Youth Parliament has been circulated to the members of the governing body. This item can now be removed from the action log. • January 2014 – Item 39 – No further guidance has been received from NHS England in relation to patient involvement in assurance visits. Discussions have taken place with Healthwatch in relation to their involvement with the visit. A timescale of two weeks has been provided for when the assurance visits must take place, and 360 degree feedback will also be undertaken, which will be progressed by Ipsos Mori. Further discussions took place and it was agreed to involve patient participation group Chairs, if possible to do so.	
43	**DELIVERY PLAN – SUMMARY FOR 2013/14**	
	Laura Marsh provided an update to the meeting. The following points were noted: • During 2013/14 work was undertaken on 7 programme areas. • The clinical commissioning group has 22 clinical leads directly involved in the programme work, as well as the governing body GPs. It is also an ambition to ensure that GP locality networks are consulted on the pathways as they are evolving. Details were provided of work being undertaken to link with GPs and this work is slowly progressing. There is a need to reflect back and to have further discussions with 2 of the GP locality networks to consider how best to proceed with this. • Wider patient engagement has been undertaken to involve patients in service development. Innovative ways of obtaining this involvement has been undertaken and the example was provided relating to maternity care. Young people from the Youth Parliament have spent time within the clinical commissioning group to observe working methods and it is intended to build on this involvement work as technology improves and moves forward. • One difficulty to be addressed is how to show success within the programmes. It is clear that there are successes within the programmes, although it is not always possible to evidence proof as multiple work strands are implemented at the same time. There is a	

14/01	AGENDA ITEM	Action
	need for a more sophisticated method of tracking improvement and it is intended to progress this by obtaining the support of other clinical commissioning groups and the business intelligence section within Cheshire and Merseyside Commissioning Support Unit. • Appreciation and thanks for their dedication were offered to the clinical leads and project and programme managers who have undertaken this work. Discussions took place and the following points were noted: • A significant amount has been achieved during 2013/14 • Diagnosis rates and targets for dementia are vital and it is important that this work is performed as well as is possible. There is a need to be aware that this is not only about target but, more importantly, it is how patients that have been diagnosed with dementia are managed. • Maternity services – The Care Quality Commission survey and Friends and Family Test results showed conflicting results. The Maternity Network is undertaking work to drill down into this data and further details were provided. • In linking the work undertaken during 2013/14 in to the work for 2014/15, it was noted that the medical leadership and the links to allied health professionals is positive. However, the challenge for 2014/15 will be in relation to nurse leadership. There are many skilled nurses that could be taking on more of a leadership role and it currently felt that this resource is being underutilised. • Patient leadership – Patient participation group events have shown very positive leadership, as has the work relating to Dementia Friends. Participation and the input of young people has proved challenging and patient participation groups have found it difficult to have young engage with them. The paper makes note of social media and this could be a viable means of encouraging young people to engage. The Western Avenue practice has a facebook page, which has 300 followers and works very well, and GP practices should be encouraged to similarly find ways of engaging with young people. • Multiple Sclerosis Society – Work is ongoing with the society and it continues to develop. The pilot period is coming to an end and a report will be provided shortly thereafter. Consideration will then be given to the procurement of this service going forward. **RECOMMENDATIONS** The governing body noted this summary of progress against the Delivery Plan for 2013/14.	AL
44	**PLANNING 2014/16: COMMISSIONING PLAN**	
	Laura Marsh provided details of the commissioning plan to the governing body. The commissioning plan provides more detailed information in relation to the programmes that will be the focus of work 2014-2016, with the aim of bringing together the national strategic outcomes with the clinical	

14/01	AGENDA ITEM	Action
	commissioning group's ambitions, to determine whether this work is making a difference to the health of the local population. There are aspects that require further development, which can be fed in to the plan at a later date, and examples were provided. The issues that have been raised at the governing body meeting today will be referenced in to the plan, i.e. nurse leadership, community involvement, etcetera. In relation to queries raised by Dr Claire Westmoreland and Chris Hannah, the following responses were noted: • There is a lack of information relating to workforce planning and this will be addressed, with further information on what is being undertaken to improve the integration of workforces. This is an area that has not been managed appropriately previously. However, strong relationships have been formed with the local authority, Countess of Chester Hospital Trust, Cheshire and Wirral Partnership Trust, and other providers. The human resource director at Cheshire and Wirral Partnership NHS Foundation Trust will have the responsibility for managing the issue of workforce and there is a real willingness to work together and look ahead as to where we are going. Nurses have not previously been a part of workforce planning and discussions have taken place in relation to trainee nurses gaining experience within GP practices. • The commissioning plan does not make use of the clinical commissioning group's pictures and diagrams which show the aims and information relating to the clinical commissioning group, and may be more useful than describing the same issue with words. It was agreed that the diagrams will be updated and inserted in to the commissioning plan. • There is a lack of information relating to health inequalities within the paper and this issue will be addressed It was agreed that an update on the commissioning plan will be presented to the Ellesmere Port and Neston and Rural GP Locality Network meetings. Consideration will be given to summarising the commissioning plan for GPs. **RECOMMENDATIONS** The governing body approved the current version of the Commissioning Plan and identified additional areas they believe need further development/inclusion beyond those identified within the plan.	 **LM**
45	**FINANCIAL BUDGET 2014/15**	
	Gareth James provided the background to the 2014/15 financial budget. The principles underpinning the 2014/15 financial plan has previously been discussed in detail by the governing body and the 2014/15 budget builds on those discussions. The following points from the paper were highlighted: • The 2014/15 budget includes the financial surplus generated at the end of financial year 2013/14.The clinical commissioning group has also	

14/01	AGENDA ITEM	Action
	been informed that the financial surplus for 2014/15 will be returned to clinical commissioning group in April 2015. • It is important to understand that the budget will change throughout the year. Examples of why this would occur were provided and it was noted that details of any such occurrence will be brought to the attention of the governing body. • Paragraph 4 notes that Appendix A shows the intention to allocate the total resource against the new programme areas and further details were provided. These figures are indicative at this stage. The programme budget approach being undertaken in relation to mental health is progressing well and consideration is being given to rolling out a similar approach across other programme areas. Future reporting to the governing body may change while these changes are in progress. • Paragraph 9 of the report provides details of the 'business rules' that the clinical commissioning group is mandated to follow. GJ asked the governing body to agree to increasing the planned year-end surplus to 1.5%. This would protect an additional C£1.6m for non-recurrent use in financial year 2015/16. • Contingencies – the clinical commissioning group is mandated to hold at least a 0.5% contingency. In addition, a reserve has been set to mitigate the potential increase in costs resulting for an aging population. GJ asked the governing body to agree to off-setting this reserve against the 2014/15 QIPP plan. This will enhance in-year financial reporting. • Work has commenced to agree non-recurrent expenditure proposals for 2014/15. This process will be closely managed by the Chief Finance Officer. In response to queries raised by Dr Steve Pomfret, Alison Lee, David Gilburt, Mike Zeiderman and Sheila Dilks, the following points were noted: • A full review of previously predicted demographic changes has never been undertaken. Discussions are currently underway with business intelligence section of Cheshire and Merseyside Commissioning Support Unit on how this can be undertaken in the future, and further details were provided. • Contract agreement for 2014/15 with local providers has been reached and the agreed contractual sums are within the parameters of the financial plan. • Within the commissioning plan previously discussed, the decline of acute conditions is based on a nationally defined list of conditions. Setting out the budget by programme will be helpful, as shown by the example of mental health. • Primary care prescribing – The budget for dementia prescribing for 2013/14 was an estimate, and only a small portion of this funding was utilised. The budget for 2014/15 has been reduced to £500,000 and this is still felt to be in excess of what will actually be required. . In relation to future financial planning, further funding will be invested as	

14/01	AGENDA ITEM	Action
	the numbers of patients with dementia increases. Work will continue to diagnose dementia as early as possible and prescribing will be ongoing. Regular meetings are held with the Medicines Management leads to monitor this and other issues. • AL provided assurance that the £12million of non-recurrent money set out for 2014/15 is a positive position for the clinical commissioning group, and that ambitious plans are in place to utilise this money, i.e. the remodelling of a number of services, including considering hospital from a patient's perspective. Discussions have taken place in relation to the importance of culture change and how investment can be made in relation to this. It is important that staff members understand the patient perspective and that the NHS must change to meet this need. • The future 10% reduction in running costs will be challenging and will be monitored closely. **RECOMMENDATIONS** The governing body: • Agreed the 2014/15 financial budget • Agreed that £1.6m of the non-recurrent reserve is used to increase the year-end surplus by 0.5% • Approved the process to analyse the annual budget across agreed priority programme areas • Agreed to offset the funds set aside for demographic growth against the 2014/15 QIPP gap	
46	**BETTER CARE FUND**	
	Gareth James provided the background in relation to this issue, noting that both he and Helen McCairn have been involved with the joint working group with the local authority. Details were provided on the Better Care Fund, which was announced by the Government in June 2013. The aim of the Better Care Fund is to improve outcomes by integrating care services, initially to support older adults and shift activity to community based support where appropriate the Better Care Fund builds on work already being undertaken locally towards joint working with the local authority in the West Cheshire Way. The following points were highlighted from the report: • The clinical commissioning group's contribution to the fund is expected to be £15.812million. • The Better Care Fund is not new money and brings together a number of existing funding streams; including an element of current spend on acute hospital services. • During 2014/15 there will be discussions with partners to explore the potential to pool additional resources. • In line with NHS England requirements, draft proposals were submitted on 14 February 2014. The final submission will be signed off by the Health and Wellbeing Board before submission on 4th April 2014.	

14/01	AGENDA ITEM	Action
	• The fund will be fully operational for 2015/16 and this is when the £15.812million funding will be transferred to local authority. • The timescales involved have been challenging • The risks identified are not exhaustive. Governance is an area of concern, with concerns relating to how risk can be shared in relation to overspending and under-spending. Other risks identified include how programmes are managed, integrated enablers, IT solutions and care records, and how work can be undertaken across the economy to develop solutions. In response to queries raised by Dr Steve Pomfret, Dr Huw Charles-Jones, the following points were noted: • Work is being undertaken through the Aging Well Strategy Group and, where the Better Care Fund aligns with Aging Well, this will be shown, with documentable evidence that this work is progressing. • It has been agreed at the Health and Wellbeing Group that the local focus will be on the frail elderly, and this will be managed through the Aging Well programme. • Approximately 25% of the fund is related to performance. There is a risk in relation to this issue and further consideration is to be given. The agreed metrics are already in line with work currently being undertaken by the clinical commissioning group. • Clarification has been received from NHS England in relation to the impact of the Care Bill on each local authority area. Details of the assumption made under Appendix 1, point 9, were provided and it was noted that the local authority will still be financially affected by this. **RECOMMENDATIONS** The governing body: • Noted progress towards implementation of the Better Care Fund across Cheshire West and Chester; • Endorsed the proposals contained within the Better Care Fund submission, including the vision of local integrated services (Appendix 1; pages 8-10), the ambition for improvements in outcomes (Appendix 1; pages 10-14) and the distribution of the minimum £24.3m core Better Care Fund allocation against the services listed within local plans. • Endorsed further work during 2014/15 to explore the potential for further pooling of local resources to support the wider integration of health and social care services.	
47	**QUALITY IMPROVEMENT REPORT**	
	Paula Wedd provided a summary of the report and the following points were highlighted: • Countess of Chester Hospital NHS Foundation Trust ➢ The Trust's Hospital Standardised Mortality Ratio figures are now within the expected range and an update was provided. The figures	

14/01	AGENDA ITEM	Action
	relate to the period up to September 2013 and are actually now showing below the expected level, although this may change once the winter figures are available. The Trust's first report to their Trust Board in relation to mortality is now available and this will be presented at the Quality Improvement Committee. One issue to be noted from the report is that the Trust's medical director, Ian Harvey, feels passionately about the number of patients with palliative care needs that are dying in hospital. It is good to see his passion and leadership around this. Ian Harvey will attend at the next meeting of the Clinical Senate to talk about this issue. ➢ A formal letter has been sent to the Trust's medical director, and face to face discussions have also taken place, in relation to concerns about how patients are tracked through the Urology service. This issue is also scheduled to be discussed at the next quality and performance meeting with the Trust. • Cheshire and Wirral Partnership NHS Foundation Trust ➢ The Trust has been requested to show improvement in relation to the recurring themes of risk assessment and care plans, and discussions have taken place in relation to this issue at director level. A contracting mechanism is available to the clinical commissioning group, should this become necessary. • Children protection cases – discussions are ongoing as to whether a measure should be included within the GP dashboard in relation to the recent decrease in attendance at case conferences by GP. It was agreed that this important issue should be brought to the attention of the GP networks to progress this. • The Care Quality Commission undertook a review of NHS services in relation to Safeguarding and Looked After Children during January 2014. This has been a positive process and a brief summary of the findings were provided. A multi-agency action plan will be completed in response to this inspection by week ending 28th March 2014 and returned to the Care Quality Commission. • Nursing homes – The appointment of an adult safeguarding nurse by the clinical commissioning group is beginning to have a significant positive effect on reviews of safeguarding concerns in nursing homes. The adult safeguarding nurse has also reported an increase in the number of GPs seeking advice in relation to safeguarding issues, and a focus will be maintained on the difference between abuse and avoidable harm. In response to queries raised by Sheila Dilks, Dr Huw Charles-Jones, Mike Zeiderman, Dr Claire Westmoreland, David Gilburt, the following points were noted: • Details were provided of work being undertaken with Cheshire and Wirral Partnership NHS Foundation Trust, Cheshire West and Cheshire Council, Medicines Management and other providers in relation to improving care within nursing homes and the provision of appropriate	

14/01	AGENDA ITEM	Action
	care for patients. • The Countess of Chester Hospital NHS Foundation Trust is addressing the issue of the difference in mortality rates between weekdays and weekends and, nationally, the majority of Trusts are showing a degree of variation. The Trust has achieved better than expected Hospital Standardised Mortality Ratio results and the weekend rates are now within expected levels, but the difference to the weekday rates remains. One issue is in relation to the number of senior staff available in emergency medicine and the Trust has recruited additional consultant staff to the service. Palliative care is another area that is required to be addressed with more focus needed for people to be cared for out of hospital. • GP attendance at case conferences can be challenging and the drop in attendance rates is disappointing after the significant improvement that had taken place. The use of technology has previously been considered in relation to assisting with this issue; however, it has not been possible to resolve these challenges. It was noted that the clinical commissioning group provides funding for locums to be employed while GPs attend at case conferences. This issue will require further consideration for progress to be made and a case could be made for reliable locum cover to be made available for GPs attending case conferences. • Safeguarding and Looked After Children were both subjects of the Care Quality Commission review. The report received by the clinical commissioning group noted that there should be more focus on Looked After Children, and a section of the report relates to children who are placed out of area, but are still the responsibility of the clinical commissioning group. The report also details areas for improvement and brief details of this were provided. **RECOMMENDATIONS** The governing body: • Reviewed the issues and concerns highlighted and identified any further or actions for the Quality Improvement Committee • Delegated the decision on the proposal to include information about levels of GP attendance at child protection case conferences on the GP dashboard • Noted the outcome of the Care Quality Commission review of health services for children looked after and safeguarding and next steps • Noted the contents of the nursing home report.	
48	**FINANCE UPDATE**	
	Gareth James provided a brief summary of the report and the following points were noted: • Financial performance to the end of February 2014 reflects a similar position to that reported previously. A detailed forecast result has been	

14/01	AGENDA ITEM	Action
	undertaken, and is included within the report, and there is confidence that the clinical commissioning group is on track to meet its financial duties. • Non-recurrent money – There will be changes in 2014/15 as to how this money will be managed, with work being undertaken earlier to allocate funds and to link in with the clinical commissioning group's programmes. In response to queries raised by Dr Jeremy Perkins, the following points were noted: • The spending against the £200,000 assigned to the Innovation Fund is very low and this may be linked to GP practices being requested to consider innovative ways in which the non-recurrent monies could be utilised. A proposal will be taken to the Commissioning Delivery Committee which will consider bringing similar funding streams together and at what level final decisions should be made. **RECOMMENDATIONS** The governing body noted the financial performance to the end of February 2014 along with the year-end financial forecast.	
49	**PERFORMANCE REPORT**	
	Rob Nolan provided an update in relation to performance and the following points were highlighted: • Diagnostic tests waiting no more than 6 week – this target has failed for the first time during 2013/14. There has been a significant increase in the Magnetic Resonance Imaging referral figures and a piece of work within the delivery plan will consider this issue further. • Cancer - 62-day waits – A contract query has been issued in relation to this item and an action plan has been received by the clinical commissioning group, outlining work to be undertaken to address the specific issues raised. • Stroke – The contract standard of 80% of stroke patients spending 90% of their stay on a Stroke Unit has been reported as not been achieved, with performance at 73%. However, this represented the un-validated position for the month. Once the data has been validated the reported performance is 80%. The issue of the mismatch between un-validated and validated data being made available is to be addressed at the next quality and performance meeting with the Countess of Chester Hospital NHS Foundation Trust. • Accident & Emergency Waiting Times ➢ Accident and Emergency 4 hour waiting times - A contract query has been issued in relation to this item, and a response has been received from the Trust and evidence in relation to staffing levels has been provided. A piece of work is being undertaken to consider how a patient moves through the system. From when first	

14/01	AGENDA ITEM	Action
	contact was made with a GP, Out of Hours or the emergency ambulance service, and how the patient then subsequently moves through the urgent care system. The Quarter 4 target will not be achieved, although the full year target will be achieved, and this has been reported to NHS England Area Team. Actions to be taken have been agreed with the Trust and further details were provided. ➢ Emergency Ambulance - Urgent (8 min) Calls and Handover Times – A pilot project has been initiated to undertake "deep dive" to highlight issues within the current system and opportunities for improvement from similar health economies. In response to queries raised by Pam Smith, Sheila Dilks, Dr Claire Westmoreland and Mike Zeiderman, the following points were noted: • There are no key actions listed against improving access – referral to treatment times, and details of the measures against this item were provided. • Emergency Ambulance - Urgent (8 min) Calls and Handover Times – Details were provided in relation to the production of conveyance rates. Work is being undertaken in relation to this issue and, as a part of this work, consideration will be given as to whether poor performance in rural areas is masked by the combined target. • It is intended that a protocol will be developed to the number of referrals made for Magnetic Resonance Imaging, and to ensure that all referrals to the service are appropriate. A pathway is also being considered in relation to referrals, which will also consider the issue of consultants asked for assessments, where a case has been directly referred. The issue of education and providing the latest thinking in relation to diagnostics will also be considered. • Clarity will be sought in relation to whether the issue of upper gastrointestinal cancer patients are experiencing the challenges in relation to Wrexham or Aintree Hospitals, and also whether this issue relates to fast-track cases. **RECOMMENDATIONS** The Governing Body noted performance against the agreed indicators at the end of January 2014.	
50	**CLINICAL COMMISSIONING GROUP POLICIES AND GOVERNANCE DOCUMENTS**	
	It was noted that, at the Governing Body meeting in April 2013, a number of policies and documents had been approved. As a part of that process, a governance plan was created to schedule a review of the documents	

14/01	AGENDA ITEM	Action
	approved. Included within the document submitted at this meeting is the clinical commissioning group's Constitution, which has been updated and agreed at the Membership Council. Alison Lee noted that there are no significant amendments to the Constitution document and that this had been the annual review required under the Terms of Reference for the Membership Council. **RECOMMENDATIONS** The governing body approved the Constitution document provided.	
51	**MINUTES OF GOVERNING BODY SUB-COMMITTEES**	
	The Governing Body noted the decisions made on their behalf by the Sub-Committees and endorsed them. All sets of minutes were approved as an accurate record. It was agreed that, for all future meetings, this document will be linked to the agenda, rather than attached to it. **RECOMMENDATIONS** **The Governing Body received and noted the minutes of the sub-committees.**	
52	**ANY OTHER BUSINESS**	
	No other items of business were received and the Formal Governing Body meeting was brought to a close.	
	DATE AND TIME OF NEXT MEETING	
	Thursday 15th May 2014 at 9.00am Tarvin Community Centre, Meadow Close, Tarvin, CH3 8LY	

Minutes received by: ______________________________

(Chair)

Date ______________________________

West Cheshire Clinical Commissioning Group Governing Body

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

Item	Action	Owner	End Date	STATUS
Meeting Held on 21st November 2013				
Page 4 C	Local Safeguarding Children board – A formal acknowledgement of Audrey Williamson's retirement and contribution to the Local Safeguarding Children Board will be forwarded to Audrey.	Alison Lee	March 2014	Complete
Meeting Held on 20th March 2014				
Page 5 Open Forum	Complete response to be forwarded to Mr Kennedy outside of the meeting.	Sally Pritchard	May 2014	Complete
Page 5 B	Governing body members to update declarations of interest forms and return to clinical commissioning group.	All	May 2014	Complete
Page 7 D	Adoption and GP Assessments – Confirmation to be sought as to whether the local authority has received a response from NHS England Area Team regarding GP assessment fees, relation to adoption.	Helen McCairn	May 2014	Verbal update to be provided
Page 9 14-03-43	Delivery Plan Summary for 2013/14 – Individual comments relating to the appendix is to be discussed outside of this meeting.	Alison Lee	May 2014	Verbal update to be provided

Colour	Key
Green	Complete/On Agenda
Orange	Ongoing/For Future Meeting
Red	Outstanding

GOVERNING BODY REPORT

1. Date of Governing Body Meeting:	15th May 2014
2. Title of Report:	Health and Wellbeing Strategy 2014-2019 Update
3. Key Messages:	The Health and Wellbeing Strategy is going out to consultation
4. Recommendations	The Governing Body is asked to support the strategy consultation by actively promoting it during the consultation phase to maximise responses
5. Report Prepared By:	Caryn Cox Director of Public Health Cheshire West and Chester Council

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Health and Wellbeing Strategy 2014-2019 Update

PURPOSE

1. The purpose of this report is to update the Governing Body on progress with the draft Health and Wellbeing Strategy 2014-2019. The report relates to the following NHS West Cheshire Clinical Commissioning Group corporate objective: "to lead the development of a shared vision for the health and social care economy".

INTRODUCTION

2. A new draft 5-year Health and Wellbeing Strategy for Cheshire West and Chester has been produced jointly by the Council, NHS West Cheshire and NHS Vale Royal Clinical Commissioning Groups, other local NHS organisations, Healthwatch, and many other contributors. It concentrates on areas of health and wellbeing where joint working across health, local government and other partners can make the most improvements to the health & wellbeing of local residents.

DEVELOPMENT OF THE STRATEGY

3. The strategy was developed through a process of co-production with local residents, partner organisations and patients, together with the evidence from the Integrated Strategic Needs Assessment. This approach has enhanced citizen and partner engagement and resulted in a tailored, delivery-focused strategy that we can be proud of as a partnership.

4. The strategy provides partners with a set of jointly agreed priorities to improve the health and wellbeing of communities in Cheshire West and Chester. As with the previous Health and Wellbeing Strategy, the production process for it has taken place alongside that of the Sustainable Community Strategy, ensuring that synergies between the two are fully exploited.

5. The strategy contains four priority areas:

   a) Starting Well
   b) Substance Misuse
   c) Mental Health and Wellbeing
   d) Ageing well

6. The strategy proposes to build certain principles and approaches into a common framework that will be embedded into action plans for the health and wellbeing priorities.

7. The principles are:

   a) Reducing inequalities by improving the worst health and wellbeing fastest
   b) Outcomes focused
   c) Emphasis on local action
   d) Being the best
   e) Innovation

8. The approaches are:

   a) Prevention and early detection
   b) Partnership working
   c) Evidence-based
   d) Personal responsibility and empowerment

9. Over the next 5 years, the Health and Wellbeing Board will monitor progress and receive regular updates on performance at their meetings, enabling a focus to be kept on the issues that matter and to drive improvement.

10. A twelve week consultation period will commence shortly. The consultation will ask organisations and residents to comment broadly on the following questions:

    - Do you agree with the priorities set?
    - What objectives should we agree for each priority?
    - How should we assess our progress against each objective?

11. Full details of the consultation can be found on the Council Website (**www.cheshirewestandchester.gov.uk/healthandwellbeingstrategy**). Copies of the strategy will be available in local libraries, Council building reception areas and on the Council website. Responses from the consultation will be used to inform the final version of the Health and Wellbeing Strategy, which will be launched in August 2014.

RISKS AND LEGAL IMPLICATIONS FOR THE CLINICAL COMMISSIONING GROUP

12. The Clinical Commissioning Group is a statutory member of the Health and Wellbeing Board. It is important that the Clinical Commissioning Group support the consultation and subsequent implementation of the strategy.

HEALTH INEQUALITIES AND DIVERSITY ISSUES

13. A full Equality Analysis is currently being undertaken.

RECOMMENDATIONS

14. The Governing Body is asked to support the strategy consultation by actively promoting it during the consultation phase to maximise responses

Caryn L Cox
Director of Public Health
May 2014

GOVERNING BODY REPORT

1. Date of Governing Body Meeting:	15th May 2014
2. Title of Report:	Integrated Strategic Needs Assessment: Update
3. Key Messages:	Key findings include: 1. Life expectancy is improving in men and women in Cheshire West and Chester, men faster than women 2. Health and health-related behaviours tend to be more positive in more affluent areas Areas for development include children's and mental health and wellbeing and the Integrated Strategic Needs Assessment work plan prioritises these areas for 2014-15
4. Recommendations	The Governing Body is asked to: • Note the Key Findings of the Integrated Strategic Needs Assessment (Appendix 1) • Note the priority areas to be developed in 2014
5. Report Prepared By:	Caryn Cox Director of Public Health Cheshire West and Chester Council

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

INTEGRATED STRATEGIC NEEDS ASSESSMENT UPDATE

PURPOSE

1. The purpose of this report is to update the NHS West Cheshire Clinical Commissioning Group Governing Body on progress to date of the Cheshire West and Chester Integrated Strategic Needs Assessment (ISNA).

INTRODUCTION

2. The main goal of a Joint Strategic Needs Assessment (JSNA) is to assess accurately the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. Joint Strategic Needs Assessments analyse the health needs of populations and inform the commissioning of health, well-being and social care services within a local authority area.

3. Until recently, most Joint Strategic Needs Assessments have focused on a 'deficit' approach based on health need, including indicators of mortality and illness. This approach is now evolving and more attention is being paid to local communities' assets, strengths and capacities. This type of Joint Strategic Needs Assessment is known as an Integrated Strategic Needs Assessment.

4. Cheshire West and Chester Health and Wellbeing Board recognise that a good Strategic Needs Assessment is integrated and are working towards developing their own version, known as the Integrated Strategic Needs Assessment.

5. This report describes the Cheshire West and Chester Integrated Strategic Needs Assessment as it currently stands and outlines the work plan for the year.

6. The corporate objectives this paper contributes to are:

    - To place patients in the centre of our commissioning decisions
    - To commission safe, effective care that continues to improve patient experience
    - To lead the development of a shared vision for the health and social care economy

7. Development of the Integrated Strategic Needs Assessment is overseen by the Strategic Intelligence Steering Group which has representation from:

   - Cheshire West and Chester Council (Strategic Intelligence; Regulatory Services, Community Safety, Strategic Commissioning, Housing, Children's Directorate, and the Growth and Prosperity directorate)
   - NHS West Cheshire Clinical Commissioning Group
   - NHS Vale Royal Clinical Commissioning Group
   - Cheshire and Merseyside Commissioning Support Unit
   - Cheshire Voluntary Action
   - Healthwatch
   - NHS England

8. The Integrated Strategic Needs Assessment has been developed as a suite of on-line 'products', including high level thematic reports, key outcome indicator summaries and Children's Centre and Locality Dashboards. The on-line version can be accessed at http://www.cheshirewestandchester.gov.uk/your_council/key_statistics_and_data/jsna-1.aspx

9. The Integrated Strategic Needs Assessment is a rolling programme of work. Topics and information contained within it are constantly updated and new pieces of information are programmed in for inclusion. The Strategic Intelligence Steering Group is currently reviewing areas of work that have been suggested for inclusion in the Integrated Strategic Needs Assessment. They are also developing a 'prioritisation tool' that will assist (but not dictate) how the topics are prioritised. This tool is due to be presented to the Health and Wellbeing Board at its May 2014 meeting.

10. In January 2014, the products and topics contained in the Integrated Strategic Needs Assessment were summarised in one document for the first time (Appendix 1). Doing so gave an overview of the major health and wellbeing issues in the Borough and has enabled any significant information or gaps to be identified.

11. Gaps in the Integrated Strategic Needs Assessment are noted, particularly around children and young people and mental health and wellbeing. The work plan has been designed to prioritising filling these gaps. Public Health is working closely with the Children's Directorate in the Council to address the gap around children's information. The North West Mental Health Survey 2013 includes information at Cheshire West and Chester level, but not at smaller geographies. However, the 2011 'Our Community' Survey included questions that assessed mental health and wellbeing using the short version of the Warwick-Edinburgh Mental Wellbeing Scale. It is therefore possible to analyse this data at ward level, although the data is somewhat dated now. (Currently there are no plans to re-run this survey).

SUMMARY AND RECOMMENDATIONS

12. The Integrated Strategic Needs Assessment is a tool to support the identification of priorities. It provides:

- an analysis of current and future health and wellbeing outcomes
- an understanding of what people need from their services
- a view of the future, predicting and anticipating potential or new unmet need

13. The Governing Body is asked to:

- Note the Key Findings of the Integrated Strategic Needs Assessment (Appendix 1)

- Note the priority areas to be developed in 2014

Caryn L Cox
Director of Public Health
May 2014

NHS West Cheshire Clinical Commissioning Group

GOVERNING BODY REPORT

1. **Date of Governing Body Meeting:** 15th May 2014

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

3. **Key Messages:**
   1. Never Events are incidents that cause harm to patients that are preventable and should not happen if safe systems of work are in place. There have been no Never Events in our local health economy in the 12 months April 2013 to March 2014.
   2. There were 317 calls made to our Patient Advice and Liaison Service in the 12 months to February 2014. The highest number related to dissatisfaction with the commissioner led changes to the criteria used to determine eligibility for ambulance transport to hospital appointments. The next largest number of enquiries related to General Practice (74 in total), most of which were asking for signposting advice. A small number were seeking guidance on how to express dissatisfaction about a practice.
   3. Neglect is a prevalent reason for children and young people to be made the subject of child protection plans in Cheshire West and Chester. In 2012 – 13 one third of all child protection plans were opened under the category of neglect. The Local Safeguarding Children Board has endorsed a multi-agency Neglect Strategy and asked partner agencies to adopt this strategy.
   4. A multi-agency risk assessment score for the quality of care in nursing home has been developed with Cheshire West and Chester Council. As at April 2014, 6 nursing homes were identified as having a higher number of risks that could affect the quality of care they provide and are subject to closer monitoring.
   5. The Commissioning Support Unit has identified that a number of Continuing Healthcare placements outside of the local area are within nursing homes that have not signed up to the Northwest Framework for Continuing Healthcare.

Work is underway to review contractual arrangements with these homes.

6. A significant amount of work has been undertaken to develop joint contractual and quality monitoring arrangements for care homes to support a proactive approach for managing care.
7. The Quality Improvement Committee recommended that homes should be identified within this report where a safeguarding referral has been substantiated or where the Care Quality Commission have identified any concerns. It is recommended that homes where there are significant safeguarding concerns that have not yet been substantiated will be discussed under part 2 business of the Governing Body meeting

4 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) Note that the Quality Improvement Committee has adopted the multi-agency Neglect Strategy as requested by the Local Safeguarding Children Board

c) Note the contents of the Nursing Homes report

d) Note the assurance given by the outcome of the 2 Mersey Internal Audits Reports

5. Report Prepared By:

Paula Wedd
Director of Quality and Safeguarding

Helen McCairn
Director of Partnerships

QUALITY IMPROVEMENT REPORT

PURPOSE

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

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

3. The Quality Improvement Committee identified the following issues to be brought to the attention of the governing body from its meeting on 9th April 2104.

CARE QUALITY COMMISSION HOSPITAL MONITORING

4. Hospital Intelligent Monitoring is the new tool used by the Care Quality Commission staff to monitor compliance with the essential standards of quality and safety of NHS acute and specialist providers. Each of these provider organisations has a profile which contains information from a number of sources. The information is analysed to identify areas where the organisation may not be meeting standards.

5. The Care Quality Commission has categorised these providers into one of six summary bands, with band 1 representing highest risk and band 6 with the lowest. These bands have been assigned based on the proportion of indicators that have been identified as 'risk' or 'elevated risk' or if there are known serious concerns Trusts are categorised as band 1.

6. In October 2013, following the first assessment against the defined criteria the Countess of Chester Hospital NHS Foundation Trust was graded a Band 6 and Wirral University Teaching Hospital NHS Foundation Trust graded a Band 5.

7. A new assessment was carried out in March 2014 and as a result the Countess of Chester Hospital NHS Foundation has been moved down to a Band 5. The Quality Improvement Committee was assured that the Countess of Chester Hospital NHS Foundation Trust had given an account of the areas of elevated risk and their actions in response to these.

8. Wirral University Teaching Hospital NHS Foundation Trust has been downgraded to a Band 4. The lead commissioner for this Trust is Wirral Clinical Commissioning Group and the Quality Improvement Committee has asked the Director of Contracting and Performance to seek further information about the rational for this banding.

NEVER EVENTS

9. In our standard contracts with local NHS care providers there is a requirement to eliminate Never Events. There is a financial consequence for providers if they fail to comply with this requirement.

10. There were no Never Events reported within the 12 month period April 2013 to March 2014 for our two largest providers of NHS care - the Countess of Chester Hospital NHS Foundation Trust and the Cheshire and Wirral Partnership NHS Foundation Trust.

COMPLAINTS AND PATIENT ADVICE AND LIAISON SERVICE

11. The Quality Improvement Committee received a report that reviewed the complaints received and the Patient Advice and Liaison contacts in the period March 2013 to February 2014.

12. We received 25 complaints in this period and the highest number related to Continuing Health Care (10 in total). The analysis showed that these complaints related to dissatisfaction with the administration and management of the Continuing Health Care process. This service is currently hosted outside of our organisation.

13. The clinical commissioning group has taken the decision to transfer the Continuing Health Care, Funded Nursing Care and Complex Care service into the clinical commissioning group, possibly on a shared basis with other local clinical commissioning groups. Work is underway to determine the model and governance arrangements for this service going forward.

14. There were 317 contacts with our Patient Advice and Liaison Service in this period and the highest number related to dissatisfaction with the commissioner led changes to the criteria used to determine eligibility for ambulance transport to hospital appointments (114 in total). These changes to the criteria were introduced by all the commissioners across the North West to ensure equitable access across this region. To support patients who are not eligible for ambulance transport the Patient Advice and Liaison service are providing information about local volunteer and community transport options to callers.

15. The next largest number of enquiries related to General Practice (74 in total), most of which were asking for signposting advice. A small number were seeking guidance on how to express dissatisfaction about a practice. The Quality Improvement Committee agreed that this information by practice was valuable intelligence for both our clinical commissioning group and NHS England Area team.

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

Mortality

16. The Quality Improvement Committee scrutinised the findings of a mortality report that the Countess of Chester Hospital NHS Foundation Trust's Medical Director presented to their Board of Directors at a meeting in public in March 2014. The report describes the findings of the recently implemented review process that audits every in hospital death. The reviews to date had not identified any specific areas of concern relating to patients admitted at the weekend. They found only a small number of cases where there were concerns about the care received but none related directly to the cause of death.

17. The report identified a need to review the palliative care pathway with us as commissioners to understand the choices available to people who, at the end of their life, don't wish to die in a hospital. This is being progressed through the Clinical Senate.

Maternity Review

18. The Quality Improvement Committee scrutinised the findings of an external review of maternity services that the Countess of Chester Hospital NHS Foundation Trust's Director of Nursing presented to their Board of Directors at a meeting in public in March 2014. The report highlighted areas of good practice and included an action plan to address practice and processes that need to be improved. We will monitor progress against the action plan through our monthly contract meetings with the Trust.

Accident and Emergency Department

19. The clinical commissioning group issued a contract query to the Countess of Chester Hospital NHS Foundation Trust in March asking for assurance on the management of patient safety at times when the department experiences high levels of activity due to increased demand. The Trust's reply has been reviewed by the Director of Contracts and Performance, Clinical Lead for Urgent Care and the Director of Quality and Safeguarding. It has been agreed that further information will be sought through a dialogue with the Trust.

CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST

Zero Harm programme

20. The Quality Improvement Committee scrutinised an update on the progress being made by Cheshire and Wirral Partnership NHS Foundation Trust in implementing improvements in the management of patients who at risk of: self-harm or absconding or pressure ulcers across a range of services they provide. The committee will measure the Trust's progress through evidence of a reduction in the root causes of serious incidents reported to us.

Care Quality Commission Unannounced Visit to Bowmere Hospital

21. This unannounced visit took place on 17th January 2014 at Bowmere Hospital run by Cheshire and Wirral Partnership NHS Foundation Trust. The outcome and findings from the visit were published on the Care Quality Commission website. There are a number of wards in the hospital, however, the visit focused on Beech Ward. http://www.cqc.org.uk/directory/rxa19

22. Four standards were inspected:

- Care and welfare of people who use services
- Co-operating with other providers
- Safety and suitability of premises
- Records

23. Three of these standards were met, but the standard - *People's personal records, including medical records, should be accurate and kept safe and confidential* was judged to be not met. The Care Quality Commission stated considered that the unmet standard posed a minor impact on service users. Their inspection report states: '*People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained*.'

24. In line with the Care Quality Commission expectations the Trust has produced an action plan in response to the findings of the inspection. This response was reviewed by the Quality Improvement Committee and the committee noted that the contract meeting will monitor the Trust's progress in delivering improvements in record keeping.

PARTNERS4HEALTH

Issues and Concerns

25. Under the terms of our whistleblowing policy a concern was raised about Partners4Health. We commissioned Mersey Internal Audit Agency to investigate these concerns and the Quality Improvement Committee scrutinised the findings of this investigation. The report identified good practice and a number of recommendations for practice and process that needed improvement.

26. An action plan has been developed in collaboration with Partners4Health. The report identified a number of actions for the clinical commissioning group: review the indicators we use to monitor the performance of the provider against the contract so they are more outcome focussed; lead a review of the current clinical pathways that support the patients care across organisations into Partners4 Health. The Medical Director is leading the pathway review work and will report to the Commissioning Delivery Committee on progress.

GENERAL PRACTICE

Child Protection Case Conferences

27. The Quality Improvement Committee reviewed information to December 2013 that showed a reduction in performance against the following measures:
    - Percentage of GPs attending Initial Child Protection Case Conferences
    - Percentage of Initial Child Protection Case Conferences with GP report submitted.
    - Percentage of Review Child Protection Case Conferences with GP report submitted

28. The committee asked for practice level information to be shared directly with all the General Practices with a request for them to reflect on the information and make improvements. The information will continue to be scrutinised by the committee to monitor performance.

CHILDREN'S SAFEGUARDING

29. Child neglect is the ongoing failure to provide the right care and attention to a child's needs, including food and a safe environment, or attending to a child's emotional needs including warmth, security and love. A lack of these things is likely to result in serious damage to a child's health and development. Neglect is a prevalent reason for children and young people to be made the subject of child protection

plans in Cheshire West and Chester. In 2012 – 13 one third of all child protection plans were opened under the category of neglect (155 out of 477 children).

30. One of the strategic aims of the Local Safeguarding Children Board is to ensure early recognition of neglect and to improve all agencies responses to all children affected by having clear multi-agency thresholds and a common approach to working with families. The Local Safeguarding Children Board has endorsed a multi-agency Neglect Strategy and asked partner agencies to adopt this strategy formally through governance structures. The Quality Improvement Committee received the Neglect Strategy and, on behalf of the clinical commissioning group, agreed to adopt the strategy.

31. The Neglect Strategy will be communicated to all staff via the Clinical Commissioning Group Weekly Digest and to GP practices and staff via the Membership e-bulletin.

ADULT SAFEGUARDING

32. A Supreme Court Ruling was issued on 19th March 2014: P v Cheshire West and Chester Council and P and Q v Surrey County Council – Implications for Policy and Practice in the Deprivation of Liberty.

33. The judgment requires authorisation for the Deprivation of Liberty for any person who is it is *reasonable* to believe lacks capacity, who requires 24 hour care in any setting if they are not free to leave and who are in the complete and effective control of staff.

34. Cheshire West and Chester Council are leading work to explore the implications for clinicians and social care practitioners. A working group has been established from members of the Local Safeguarding Adult Board to establish guidance how to implement the judgment. The Governing Body will be briefed by the Quality Improvement Committee on the consequences of this judgment for our population.

NURSING HOMES

35. The Cheshire and Merseyside Commissioning Support Unit has identified that a number of Continuing Healthcare placements outside of the local area are within nursing homes that have not signed up to the Northwest Framework for Continuing Healthcare. Work is underway to review contractual arrangements with these homes.

36. Cheshire West and Chester Council, in conjunction with Cheshire and Merseyside Commissioning Support Unit have developed a multiagency risk score for each nursing home. Information is collated from a range of sources, including health, local authority and police and weighted to establish an overall level of risk. Information gathered relates to older people's services with further development planned to include services for people with learning disabilities and adult services.

37. As at April 2014, six homes were identified as having a higher number of risk factors that may impact on the quality of care delivered:

    a) Vale Court – A safeguarding investigation into the management of pressure ulcers has been substantiated. A voluntary suspension is in place and an action plan has been developed. The Clinical Quality and Performance Team, Cheshire and Merseyside Commissioning Support Unit and the local authority continue to work with the home to address areas of concern.

    b) Weatherstones House – The Care Quality Commission identified improvements required in the management of the home. The Care Quality Commission have undertaken a follow up inspection and reported that all standards are being achieved.

    c) Chester Lodge – The Care Quality Commission identified improvements required in caring for people safely and protecting them from harm. The Care Quality Commission have undertaken a follow up inspection and reported that all standards are being achieved.

    d) There are significant safeguarding concerns at three homes, which are currently under investigation. The Public Protection Unit is investigating concerns at two of the homes.
    The Quality Improvement Committee recommended that homes should be identified within this report where a safeguarding referral has been substantiated or where the Care Quality Commission have identified any concerns. It is recommended that homes where there are significant safeguarding concerns that have not yet been substantiated will be discussed under part 2 business of the Governing Body meeting

38. A joint contract for residential and nursing homes has been developed by NHS West Cheshire Clinical Commissioning Group, Cheshire West and Chester Council and NHS Vale Royal Clinical Commissioning Group. 95% of care homes have signed up to the specification and contractual arrangements. Alongside contract management, a quality assurance group has been established, with representation from health, continuing healthcare, police, Care Quality Commission and public health. This is being recognised regionally as good practice.

MERSEY INTERNAL AUDIT AGENCY REVIEWS

39. The Quality Improvement Committee received 2 reports from Mersey Internal Audit Agency that had been commissioned by the Audit Committee as part of the 2013/14 Internal Audit Plan.

40. The review of Patient Experience Outcomes assessed if :

- The current system for collation and triangulation of patient experience intelligence data and the processes in place, focusing on accountability, management and monitoring arrangements, reporting and communication.
- The captured data is utilised within service delivery to improve the overall care experience.

41. The report gave a rating of Significant Assurance against the areas reviewed and identified 4 low/moderate risks. Actions have been agreed for these risks and progress against these will be monitored by the Audit Committee.

42. The review of the arrangements for Complaints assessed if:

- There are effective governance arrangements and practices which ensure the correct management of complaints.
- The learning from complaints is acted on.

43. The report gave a rating of Significant Assurance against the areas reviewed and identified 5 low/moderate risks. Actions have been agreed for these risks and progress against these will be monitored by the Audit Committee.

44. The assurance is relevant to the integrated arrangements we have with the Cheshire and Merseyside Commissioning Support Unit who currently support us with managing complaints. The review did note the additional effort required by the clinical commissioning group to quality assure processes and standards in the management of complaints. The clinical commissioning group has made the decision to move the management of complaints back under its direct control as a means of shortening the quality assurance process which should reduce the time a complainant waits for a response.

RECOMMENDATIONS

45. The governing body is asked to:

a) Review the issues and concerns highlighted and identify any further actions for the Quality Improvement Committee

b) Note that the Quality Improvement Committee has adopted the multi-agency Neglect Strategy as requested by the Local Safeguarding Children Board

c) Note the contents of the Nursing Homes report

d) Note the assurance given by the outcome of the 2 Mersey Internal Audits Reports

GOVERNING BODY REPORT

1. **Date of Governing Body Meeting:** 15th May 2014

2. **Title of Report:** Commissioning Delivery Committee Report

3. **Key Messages:** This report provides an overview of the business discussed and decisions made at the Commissioning Delivery Committee meeting held on 1st May 2014, the key items for the Governing Body to note are:

   a) There is an ongoing focus on the achievement of the 4 hour Accident and Emergency target.
   b) The committee committed to investigate, in detail, the inability to achieve the 8 minute ambulance target in West Cheshire through a workshop with partner organisations.
   c) The committee agreed funding to continue the development of an electronic referral management solution over the next 12 months.
   d) Confirmation that the clinical commissioning group is responsible for commissioning tier three obesity services and a business case is now required.
   e) Confirmation that a technical solution for the integrated care record has been delivered according to the plan and we are now moving to phase-one of roll out.
   f) The committee noted the approval of funding for the Health Hub at City Walls Medical Centre.
   g) The committee approved the financial allocations for the Commissioning for Quality and Innovation schemes for 2014/15.

4. Recommendations

The Governing Body are asked to note the key issues discussed and the decisions made at the Commissioning Delivery Committee.

5. Report Prepared By:

Laura Marsh
Director of Commissioning
May 2014

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP
GOVERNING BODY
COMMISSIONING DELIVERY COMMITTEE

PURPOSE

1. This report provides an overview of the business discussed and decisions made at the Commissioning Delivery Committee meeting held on 1st May 2014.

INTRODUCTION

2. The Commissioning Delivery Committee's role is to provide oversight of delivery against the Commissioning Plan, make best use of available resources to ensure financial sustainability and to provide recommendations on the future strategic direction of the clinical commissioning group.

3. The committee also supports performance management of the Commissioning Plan and oversees the work of the key forums for each programme; e.g. programme boards and their constituent project/pathway groups.

COMMISSIONING DELIVERY COMMITTEE MEETING 1ST MAY

4. The Business items covered on 1st May included:

   - Area Prescribing Committee/Medicines Management
   - Performance and Human Resources report
   - Map of Medicine pilot evaluation
   - Delegation authority
   - Clinical Pathway for Obesity
   - Information, Communication and Technology update
   - Health Hub funding approval
   - Commissioning for Quality and Innovation Scheme Financial Allocations

5. No regular monthly reports on Finance or Delivery were received at this meeting. Year-end financial performance will be reported to the Governing Body in May 2014.

6. Further details of the key issues raised are provided in the following paragraphs.

Area Prescribing Committee/Medicines Management

7. It was noted that there were no decisions from the Area Prescribing Committee this month that required ratification by the Commissioning Delivery Committee.

8. The Medicines Management report provided an overview of work undertaken by the medicines management team to reduce risk in prescribing, increase patient safety and deliver a balanced prescribing budget. The cumulative annualised reduction in costs from measurable interventions between 1st April 2013 and 31st January 2014 totalled £1,026,000. These savings contribute to the 4% efficiency that has already been removed from the prescribing budget and includes work undertaken by the Cheshire and Merseyside Commissioning Support Unit medicines management team, the medicines managers employed by GP practices and Scriptswitch® interventions.

9. The managed introduction of new drugs and education of prescribers have also contributed to cost containment. A presentation was also given on 'medicines optimisation' and how this could be taken forward in West Cheshire to support the delivery of the Commissioning Plan.

10. It was requested that further detail regarding dementia patients and adherence with the pathway is provided in future medicines management reports

Performance and Human Resources report

Key issues discussed: Accident and emergency 4 hour waiting time target

11. This target was not met in February with a performance of 94.5% against the 95% standard. The performance in March was 94.81%, which meant that the performance in quarter 4 was not achieved. However, performance across the whole year was within the target at 95.67%.

12. Key to the delivery of the target is the combined effect of the number of Accident and Emergency attendances and, crucially, how the trust is able to move patients through the hospital to discharge. This is measured by the number of medically optimised patients occupying inpatient beds, including delayed transfer of care, against which there is a planning target of 40 medically optimised patients and 10 delayed transfers of care per day.

13. Currently the number of medically optimised patients is as high as 60, and approximately 14 of these are delayed transfers of care, primarily due to a lack of capacity in out of hospital settings within West Cheshire.

14. It has to be acknowledged that all parts of the urgent care system have worked extremely hard throughout the winter period to maintain a robust urgent care system. This has included the use of an additional £1.2m of winter monies which was primarily invested in the Countess of Chester Foundation

Trust, and the clinical commissioning group hosting daily teleconference calls between all stakeholders, which facilitated the unblocking of pressure points.

15. The clinical commissioning group will continue to focus on managing the system through the Urgent Care Working Group, whilst it develops longer term solutions in admission avoidance and supported discharge within the Ageing Well Programme.

Emergency ambulance arrival times within 8 minutes (Category A)

16. The 8 minute objective is for conditions immediately assessed as life threatening. Compliance for NHS West Cheshire Clinical Commissioning Group has only been achieved once over the previous 12 months. The last validated performance in February was 67.9% against the 75% target.

17. This has continued to be an area of concern for the committee. In particular, urban clinical commissioning groups consistently achieve the target, whilst the Cheshire clinical commissioning groups do not.

18. There are a number of contributory factors when understanding the reasons for non-achievement. These will include local geography in terms of the road network, rural areas, the disposition of populations and the turnaround time for emergency ambulances at Accident & Emergency Departments. There are many reasons why ambulance response is slow or delayed. No additional investment is envisaged in Cheshire in the current climate.

19. To identify the many reasons for non-achievement, the clinical commissioning group is hosting a workshop with North West Ambulance Service to review available data. This will identify examples of good practice and recommend areas for improvement. Performance improvement is envisaged by much closer collaboration with all local providers.

20. The focus will not be on improving the rate of conveyance of patients to Accident & Emergency. It will be to identify alternative methods of treating patients by phone or in their home, or directing patients to more appropriate community or GP services.

21. The committee asked that a report highlighting the outcome of the workshop is provided in July 2014. Jim Britt will represent NHS West Cheshire Clinical Commissioning Group in this task and finish group. A detailed narrative on the February key performance indicators and clinical commissioning group workforce information is included at Annex 1.

Map of Medicine Pilot

22. Due to the small size of the pilot and the feedback received from practices to date it was agreed that it is still important for the clinical commissioning group to pursue the development of a central electronic referral management system that will support referrers with referral guidance, templates, alternative services, in one central place. It was, therefore, agreed to commit additional

funding to extend the pilot period for a further 12 months (to include roll out to practices) but to first review which electronic system is used, in conjunction with the Clinical Lead for ICT, to ensure integration with EMIS and ease of use. It was agreed that if the cost of an alternative electronic solution is more than 50% higher than the proposed costs (£30K), it should be reconsidered by the committee.

Delegation Authority

23. A flow chart that describes the internal decision making process in relation to ideas for new services/redesign of existing services based on their value, was shared and agreed. It was agreed that the Programme Office would work closely with finance to track agreed commitments in-year.

Clinical Pathway for Obesity

24. It was noted that the report from the national Working Group confirms that clinical commissioning groups do have responsibility for commissioning tier three services as part of the obesity pathway. The committee asked that a Business Case covering all options for provision of a tier three service be bought to the committee.

Information, Communication and Technology Update

25. The committee noted the establishment of the Information, Communication and Technology Strategy group across West Cheshire and the associated updates. Of note, it has been agreed that the capital bid to NHS England will focus on the continued roll out of electronic prescribing, additional hardware required in general practice, and the development of a Multiprotocol Label Switching (MPLS) Cloud network that will enable mobile working in primary care/community. In addition, it was noted that a technical solution for an integrated health and social care record has been delivered and the next stage is roll out to phase 1 pilot sites (likely to be based on established integrated teams plus Accident and Emergency).

Health Hub Funding Approval

26. The committee noted the project Delivery Group's approval of £20,000 for the establishment of a 'Health Hub' from Innovation Funding at City Walls medical Centre. The bid had the support of the City GP Locality Network.

Commissioning for Quality and Innovation Scheme Financial Allocations

27. The committee approved the proposed financial allocations and weightings for the Commissioning for Quality and innovation Scheme for 2014/15.

RECOMMENDATIONS

28. The Governing Body are asked to note the key issues discussed and the decisions made at the Commissioning Delivery Committee.

Laura Marsh
Director of Commissioning
May 2014

KEY PERFORMANCE INDICATORS

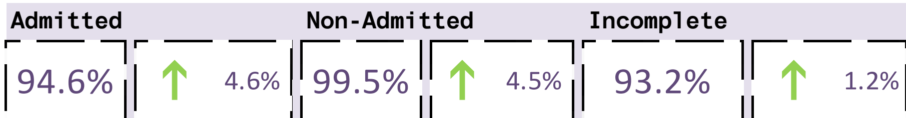
PERIOD ENDING 28th FEBRUARY 2014

THE PATIENT EXPERIENCE

Referral to Treatment – Patients seen within the 18 Week Standards

Key Issues

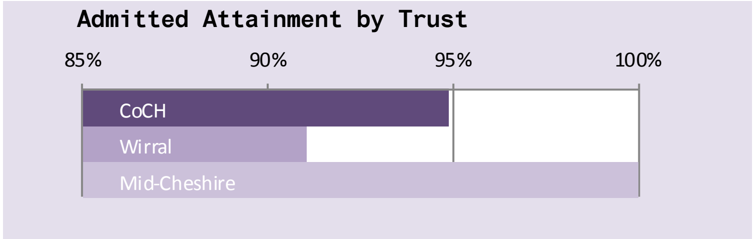
1. The aggregated position has been achieved for all 18 week pathways against their respective targets:



2. In February, Admitted Care breaches at the Countess of Chester Hospital NHS Foundation Trust increased to 59 cases, which is a growth of 31.1% on the previous month.

3. At clinical commissioning group level, there have been two admitted pathway specialty level breaches within General Surgery, where 89.2% was achieved and ‘Other’ whereby 83.7% was achieved against the standard of 90%. These were also the specialties that have seen breaches within the host provider, which is due to a total of 36 breaches taking place across the two specialties.

4. Admitted Care 18 week breaches at other Providers in February 2014 are broken down as follows:



- Wirral University Teaching Hospital NHS Foundation Trust: 7 breaches; 2 breaches within Gynaecology and 5 breaches within Urology
- Warrington and Halton Hospitals: 6 breaches; 1 breach in Urology and 5 breaches in ‘Other’

5. All specialties for non-admitted pathways, both at clinical commissioning group level and at the Countess of Chester Hospital NHS Foundation Trust, are meeting the 95% standard.

6. Incomplete pathways have seen a breach within General Surgery, which is mainly attributable to breaches taking place within the host provider.

However, positive performance seen within other specialties and at other providers has meant that the aggregate position remains within the national tolerance.

Referral to Treatment – Patients Waiting an Excessive Amount of Time

Key Issues

Patients waiting 26+ weeks

7. Performance of patients waiting over 26 weeks in February has marginally increased from 233 patients in January to 240 patients this month. 71.3% of these waiters have taken place at the Countess of Chester Hospital NHS Foundation Trust, with a majority occurring within General Surgery and T&O specialties.

8. The remaining breaches have taken place at Wirral University Teaching Hospital NHS Foundation Trust (11.7%), Robert Jones and Agnes Hunt Orthopaedic Hospital (7.9%) and the remaining with other Provider Trusts (9.2%).

Patients waiting 52+ weeks

Key Issues

9. Performance in this area for February shows one patient waiting over 52 weeks at the Grosvenor Nuffield. Further information detailing the reason for this breach is currently being requested from the Provider. Provisional data for March is yet to be available on Unify but this area continues to be monitored for any reasons for breaches within each provider.

Diagnostic Tests Waiting no more than 6 Weeks

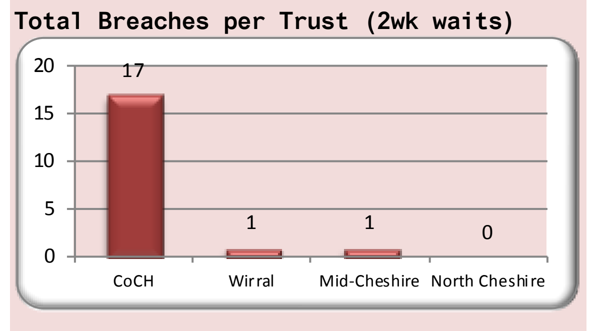
Key Issues

10. Despite issues experienced in January, performance in this area has significantly improved this month and NHS West Cheshire Clinical Commissioning Group returns to performing above the 99% target in achieving 99.5%. The 16 breaches that took place this month have taken place at the Countess of Chester Hospital NHS Foundation Trust.

Cancer

Key Issues

11. Performance in February for the 2-week waits for suspected cancer has exceeded the 93% standard, with attainment at 96.7%. A high proportion of breaches in this area have been seen at the Countess of Chester Hospital NHS Foundation Trust and the main reason for these breaches is due to patient delay/cancellation.



12. The 85% target for 62-day waits continues to be a concern, with performance dropping further in February to 78.9% against the 85% standard. This attainment is due to 12 breaches, a large majority being as a result of referral delays between trusts. Urological (Excluding Testicular) is the tumour type with the longest waiting period for patients who have breached in this area.

Stroke and TIA

Key Issues

13. The contract standard of 80% of stroke patients spending 90% of their stay on a Stroke Unit has been achieved for February with performance at 81.3%. This performance is due to significant improvements being seen at the host provider and the overall number of breaches having reduced (5 breaches).

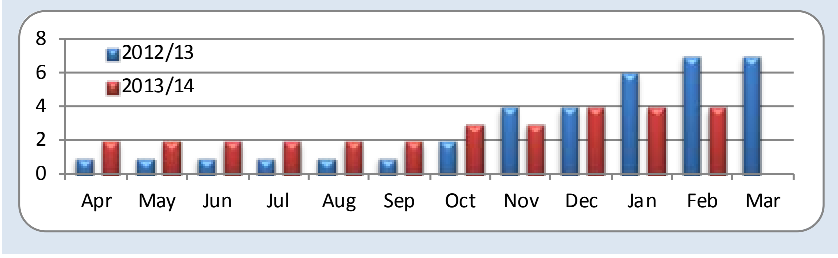
14. TIA activity for February continues to exceed the target of 60% of patients being seen and treated within 24 hours with attainment currently at 100%.

Reducing Health Care Acquired Infections

Key Issues

MRSA

15. There have been no further breaches in February so the cumulative position in this area remains at four cases of MRSA.



Clostridium Difficile

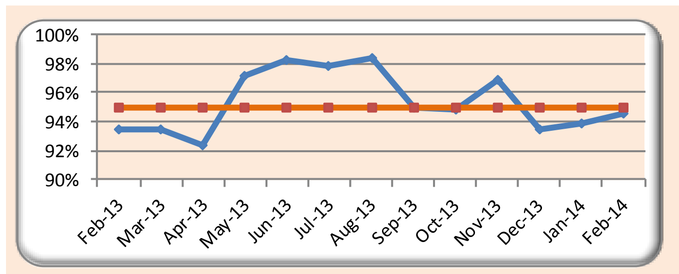
16. In February there were 10 cases of Clostridium Difficile against the planned standard of 5 cases. 5 cases were community acquired pre-48 hour cases and 5 were post 48 hours (3 at the Countess of Chester Hospital NHS Foundation Trust and 2 at Wirral University Teaching Hospital NHS Foundation Trust).

ACCESS TO EMERGENCY SERVICES

Accident & Emergency Waiting Times

Key Issues

17. Performance for the Accident and Emergency 4 hour waiting time target has been not achieved for February with 94.5% of patients being seen within the 95% standard. However, the year to date position as at February is 95.7%.



18. Provisional data for March shows an improvement in performance to above the 95% tolerance with the overall attainment for the financial year being 95.7%.

Emergency Ambulance - Urgent (8 min) Calls and Handover Times

Key Issues

19. Performance for the emergency arrival times within 8 minutes (Red 1) is below the 75% standard for February in achieving 67.9%, which is a further reduction on the previous month.

20. The attainment of ambulance turnaround times taking place within 30 minutes has not achieved the standard of 100% and currently stands at 88.2%. This is a consistent picture across the Cheshire clinical commissioning groups and is being closely monitored through internal reporting.

OTHER AREAS OF CONCERN

Electronic Discharge

Key Issues

21. Performance in this area continues to exceed the target with the Countess of Chester Hospital NHS Foundation Trust achieving 94% against the 90% target for February.

Mixed Sex Accommodation

Key Issues

22. There have been no breaches taken place during February at any provider.

Cancelled Operations

Key Issues

23. The number of cancelled operations taken place in February at the Countess of Chester Hospital NHS Foundation Trust on the actual day of the planned operation is 27 with 93% being provided (within the 5 day standard) with a new offer date as being within 28 days.

24. This area will be monitored more closely over the coming months to identify those patients that have been cancelled on more than one occasion.

WORKFORCE

25. The clinical commissioning group is required to report on its own performance on its workforce. The key measures are reported as at March 2014 as follows:

- the whole time equivalent was 40.56
- the headcount was 51
- Statutory and mandatory training compliance is 83.3% and this is a decrease of 2.0% over the previous period. Two of the eight statutory and mandatory courses are achieving the 85% national compliance rate

26. Professional Development Record completion dates are now being recorded and 29 out of the require

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting:	15th May 2014
2. Title of Report:	Audit Committee Report
3. Key Messages:	This report provides an overview of the business discussed and decisions made at the Audit Committee meetings held on 6 March and 1 May 2014. The key items for the Governing Body to note are: • The Audit Committee has recommended that the Membership Council approve the accounting policies (note 1 to the group's financial accounts). • Internal audit assurances have been received on the group's systems and controls in line with the internal audit plan. • The Head of Internal Audit opinion for 2013/14 provides significant assurance. • The committee has approved internal and external audit plans and noted the audit fees for 2014/15. • The committee has approved the Anti-Fraud Plan for 2014/15. • The committee receives updates on risk management at each meeting. • Following approval at the Membership Council, the committee will consider the 2013/14 annual accounts in detail at its special meeting on 5 June 2014.
4. Recommendations	The Governing Body is asked to note the overview of the work undertaken by the Audit Committee at its meetings in March and May 2014.
5. Report Prepared By:	Gareth James Chief Finance Officer

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

AUDIT COMMITTEE REPORT

PURPOSE

1. The purpose of this report is to provide the Governing Body with an overview of the business discussed and decisions made at the Audit Committee meetings held on 6 March and 1 May 2014.

BACKGROUND

2. Accountable to the Governing Body, the purpose of the Audit Committee is to:

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

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

   c) Advise the Governing Body on internal and external audit services;

   d) Make recommendations to the Governing Body in respect of:

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

AUDIT COMMITTEE MEETING HELD ON 6 MARCH 2014

3. At its meeting in March 2014, the Audit Committee received an information governance report from Cheshire and Merseyside Commissioning Support Unit and noted that, as at 31 March 2014, the group has the correct arrangements in place to meet the requirements of the Information Governance Toolkit. It was noted that this represents a significant achievement.

4. The committee also approved the following documents:

   a) 2014/15 Anti-Fraud Services Plan.
   b) 2014/15 External Audit Plan.
   c) Internal audit progress report.

5. The Chief Finance Officer also provided a draft response to a letter received from Grant Thornton, the group's appointed external auditor, confirming arrangements for the completion of financial statements for the year ended 31 March 2014. The committee approved this draft response.

AUDIT COMMITTEE MEETING HELD ON 1 MAY 2014

6. At its meeting on 1 May the Audit Committee received the draft, and un-audited, annual report and accounts. The reports were not discussed in detail as this will take place at the special committee meeting on 5 June 2014. The Audit Committee recommended that that the accounting policies (note 1 to the accounts) should be adopted at the Membership Council.

7. The Head of Internal Audit's opinion was also received awarding the clinical commissioning group significant assurance.

8. In addition, the following actions were also undertaken:

   a) Received an Internal Audit Progress Report including updates on the following reviews that have recently been undertaken, all receiving significant assurance (with the exception of the review of continuing healthcare):

      - Complaints.
      - Commissioning support contract management.
      - Budget virement.
      - Quality, innovation, productivity and prevention (QIPP)
      - Provider contract management.
      - Patient experience.
      - Information governance toolkit.
      - Continuing healthcare (limited assurance).

   b) Approved the internal audit plan for financial year2014/15.

   c) Received the Anti-Fraud Services 2013/14 Annual Report.

   d) Noted the external audit fee for 2014/15.

   e) Received an update on risk management from the Corporate Governance Manager.

RECOMMENDATIONS

9. The Governing Body is asked to note the overview of the work undertaken by the Audit Committee at its meetings in March and May 2014.

Gareth James
Chief Finance Officer
May 2014

GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting:**	15th May 2014
2.	**Title of Report:**	Financial Performance to 31st March 2014
3.	**Key Messages:**	At the end of March 2014 NHS West Cheshire Clinical Commissioning Group was underspent by £4.625 million and, subject to external audit, has delivered its financial duties.
4.	**Recommendations**	The Governing Body is asked to note performance against financial duties at the end of March 2014.
5.	**Report Prepared By:**	Gareth James Chief Finance Officer

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY

FINANCIAL PERFORMANCE TO 31st MARCH 2014

PURPOSE

1. The purpose of this report is to update the Governing Body on financial performance to the end of March 2014 and delivery of the group's financial duties.

FINANCIAL PERFORMANCE

2. At the end of March 2014 the clinical commissioning group was underspent by £4.625 million and has delivered its financial duties.

3. During the financial year performance has been reported against the following 6 agreed financial performance measures. In summary, at the end of the financial year it is reported that the clinical commissioning group is green against all 6 measures. In short, the agreed year-end surplus[1] has been delivered with 2% of recurrent funding protected for in-year, non-recurrent, use. In addition, the group has operated within its running cost allowance with a small surplus of £174,000.

Financial performance			Individual indicator RAG rating			
No.	Indicator	Primary / Supporting Indicator	Green	Amber/Green	Amber/Red	red
1	Underlying recurrent surplus	Primary	>=2%	1% - 1.99%	0% - 0.99%	<0%
2	Surplus - year to date performance	Primary	>=1%	>=0.8%	>=0.5%	<0.1%
3	Surplus - full year forecast	Primary	>=1%	>=0.8%	>=0.5%	<0.1%
4	Management of 2% funds	Supporting	Yes			No
9	Running costs	Primary	<=RCA			>RCA
10	Clear identification of risks against financial delivery and mitigations	Primary	Met in full	Partially met - limited risk	partially met - material risk	Not met

4. Appendix A provides a breakdown of the year-end financial position against recognised budget areas. The material components underpinning the reported financial position are consistent with previous reports to the Governing Body, namely; relatively low over-performance against secondary healthcare contracts, significant underspend against the primary care prescribing budget and increasing costs against the continuing healthcare budget.

5. Towards the end of the financial year there were several significant movements from the forecast year-end position reported to the Governing Body in March 2014. These movements can be summarised as follows:

- ***NHS contracts***; deterioration of approximately £300,000 after agreement of year-end settlements. A degree of year-end fluctuation would be expected and this increase in costs represents a small movement.

[1] At its meeting in October 2013, the commissioning delivery committee agreed to increase the 2013/14 year-end planned surplus by 0.5% to 1.5%.

- ***Continuing healthcare***; the information received from Cheshire and Merseyside Commissioning Support Unit changed materially at the year-end, with a net financial movement of approximately £900,000. The reasons for this movement have been examined in detail and plans are being agreed to ensure that movements of this magnitude do not happen in the future, including potential changes to the commissioning support offer to the clinical commissioning group.

- ***Primary care prescribing***; there was a small deterioration on the forecast prescribing spend based on up to date information received from the Business Services Authority.

6. Although small changes to the forecast would be expected at the end of the financial year, the combined materiality of the above movements was of concern. The agreed year-end control total was delivered, however, with the use of slightly more contingencies than previously planned and non-recurrent delay in the utilisation of the re-ablement funding.

FINANCIAL DUTIES

7. The clinical commissioning group's financial accounts are currently being audited. Subject to this process, and formal sign off of the accounts by the NHS West Cheshire Clinical Commissioning Group Membership Council, followed by the Governing Body, the group will have delivered its financial duties. Note 1 to the group's accounts summarises performance against the financial duties, as outlined in the group's constitution, as follows:

2 Financial performance targets

Clinical commissioning groups have a number of financial duties under the NHS Act 2006 (as amended).

The clinical commissioning group's performance against those duties was as follows:

	2013-14 Target £000	2013-14 Performance £000	2013-14 Surplus/(deficit) £000
Expenditure not to exceed income	308,358	303,733	4,625
Capital resource use does not exceed the amount specified in Directions	-	-	
Revenue resource use does not exceed the amount specified in Directions	308,358	303,733	4,625
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	
Revenue administration resource use does not exceed the amount specified in Directions	6,070	5,896	174

RECOMMENDATIONS

8. The Governing Body is asked to note performance against financial duties at the end of March 2014.

Gareth James
Chief Finance Officer
May 2014

NHS West Cheshire Clinical Commissioning Group

Financial Performance for the period ended 31st March 2014

Description	Annual Budget	Budget to March '14	Actual to March '14	Over/(under) spend to March '14
Primary Care:				
Enhanced Services	2,310	2,310	2,439	129
Primary Care CQUINs	490	490	491	1
Prescribing	41,352	41,352	37,654	-3,698
Prescribing - Innovation Fund	200	200	6	-194
Prescribing - medicines management	914	914	942	28
Home Oxygen	415	415	261	-154
Sub-total - Primary Care	**45,681**	**45,681**	**41,792**	**-3,889**
Secondary Care:				
NHS contracts	165,933	165,933	168,357	2,424
Ambulance Services	7,088	7,088	7,221	133
Mental Health and Community Services	45,552	45,552	45,729	177
Private Providers and NCA's	1,598	1,598	2,015	417
Orthopaedic budget (ISTC)	4,166	4,166	4,076	-90
GP led Urgent Care Unit	1,800	1,800	1,895	95
111	230	230	357	127
Winter Pressures	1,132	1,132	1,132	0
Sub-total - Secondary Care	**227,500**	**227,500**	**230,782**	**3,283**
Strategic Commissioning:				
Care in the Community	17,403	17,403	20,046	2,643
Looked after Children	96	96	85	-11
Re-ablement	1,421	1,421	573	-848
Grants to Voluntary Organisations	2,019	2,019	1,965	-54
Community Equipment	481	481	474	-7
Sub-total - Strategic Commissioning	**21,420**	**21,420**	**23,142**	**1,723**
Running Costs	**6,070**	**6,070**	**5,896**	**-174**
Other investments	**2,926**	**2,926**	**2,120**	**-805**
Contingencies:				
Non-recurrent reserve	2,157	2,157	0	-2,157
General Contingency (0.5%)	1,542	1,542	0	-1,542
QIPP 13/14	-6,486	-6,486	0	6,486
Other reserves	2,924	2,924	0	-2,924
Sub-total - Contingencies	**137**	**137**	**0**	**-137**
Planned Surplus	4,625	4,625	0	-4,625
Total Operating Cost	**308,358**	**308,358**	**303,733**	**-4,625**
Resource Limit	308,358	308,358	308,358	0
Total CCG (-)Surplus/Deficit	**0**	**0**	**-4,625**	**-4,625**

GOVERNING BODY REPORT

1. Date of Governing Body Meeting:	15th May 2014
2. Title of Report:	Programme Delivery Update Report
3. Key Messages:	Project Delivery Group will now be meeting monthly to increase the oversight of delivery of the Plan and ensure cross programme communication. To support the development of the accountable lead provider concept, the programme governance needs to evolve to increase the focus on shared accountability for improving outcomes.
4. Recommendations	The Governing Body is asked to note the updates within this report and the progress against the Commissioning Plan.
5. Report Prepared By:	Laura Marsh Director of Commissioning

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

PROGRAMME DELIVERY UPDATE REPORT

PURPOSE

1. The purpose of this report is to provide the Governing Body with an update on the delivery of the Commissioning Plan for 2014-16.

INTRODUCTION

2. As a Delivery report was not received by the Commissioning Delivery Committee in May, by exception, this is being provided as a stand-alone update to the Governing Body.

3. Following the successful submission of the final version of the Commissioning Plan 2014-16 to NHS England in April, focus has turned to implementation of the plan.

IMPLEMENTATION

4. The Project Delivery Group has reviewed their role in overseeing the delivery of the plan and, as a result, has elected to increase the frequency of the meetings to monthly, to ensure that discussions regarding barriers to progress can be addressed more rapidly and to enable greater communication between and across programmes.

5. Discussion has taken place regarding the development of effective governance to support programme delivery across the local health economy, bearing in mind the increasing emphasis on joint commissioning with the Local Authority and the resulting potential for duplicate processes. Further, the programme governance needs to adapt to the clinical commissioning group's intention to establish 'accountable lead providers' for acute care and admission avoidance (and potentially other clinical areas).

6. A proposal has been considered informally by the leaders of the health and social care economy for each programme area to develop the role of the Programme Board to bring together all commissioners with the lead providers to jointly take accountability for delivery of the relevant programme to improve the associated clinical outcomes. This will be supported by appropriate Terms of Reference and a Memorandum of Understanding that places greater emphasis on shared accountability for improving outcomes. The potential to delegate responsibility for programme budgets to each Programme Board, as has happened with mental health, can then be explored. The Senior Management Team is also reviewing how resources can be aligned around the Programme Boards

7. A Delivery plan for each programme has been compiled at project level as a means of tracking progress and providing a central repository of information on delivery against the Commissioning Plan. This will be used by the Project Delivery Group to review those projects that are failing to progress as expected, for escalation.

PROGRAMME UPDATES

Starting Well

Maternity

8. The Maternity Network is working collaboratively and in conjunction with Public Health, to explore moving to an outcome based commissioning approach from 2015/16 onwards, to consolidate the shift to normalisation of pregnancy and childbirth. Further work will also be undertaken during 2014/15 to introduce a case-loading model of midwifery led care.

Integrated Early Support

9. The clinical commissioning group is supporting the continued development of the service in 2014/15, including responding to the national extension of the Families Together element of the service, which includes broadening the families' selection criteria to include health criteria from 2015/16.

Children's Ambulatory Care Services

10. To support GP referrals to the service, a pilot project started in November 2013, which includes all paediatric admission phone calls being taken by a Consultant Paediatrician. Consultations are now underway with the three local GP Networks to discuss the outcome of the pilot and agree future referral options to the service.

Reducing Hospital Admissions for Children with Lower Respiratory Tract Infections; Alcohol related Conditions, or due to Injury

11. Lower respiratory tract infection guidelines which were developed and circulated at the end of December 2013 will be reviewed and re-distributed during 2014/15. A wheezy child pathway is also in the final stages of development and will be circulated shortly. The clinical commissioning group will work closely with Public Health, as the lead commissioner, to support a reduction in hospital admissions due to injury, or alcohol related conditions. However, contrary to the most recent and available national data (2012/13), local hospital data over the past six months indicates that our level of alcohol related hospital admissions are low.

Children in Care

12. The clinical commissioning group has initiated and is leading a Cheshire wide meeting of commissioners and providers in May 2014, to develop a multi-agency adoption medical assessment pathway. Service data is currently being gathered to assess the potential impact of the reforms on current adoption medical adviser provision, which requires a review of the existing Community Paediatrics Service provision to ensure that it meets future needs. The implementation of the reforms should result in a speedier adoption assessment process, leading to reduced delays in achieving adoption placements for children/young people.

Children with Special Educational Needs, or Disabilities

13. The revised draft Special Educational Needs Code of Practice for 0-25 years was published in April 2014, with a consultation deadline of 6th May. Clinical commissioning groups must have regard to the code and have arrangements in place to secure the health elements of the Education and Health Care Plans. A mapping exercise has been undertaken locally to identify any gaps in existing children and young people's health service provision, and any post 16 years transitional service issues. The code also sets out how we must work together across education, health and social care, including working closely with our local Parent Carer Forum when preparing our service offer and commissioning services, jointly commissioning education, health and social care services, such as speech and language therapy, occupational therapy and physiotherapy, and giving young people and parents the right to ask the Local Authority to prepare a personal budget when a draft Education and Health Care Plan is being prepared. This personal budget can be funded from education, health and social care. In some pathfinder areas, the Local Authority has set up a Personal Budget fund, which health contributes to. The implementation of the reforms commences in September 2014.

Children's Play

14. To improve the experiences of children and young people in hospital via play and activities, discussions are underway with Countess of Chester Hospital NHS Foundation Trust colleagues to develop and deliver a Children's Play project in 2014/15.

Children and Young People's End of Life Care Pathway

15. A multi-agency local end of life care pathway to maximise the use of existing community nursing resources and enhance integrated working will be developed and implemented in 2015/16.

Engaging with Young People

16. The West Cheshire Children and Young People's Strategy Group is currently working with the local Youth Senate, who are holding the group to account by reviewing and reporting on its performance during 2013/14.

Primary Care Development Programme Update

17. The Primary Care Development Programme Board has been established and will meet every two weeks initially.

Vanguard Practices

18. There are 6 Vanguard Clusters: M56 (Helsby, Frodsham Medical Practice and The Knoll); Mid-Rural (Kelsall, Tarporley (Griffin), Tarporley (Campbell) and Bunbury); Broxton/Outer Rural (Malpas, Rookery and Farndon); City (All practices in Chester City); Ellesmere Port (All practices with the exception of York Road, Whitby (Warren) and Whitby (Stringer)); Neston (both Neston practices). It is anticipated that the Willaston practice will become involved once the new contractor is in place. Meetings have been arranged with each of the three practices in Ellesmere Port who are not currently signed up to the Vanguard programme to explore what issues they have and what support the clinical commissioning group can offer.

19. Meetings have been held with 5 out of 6 clusters to date, to agree each cluster's priorities. Project managers have been assigned to each cluster, the workload and the capacity of these project managers will be monitored to ensure that the projects are delivered to agreed timescales and to ensure there is sufficient capacity to achieve this.

20. A series of workshops facilitated by NHS Improving Quality has been set up to support the primary care transformation programme.

Productive General Practice

21. The three practices are about to undertake the data collection phase of this project, which will underpin and direct their focus for the project.

Primary Care Commissioning for Quality and Innovation Scheme

22. Work is underway with the programme Managers and Programme Clinical Leads to ensure the primary care scheme aligns with the schemes that have been developed with the acute providers to incentivise the improvement of the strategic clinical outcomes

Being Well

23. One of the main focusses for the Being Well programme will be to develop a commissioning for outcomes approach for long term conditions. The Strategic Planned Care and Long Term Conditions Programme Boards will launch in May, with a view to holding providers and partners to account for improving outcomes.

Long Term Conditions

24. Diabetes: will be focusing on increasing the uptake of the Diabetes Local Enhanced Service and the rollout of the Year of Care programme.

25. Cancer: to include a review of the two week wait pathway and support for a breast screening review across Cheshire, Wirral and Warrington.

26. Respiratory: to include the development of a Chronic Obstructive Pulmonary Disease education programme for primary care staff and the implementation and evaluation of the pulmonary rehabilitation service.

27. Cardiology: to include a review of nursing and support capacity across the health community and the continued rollout of training commissioned in 2013/14.

Planned Care

28. Early discussions are being held with NHS Wirral Clinical Commissioning Group and Wirral University Teaching Hospital NHS Foundation Trust regarding the potential to work together on improving the efficiency of planned care.

Diagnostics

29. A review of the clinical commissioning group's use of the range of diagnostic tests, including imaging and pathology, is underway. The development of information between secondary and primary care will be managed, to reduce the numbers of diagnostic tests being undertaken, where possible, and to ensure patients receive the right tests at the right time.

Ophthalmology

30. The tender for the community based service is underway

Urology

31. Following the establishment of the community service, discussions are underway regarding the extension of the new service to include erectile dysfunction.

Mental Health and Learning Disabilities

32. The Integrated Provider Hub continues to work with the Local Authority and the Cheshire and Merseyside Commissioning Support Unit in providing a Gateway function for contract and non-contract placements and activity. This entails joint discussions about individual care packages and moving people through the system more appropriately and ensuring the person gets the right interventions by the most appropriate provider, thereby avoiding expensive placements where alternatives could be offered from within existing contracts.

This approach has identified a potential cost avoidance of £470,000 so far. Cost avoidance information continues to be updated and submitted to the Programme Assurance Board. The hub is working with partners in exploring the potential solutions to the problems associated with housing and tenancies, particularly in terms of difficult to place individuals following admission to hospital or rehabilitation units.

33. As learning is taking place and progress is made, quality and performance of mental health will move over to the Programme Assurance Board. Therefore it is necessary to review the governance arrangements, the form, functions and relationships of and between the Board and the Hub within both organisations. Therefore, this is being revisited by the clinical commissioning group and Cheshire and Wirral Partnership NHS Foundation Trust and will be agreed at the next Programme Assurance Board. In order to enable the Programme Assurance Board to monitor all providers of mental health services, the quality schedules and dashboards are in the process of review, design and development.

34. Work has been completed on developing care pathways. The personality disorder pathway has been reviewed and training to primary care, via the GP rolling programme, has been scheduled. The Mental Health Rehabilitation pathway has been developed to ensure there is a clear and seamless transition into, through and out of rehabilitation services. Work has recently focused on adult mental health. As an example, Attention Deficit Hyperactivity Disorder now has a clear referral process, a route negating the need for funding application and a shared care agreement has been finalised and is in place.

35. Adults who are suspected of having Autism Spectrum Disorder can now be referred through the mental health Single Point of Access for assessment by the Autism Diagnosis specialist service. Work is underway to map both the gaps in service for Autism and also the training provision across the locality.

36. Future work is being planned to focus on Older Peoples and Child and Adolescent Mental Health, Mental Health Crisis and also Improving Access to Psychological Therapies specialisms such as psychosexual issues, long term conditions and medically unexplained symptoms.

37. The local Improving Access to Psychological Therapies service has been identified as being in one of the top three highest performers in the country and representatives were invited to meet with Norman Lamb to share their learning and experiences.

Ageing Well and End of Life

Integrated Teams

38. Implementation of teams is progressing with the development of the Lache site now complete. Some delays have been experienced in terms of Information Technology and telephony on this site. Care Co-ordinators have

now been appointed for all integrated teams along with all team leader roles. A project plan for the roll out of the teams is attached as Appendix 1. Early learning from the early adopter sites has shown the importance of the Care Co-ordinator role within the teams as they have access to both Health and Local Authority Information systems and are currently in the process of loading new referrals which reduces the administration time for clinical staff. In particular, Ellesmere Port South Team has noticed a reduction in inappropriate referrals since having a Care Co-ordinator in post. The GPs have one route into the team without the need for multiple calls or paperwork.

Frailty Pathway

39. The first stage of the frailty pathway commenced on 6th May 2014 with telephone access for GPs to the Community Geriatrician within the Ambulatory Care Unit. This stage, which is being piloted for those practices with an integrated team in the first instance, is intended to support communication between primary and secondary care, and to agree what actions are required to either manage the patient at home or transfer to ambulatory care for further assessment. The intention is to monitor the utilisation of the service and then to include the remaining practices whilst they are working with virtual integrated teams.

40. The next stage is the development of outreach frail elderly clinics within the community, which will support the integrated teams. The intention is that these will be similar to “One Stop Shops” whereby assessment and follow-up will be undertaken on the day within a community setting. The intention is that the first clinic will be operational in September 2014 and we are keen to secure the provision of the Third Sector within this work stream.

41. Work is also progressing to identify transition beds (step up and step down) across West Cheshire, which will have a clinical presence via primary care, secondary care and community staffing. Discussions are also progressing with Tarporley War Memorial Hospitals in terms of redesigning the service delivery model.

Risk Stratification

42. The Commissioning Support Unit has produced a risk stratification tool (used across East Cheshire and Liverpool) which will be piloted with 3 practices during May. This tool will support practices to identify those patients who are at high risk of admission in to secondary care. Whilst this tool does not currently include social care data, it is intended that this will be included in the future. This tool will support practices in delivering the enhanced service for reducing unplanned admissions. This new service requires practices to use a risk stratification tool or alternative method to identify:

- Vulnerable older people
- High risk patients of unplanned admission
- Patients needing end of life care who are at risk of unplanned admission

RECOMMENDATIONS

43. The Governing Body is asked to note the updates within this report and the progress against the Commissioning Plan.

Laura Marsh
Director of Commissioning
May 2014

GOVERNING BODY REPORT

1. Date of Governing Body Meeting:	15th May 2014
2. Title of Report:	Chief Executive Officer's Business Report
3. Key Messages:	Provided in this report is: • An overview of the quarter 3 Assurance Framework Checkpoint meeting with NHS England Area Team (27th February 2014). • Care Quality Commission inspection of West Cheshire GP practices. • The formal proposal to develop "Accountable Lead Provider" for acute/ urgent care and ageing well programmes. • NHS Clinical Commissioners Annual Members Event. • High level meetings and events attended by the Chief Executive Officer.
4. Recommendations	The Governing Body is asked to note the contents of this report.
5. Report Prepared By:	Clare Dooley Corporate Governance Manager May 2014

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

CHIEF EXECUTIVE OFFICER'S BUSINESS REPORT

INTRODUCTION

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

QUARTER 3 ASSURANCE FRAMEWORK CHECKPOINT MEETING WITH NHS ENGLAND AREA TEAM

2. The quarter 3 Assurance Framework Checkpoint meeting was held with the NHS England Area Team on 27th February 2014. The meeting primarily focused on the progress of the clinical commissioning group's vision including the draft strategic and operational planning processes. A separate meeting was also held to discuss the quarter 3 delivery dashboard and a number of operational issues including the performance against the 4hour accident and emergency standards for quarter 4.

3. The Assistant Chief Officer and Chief Finance Officer provided a presentation at the start of the meeting on the current issues associated with the production of the operational plan and the current position in terms of progress. During the meeting the Area Team advised that the draft Operational Plan is well structured, clear and is integrated into the contracting process. We confirmed that our plan has been the driving force behind some of the more positive relationships with local providers and included robust engagement of primary care. We provided further assurance that a piece of work has also been undertaken on recognising and reviewing key delivery risks.

4. The meeting included a discussion on the level of ambition in the Better Care Fund Plan. It was noted that there are ongoing negotiations in terms of the Local Authority position and the level of risk sharing. It was explained that there were significant risks in the current system and that the clinical commissioning group has tempered the overall ambition in year 1 to ensure that it is affordable and the proposals are achievable. To help clarify the issues associated with the risk share arrangements in Better Care Fund Plans the Area Team advised that there will be a North West Workshops to assist clinical commissioning groups.

5. The Area Team felt it was noticeable that locally, there is a high degree of cooperation between the clinical commissioning group and health partners and that we have agreed shared planning assumptions with main providers on an open book basis. We also identified there will be non-recurrent funding

available in 2014/15, that we are currently reviewing the strategy and the final versions of the plans. We proposed to keep the Area Team informed of the progress on this issue.

6. The Area Team noted that despite the clarity of the Operational plan, it will be important for the Strategic Plan to paint a clear picture of how the health service will look in 5 years' time. It was agreed that the Quality, Innovation, Productivity and Prevention (QIPP) gap is recognised as being £20M to £25M for the health economy partners. This increases the importance of a shared delivery strategy. The Area Team noted the importance of all partners signing up to the Strategic Plan and requested the clinical commissioning group is mindful of the process to ensure this occurs. In order to address this potential risk, the Area Team encouraged us to develop an agreed local process for managing any potential disputes or disagreements on the plan contents or impact.

7. A suggestion was made by the Area Team that whilst there is mention of mental health within the operational plan, that there needs to be a greater emphasis on parity of esteem issues in the strategic plan.

8. Overall, the Area Team commented that clinical commissioning group are developing the right culture and relationships to make the plans work and the current plans are well articulated with the continued development of primary and community care services.

9. Assurance on items from the delivery dashboard had been considered prior, following our routine submission of required data/information. This enabled the Area Team to make an overall assessment of assured for each of the 6 domains for the clinical commissioning group as at Quarter 3. The assessment was submitted to Regional Team of NHS England for moderation, prior to the assessment going to the Board of NHS England.

10. The quarter 4 Assurance Framework Checkpoint meeting, which the full clinical commissioning group Governing Body are invited to attend (as are representatives of HealthWatch), with NHS England Area Team will take place on 11th June 2014. An overview of this meeting will be provided in the Chief Executive Officer's Business Report to the Governing Body in July 2014.

CARE QUALITY COMMISSION INSPECTION OF WEST CHESHIRE GP PRACTICES

11. The Care Quality Commission have informed the clinical commissioning group that they plan to inspect the following West Cheshire GP Practices:

- Heath Lane Medical Centre
- Whitby Group Practice (England)
- Boughton Medical Group
- Park Medical Centre

- Great Sutton Medical Centre (Wearne)
- Neston Surgery
- York Road Group Practice
- Elms Medical Centre
- Hope Farm Medical Centre
- Upton Village Surgery
- Handbridge Medical Centre
- Old Hall Surgery
- Out of Hours Services: Cheshire and Wirral Partnership NHS Foundation Trust (3 locations: 1829 Building, Ellesmere Port Hospital, Tarporley Cottage Hospital)

12. The inspections will commence at the end of May 2014 and the Chief Executive Officer has arranged to meet a representative of Care Quality Commission for further guidance/ instruction in relation to the inspections on Friday 16th May 2014. We anticipate that, during the inspections, the inspectors will:

- ask people about their experiences of receiving care;
- talk to staff;
- check that the right systems and processes are in place;
- look for evidence that the service isn't meeting national standards.

13. Sometimes inspectors will be accompanied by clinical experts and experts by experience (people who have experience of receiving care) who will also talk to people who receive care. The inspectors judge services against the national standards which are the standards that people can expect when receiving health or social care. We are also mindful that the inspectors are in the process of changing their inspections so that they answer the following questions about services.

- Are they safe?
- Are they effective?
- Are they caring?
- Are they well led?
- Are they responsive to people's needs?

14. If services are not meeting national standards, the inspector will decide whether there is a minor, moderate, or major impact on people who use it, and they may decide to take enforcement action. You can see summaries of recent inspections of care against the national standards by visiting the profile page on the Care Quality Commission website http://www.cqc.org.uk/. The standards are grouped under five headings, with a green tick, grey cross or red cross beside it, which is updated every time a new report is published.

FORMAL PROPOSAL TO DEVELOP ACCOUNTABLE LEAD PROVIDER FOR ACUTE/URGENTCARE AND AGEING WELL PROGRAMMES

15. In 2013/14, we took the first steps in a journey towards delivering Accountable Care; 'a system in which a group of providers are held jointly accountable for achieving a set of outcomes for a prospectively agreed cost'. This has been piloted with Cheshire and Wirral Partnership NHS Foundation Trust leading, and being held accountable for delivering an agreed set of outcomes under our mental health programme.

16. Our long term ambition is to develop one Accountable Care Organisation with the Countess of Chester Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, GP practices, and potentially other providers collaborating together to deliver better outcomes.

17. Whilst this is a clear long term ambition, we believe that to start on this journey we need to establish clear lines of accountability within two programmes of care. We are therefore proposing that in 2014/15 we establish a lead provider for urgent/acute care and those parts of the being well and ageing well programmes to focus on avoidable unscheduled acute admissions for people with pre-existing conditions, particularly older people, and those with mental health conditions.

18. Our proposal is that:

    a) The Countess of Chester Hospital NHS Foundation Trust becomes the Accountable Lead Provider for acute/urgent care resulting in a reduction in hospital admissions/bed days.

    b) Cheshire and Wirral Partnership NHS Foundation Trust and the GP practices (ideally through the Community Interest Company) become the Accountable Lead Providers for defined parts of Being Well/Ageing Well programmes, resulting in fewer older people requiring admission to hospital as we scale up the support available in the community.

19. As part of this proposal we expect the lead provider to ensure effective collaboration between all providers involved in delivery. We do not expect the lead provider to provide all of the services, but to coordinate and be held accountable for service delivery between organisations.

20. The clinical commissioning group will explore the potential for developing further accountable lead provider arrangements in 2015/16 in our other programme areas.

21. The proposed next steps are as follows:

    - Agree services to come under the responsibility of each of the programmes;
    - Clinical commissioning group to meet with the Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership

NHS Foundation Trust and the GP community interest company, to agree key metrics for each of the two programmes;
- Agree transitional monies to support delivery;
- Agree overall governance arrangements.

NHS CLINICAL COMMISSIONERS ANNUAL MEMBERS EVENT

22. The Chief Executive Officer attended the above event in London with Dr Annabel Jones (partner at Boughton Health Centre and Clinical Lead for Respiratory Care). Interesting messages from the new Chief Executive of NHS England about clinical commissioning groups taking on the commissioning of general practice as well as the importance of developing performance dashboards at practice as well as clinical commissioning group level otherwise we are in danger of "flying blind". We made useful connections with clinical commissioning group colleagues from around the country.

HIGH LEVEL MEETINGS AND EVENTS ATTENDED BY THE CHIEF EXECUTIVE OFFICER

23. The Chief Executive Officer attended the following meetings/events:

- Cheshire West and Chester Health and Wellbeing Board on the 19th March 2013, the agenda/discussion at this meeting included the NHS Operational Plan and Children and Families Bill as well as updates from Learning Disability Partnership, Joint Commissioning Group and Public Health Governors Board.

- NHS England Local Area Team Planning Workshop on 20th March 2014 focussing on a 2 year operational plan with regard to possibilities for joint working and alignment of work programmes.

- The Governing Body held a "Board to Board" meeting with NHS Wirral Clinical Commissioning Group on 26th March 2014 at which we discussed areas of mutual working and future service configurations for joint working between Wirral University Teaching Hospital Foundation Trust and Countess of Chester NHS Foundation Trust.

- The Cheshire West and Chester Sports Awards ceremony and dinner on 27th March 2014 celebrating the contribution of young people in schools and youth groups in promoting sport and physical activity in our area.

- Cheshire, Warrington and Wirral Leaders Meeting on 28th March 2014 at which presentations were received on the Commissioner 2 year Operational Plan and the Safety and Lifestyle Centre (Cheshire, Halton and Warrington).

- NHS Leadership Academy: Top Leaders Residential held between 31st March – 3rd April 2014. This provided the opportunity to build leadership skills with national and international input, develop broad networks and engagement with top leader colleagues to discuss challenging issues.

- Cheshire West and Chester Health and Wellbeing Scrutiny Committee on 7th April 2014. This mainly focussed on presentations from NHS West Cheshire and NHS Vale Royal Clinical Commissioning Groups outlining the progress of clinical commissioning groups one year on.

- Chairs Learning Series "Embedding Human Factors at Board Level" on 11th April 2014. This was a half day event with presentations on understanding human factors as a way to improve safety, quality and efficiency and how the Board can apply this in an organisation.

- Third Sector Assembly Spring Event on 14th April 201. This event focussed on Healthcare and Wellbeing Opportunities for the third sector with presentations from NHS West Cheshire Clinical Commissioning Group and NHS Vale Royal Clinical Commissioning Group.

- Cheshire West and Chester Public Services Board on 15th April 2014. The agenda included discussion on Integrated Social Care and Altogether Better and included a pre-meeting discussion with Lord Freud Minister for Welfare Reform.

- North West Leadership Academy "Maximising your Membership" event on 16th April 2014. These events are unique and engaging, focusing on key themes for learning and discussion.

- Meeting with Graham Evans MP on 17th April 2014. Six monthly the GP Chair and Chief Executive Officer meet with local MPs to discuss progress of the clinical commissioning group and issues affecting constituents.

- West Cheshire Way Leadership Group facilitated by Mike Farrar held on 17th April 2014. This was a facilitated discussion meeting with Mike arranged to discuss ways to move forward with our collaboration (with local partners) on the West Cheshire Way.

- Value Based Interviewing held on 29th & 30th April 2014. A number of the clinical commissioning group managers took part in an interesting day and a half based on interviewing techniques to assess the values of applicants and their ability to fit within an organisation rather than purely their technical ability and experience. This is a style of recruitment we plan to embed across the organisation.

- Cheshire West and Chester "Health Evening" Dinner held on 29th April 2014, by invitation from Cheshire West and Cheshire Council.

- Clinical commissioning group's monthly meeting with NHS England Area Team held on 7th May 2014. This meeting was a strategic plan review event and focussed around co-commissioning.

- Non-Executive Director/Board Learning Series 2014/15 held on 9th May 2014. This event was arranged by Mersey Internal Audit Agency focussing on emergency and urgent care and the struggle to meet demand and what changes are needed to support the system.

RECOMMENDATION

24. The Governing Body is asked to note the contents of this report.

Alison Lee
Chief Executive Officer
May 2014

AGENDA ITEM NO: WCCCGB/14/05/09

GOVERNING BODY REPORT

DATE OF GOVERNING BODY MEETING:	15th May 2014
TITLE OF REPORT:	Governing Body Sub Committees Annual Reports
KEY MESSAGES:	This report provides an annual summary of the business discussed/undertaken by the sub committees of the Governing Body during the period of April 2013 to March 2014. Included are annual reports from: • Clinical Senate • Commissioning Delivery Committee • Quality Improvement Committee • Audit Committee • Remuneration and Development Committee
REPORT PREPARED BY:	Jenny Dodd, Assistant Chief Officer Laura Marsh, Director of Commissioning Paula Wedd, Director of Quality and Safeguarding Gareth James, Chief Finance Officer Clare Dooley, Corporate Governance Manager

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY SUB COMMITTEES ANNUAL REPORTS

CLINICAL SENATE

THE ROLE OF THE CLINICAL SENATE

1. The Clinical Senate acts in the capacity of a clinical strategic reform group, facilitating system-wide strategic thinking and delivery of continuous improvement across the health economy

KEY DUTIES OF THE CLINICAL SENATE

2. The Clinical Senate is responsible for:

   i) providing advice to the Governing Body on the impact of the clinical commissioning group's commissioning and development proposals across the health and social care community;

   ii) advising the Governing Body on priorities for service development;

   iii) facilitating the progression of clinical work-streams;

   iv) facilitating clinical and organisational engagement on the vision for local health and social care provision;

   v) holding itself to account with regard to its purpose and duties, including assessing its influence on progressing delivery of reform and improvement.

   vi) the role of members is to "Hear, Contribute, Support, Cascade, Monitor" - that is; hear from the experts and commissioner, contribute to discussions on the optimal way forwards, support clinical leads within their organisation to reform as required, cascade within their organisations to ensure progress, monitor this progress and push within own organisation as required.

CONSTITUTION/MEMBERSHIP AND MEETINGS

3. The membership of the Clinical Senate is:

- Chair of the senate (being the Governing Body's clinical lead Secondary Care Doctor);
- chair of the clinical commissioning group and Governing Body;
- other Governing Body GP members (3);
- the clinical commissioning group's Medical Director;
- Medical Directors from the clinical commissioning group's three largest service providers (3);
- the Governing Body Nurse Representative;
- a senior nursing representative for community, mental health and acute services (3);
- Allied Health Professional lead;
- a Public Health lead.

4. There is no provision for deputies to represent voting members at meetings of the advisory body.

5. The following non-voting officers will attend meetings of the advisory body:

- the clinical commissioning group's Chief Officer;
- a Local Medical Committee member, representing GPs as providers;
- a senior representative from the local council's adult & social care and children's divisions;
- clinical commissioning group Engagement Clinical Lead to attend as appropriate to the agenda;
- a clinical commissioning group manager responsible for co-ordinating the work programme of the Clinical Senate;
- the secretary to the Clinical Senate.

6. The Clinical Senate met on the following dates during the period of 1st April 2014 to 31st March 2014:

25th April 2013
23rd May 2013
27th June 2013
25th July 2013
26th September 2013
24th October 2013
28th November 2013
23rd January 2014
27th February 2014

7. The meetings are well attended and this is shown in the attendance register shown below:

Committee Member	**25/04/13**	**23/05/13**	**27/06/13**	**25/07/13**	**26/09/13**	**24/10/13**	**28/11/13**	**23/01/14**	**27/02/14**
Mr Mike Zeiderman Chair of Clinical Senate / Secondary Care Doctor advisor	✓	X	✓	✓	✓	✓	X	✓	X
Dr Huw Charles-Jones WCCCG Chair	✓	X	✓	X	✓	✓	✓	✓	✓
Dr Ian Harvey Medical Director, Countess of Chester Hospital	✓	X	✓	✓	✓	✓	X	✓	X
Dr Andy Cotgrove Medical Director of Cheshire & Wirral Partnership Trust	✓	✓	✓	X	✓	X	X	X	✓
Dr Faouzi Alam Medical Director, Cheshire & Wirral Partnership Trust	X	X	X	X	X	✓	X	X	✓
Dr Andy McAlavey Medical Director	✓	✓	✓	✓	✓	X	✓	✓	✓
Caryn Cox Director of Public Health, Cheshire West and Chester Council	X	X	X	X	✓	✓	X	X	X
Dr Jeremy Perkins Ellesmere Port & Neston Locality GP Representative	✓	✓	✓	✓	✓	X	✓	✓	✓
Dr Steve Pomfret Rural Locality GP Representative	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr David Rowlands Medical Director of Wirral University Teaching Hospital NHS Foundation Trust	X	✓	✓	X	✓	✓	✓	✓	✓
Paula Wedd Director of Quality and Safeguarding	✓	✓	X	X	✓	X	✓	X	✓
Dr Claire Westmoreland City Locality GP Representative	✓	✓	✓	✓	✓	X	✓	✓	✓
Mark Palethorpe Adult Health & Social Care, Cheshire West and Chester Council	✓	X	X	✓	✓	✓	X	✓	✓
Andrea Hughes Deputy Director of Nursing Cheshire & Wirral Partnership	✓	✓	✓	X	X	✓	X	X	X
Sian Williams Acting Deputy Director of Nursing, Countess of Chester Hospital	✓	✓	✓	✓	X	X	✓	X	✓
Andy Lavander Diabetes UK	X	X	X	X	X	X	✓	✓	X

Committee Member	25/04/13	23/05/13	27/06/13	25/07/13	26/09/13	24/10/13	28/11/13	23/01/14	27/02/14
Dave Appleton Ward Manager, Cheshire & Wirral Partnership	✓	X	X	X	X	✓	X	X	X
Sheila Dilks Lay Member	✓	X	✓	✓	X	✓	X	✓	✓
Alistair Jeffs Adult Health & Social Care, Cheshire West and Cheshire Council	X	X	X	X	X	✓	X	✓	✓
Liz Noakes Associate Director of Public Health (resigned from post 2013)	X	✓	X	✓	✓	-	-	-	-
Brenda Dowding Adult Health, Cheshire West and Chester Council	X	✓	X	✓	X	X	X	X	X
Dr Tim Saunders Clinical Lead for Primary Care Mental Health	✓	✓	X	X	✓	X	X	X	X
Alison Stathers-Tracey Head of Integrated Early Support Services	X	X	✓	X	X	X	X	X	X
Laura Marsh Director of Commissioning	X	X	X	X	X	X	✓	✓	X
Lynn Keenaghan	X	X	X	X	X	✓	✓	X	X
Jean Hodgson Clinical Senate Administrator (Minutes)	✓	✓	✓	✓	✓	✓	✓	✓	✓

ACHIEVEMENTS

8. During the period of 1st April 2013 to 31st March 2014 the Clinical Senate discussed and agreed the following items of business:

   a. The Clinical Senate hosted and led two key workshops where wider stakeholders and clinical leaders from across organisations in the health and care community were invited to share their views on future, more patient centred services. The output of this is a document called the “West Cheshire Way”, this outlines our shared vision for services that are most patient centred, that supports self-care, and care provided in the community and that addresses the needs of people with long term conditions.

   b. Much of the following work of 2013/14 involved the Senate discussing the underpinning enablers which need to be established to allow this vision to be achieved. These include:
      i. Effective integrated record sharing

ii. A shared approach to clinical training and development
iii. A patient centred focus
iv. Alternative funding models to support integrated care
v. Seven day working

c. During the year the Senate decided to strengthen the patient voice on the group by asking a patient representative to join as a full member. Andy Lavender, our patient representative, began attending in January 2014.

DEVELOPMENT

9. Future development priorities anticipated for the 2014/15 financial year for the Clinical Senate are:

   a. To continue to lead the development of the "West Cheshire Way" as our community wide vision for the future of health and care services

   b. To review the terms of reference to review and confirm expectations around membership and attendance.

CONCLUSION

10. The Governing Body is asked to note this review of the work of the Clinical Senate

Jenny Dodd
Assistant Chief Officer
May 2014

COMMISSIONING DELIVERY COMMITTEE

ROLE AND KEY DUTIES OF THE COMMISSIONING DELIVERY COMMITTEE

11. The Commissioning Delivery Committee's duties include:

a) overseeing the development, review and delivery of strategy and annual operational plans for the delegated services;

b) overseeing the development, review and delivery of financial plans;

c) overseeing the delivery of the Strategy and annual operational plans by undertaking detailed scrutiny of performance, contract monitoring and financial management on behalf of the NHS West Cheshire Clinical Commissioning Group Governing Body;

d) overseeing the delivery of work programmes that support the NHS West Cheshire Clinical Commissioning Group's strategy and annual operational plan;

e) overseeing the commissioning activities of the NHS West Cheshire Clinical Commissioning Group to ensure that they promote the health and wellbeing of communities as well as addressing health inequalities, prioritising investment / disinvestment and commissioning activities to ensure cost effective care is delivered;

f) taking account of the views of patients, the public and local clinicians when prioritising investment / disinvestment recommendations to the NHS West Cheshire Clinical Commissioning Group Governing Body, consider the prioritisation of the NHS West Cheshire Clinical Commissioning Group's resources, making recommendations to the NHS West Cheshire Clinical Commissioning Group Governing Body as necessary;

g) overseeing the commissioning of continuing health care and individual exceptional care considering recommendations of the Area Prescribing Committee to ascertain if they will have wider contracting / financial implications for the clinical commissioning group;

h) take account of collective commissioning activities, including those of networks to ascertain if they will have wider contracting / financial implications for the clinical commissioning group.

CONSTITUTION/MEMBERSHIP AND MEETINGS

12. The membership of the Commissioning Delivery Committee is:

    a) Two lay members of NHS West Cheshire Clinical Commissioning Group's Governing Body, one of which will chair the committee

    b) The Clinical Chair of NHS West Cheshire Clinical Commissioning Group

    c) The Medical Director of NHS West Cheshire Clinical Commissioning Group

    d) The three elected GP member of the NHS West Cheshire Clinical Commissioning Group Governing Body, one of who will be vice chairman of the committee;

    e) The NHS West Cheshire Clinical Commissioning Group's Chief Executive Officer;

    f) The NHS West Cheshire Clinical Commissioning Group's Chief Financial Officer;

    g) The NHS West Cheshire Clinical Commissioning Group's Director of Contracts and Performance;

    h) The NHS West Cheshire Clinical Commissioning Group's Director of Commissioning;

    i) The NHS West Cheshire Clinical Commissioning Group's Director of Partnerships

13. The Commissioning Delivery Committee met on the following dates during the period of 1st April 2013 to 31st March 2014 (as of 1st January 2014 the meetings moved to bi-monthly)

    4th April 2013
    2nd May 2013
    6th June 2013
    4th July 2013
    5th September 2013
    3rd October 2013
    7th November 2013
    12th December 2013
    6th February

14. The meetings are well attended and this is shown in the attendance register shown overleaf:

Committee Member	04/04/13	02/05/13	06/06/13	04/07/13	05/09/13	03/10/13	07/11/13	12/12/13	06/02/13
Chris Hannah Commissioning Delivery Committee Chair	√	√	√	√	√	√	√	√	√
Andy McAlavey Medical Director	x	√	√	√	√	√	√	√	√
Gareth James Chief Finance Officer	√	√	√	√	√	√	√	√	√
Rob Nolan Director of Contracts and Performance	x	√	X	√	√	√	√	x	x
Alison Lee Chief Executive Officer	√	√	√	√	√	√	√	√	√
Huw Charles-Jones Chair	√	x	√	√	√	√	x	√	√
Caryn Cox (or representative) Director of Public Health, Cheshire West and Chester Council	√	x	X	x	√	x	x	x	x
Steve Pomfret Rural Locality GP Representative	√	√	√	√	√	√	x	√	√
David Gilburt Lay Member	√	√	√	x	√	√	√	√	√
Laura Marsh Director	√	√	√	x	x	√	√	√	√
Claire Westmoreland City Locality GP Representative	x	√	√	√	√	√	√	√	√
Jeremy Perkins (or representative) Ellesmere Port & Neston GP representative	n/a	n/a	n/a	n/a	√	√	√	x	x
Helen McCairn Director of Partnerships	√	√	X	√	x	√	x	√	x
Clare Dooley Corporate Governance Manager	n/a	n/a	n/a	n/a	√	√	√	√	√
Clare Jones Governing Body and Committee Administrator (Minutes)	√	√	X	X	√	√	√	√	√
Jennifer Brooks Governing Body and Committee Administrator (Minutes)	X	X	√	√	X	X	X	X	X

ACHIEVEMENTS

15. During the period of 1st April 2013 to 31st March 2014 the Commissioning Delivery Committee discussed and agreed the following items of business:

Every month
- Finance, Performance and Delivery Reports
- Medicines Management report/Area Prescribing Committee update

April
- Financial Budget 13/14
- Commissioning Plan 13/14
- Contract offer – Countess of Chester
- Podiatry Strategy
- Carers short breaks funding

May
- Primary Care Access pilot
- General Practice Commissioning for Quality and Innovation schemes
- Funding for admission avoidance and supported discharge

June
- Commissioning for Quality and Innovation schemes
- Re-ablement social care funding
- Third sector review
- clinical commissioning group governance structure

July
- Risk Stratification Direct Enhanced Service
- Financial Allocations for the Commissioning for Quality and Innovation schemes for 2013/14 (also discussed in September)
- Contract overspend 12/13

September
- Changes To Bariatric Pre-Surgical Assessment
- New Access Local Enhanced Service
- Community Services Review (also discussed in October and November)
- Urgent Care Review
- Redesigning the Community Palliative Care Team – Business Case for Macmillan Funding

October
- Commissioning Policy: Ethical framework for priority setting and resource allocation
- Minor Ailment Service Review: Service Specification Changes
- Community Equipment Review

November

- Hospital at Home Review update/Soft market testing
- Urgent Care Review update
- Stroke target
- Options Appraisal - Adults with Attention Deficit Hyperactivity Disorder (ADHD) Pathway

December

- Macmillan Partnership Application - Redesigning the system: West Cheshire Palliative Care
- Continuing Health Care Provision Update (also discussed in February)

February

- Bereavement Service Business Case
- Future Commissioning of Commissioning Support Unit
- Community Pain Pathway Business Case
- Commissioning Policy Review Engagement
- Pulmonary Rehabilitation business case
- Deep Vein Thrombosis screening business case
- Diabetes essentials self-care management funding

DEVELOPMENT

16. Future development priorities anticipated for the 2014/15 financial year for the Commissioning Delivery Committee are:

- Continue to develop our ability to triangulate performance management of key contracts, the delivery plan and the financial position
- Strategic development of clinical and patient leadership
- Monitoring the development of governance to support ‘accountable lead provider’ status and the enhanced role of programme boards in establishing shared accountability for specific programme areas/budgets

CONCLUSION

17. The Governing Body is asked to note the achievements and proposed developments for the Commissioning Delivery Committee

Laura Marsh
Director of Commissioning
May 2014

QUALITY IMPROVEMENT COMMITTEE

THE ROLE OF THE QUALITY IMPROVEMENT COMMITTEE

18. The Quality Improvement Committee is authorised by the NHS West Cheshire Clinical Commissioning Group Governing Body:

    a) to investigate any activity within its terms of reference and produce an annual work programme;

    b) to be responsible for ensuring compliance with financial and governance arrangements when undertaking its terms of reference;

    c) to establish and approve the terms of reference of such reporting groups, or task and finish groups as it believes are necessary to fulfil its terms of reference.

19. The Quality Improvement Committee has the following reporting responsibilities:

    a) To ensure that the minutes of its meetings are formally recorded and submitted to NHS West Cheshire Clinical Commissioning Governing Body;

    b) Any items of specific concern which require NHS West Cheshire Clinical Commissioning Governing Body approval will be subject to a separate report.

    c) To ensure that conflicts of interest are managed in accordance with the group's policies and procedures;

    d) To provide exception reports to the Governing Body, highlighting any key developments/achievements or potential risks/issues.

KEY DUTIES OF THE QUALITY IMPROVEMENT COMMITTEE

20. In particular the Quality Improvement Committee duties will include:

    a) Ensuring quality and clinical standards are integrated into the organisation objectives, strategy and annual commissioning plan

    b) Securing continuous improvements in the quality of services for patients with particular regard to clinical effectiveness, safety and patient experience

c) Ensuring that all contracts contain mechanisms to assure that providers have in place appropriate clinical governance and quality standards, informed by clinical benchmarks, clinical evidence, and patient reported outcome measures and patient experience

d) Providing assurance to the NHS West Cheshire Clinical Commissioning Governing Body that patient safety and quality outcomes and benefits are realised, and recommend action if the safety and quality of commissioned services is compromised

e) Monitoring incidents, claims, concerns and complaints trends from commissioned services to ensure corrective and preventative action is being taken

f) Identifying themes of concerns to patients through complaints, patient surveys and engagement activities and recommend action to address those themes

g) Ensuring lessons are learned from patient experience intelligence and serious untoward incidents

h) Having oversight of exceptions and assurance received from reporting groups.

i) Ensuring that all Equality And Diversity requirements are monitored and actioned

j) Ensuring that the Clinical Commissioning Group's safeguarding duties are discharged.

MEMBERSHIP AND MEETINGS

21. The Committee shall include the following members:

a) Nurse Representative, NHS West Cheshire Clinical Commissioning Group Governing Body – Chair of the Committee
b) Medical Director, NHS West Cheshire Clinical Commissioning Group – Vice Chair of the Committee
c) Lay Member, Patient and Public Engagement, NHS West Cheshire Clinical Commissioning Group Governing Body
d) GP Member of NHS West Cheshire Clinical Commissioning Group
e) GP Member of NHS West Cheshire Clinical Commissioning Group
f) Director of Quality and Safeguarding, NHS West Cheshire Clinical Commissioning Group
g) Director of Partnerships, NHS West Cheshire Clinical Commissioning Group
h) Head of Quality and Safety, NHS West Cheshire Clinical Commissioning Group

i) Quality Improvement Manager, NHS West Cheshire Clinical Commissioning Group
j) Designated Nurse Adult Safeguarding, NHS West Cheshire Clinical Commissioning Group
k) Designated Nurse Safeguarding Children, NHS West Cheshire Clinical Commissioning Group

22. The Quality Improvement Committee met on the following dates during the period of 1st April 2013 to 31st March 2014.

- 11th April 2013
- 13th June 2013
- 8th August 2013 (Not quorate)
- 10th October 2013
- Meeting cancelled on 12th December 2013
- 9th January 2014
- 13th February 2014

23. The meetings are well attended, and this is evidenced in the attendance register shown below

Committee Member	11/04/13	13/06/13	08/08/13	10/10/13	09/01/14	13/02/14
Sheila Dilks Chair	X	√	√	√	√	X
Dr Andy McAlavey Vice Chair	X	√	X	√	√	√
Dr Ged Faulks GP Member	X	X	√	√	X	√
Dr Jonathan Gregson GP Member	X	√	X	√	X	X
Paula Wedd Director of Quality and Safeguarding	√	√	X	√	√	√
Dr Claire Westmoreland GP Member	X	√	X	√	√	√
Pam Smith Lay Member	√	X	√	X	X	√
Hayley Cavanagh Quality Improvement Manager	√	√	√	√	√	√
Anne Eccles Designated Nurse Safeguarding Children	X	√	√	√	X	√
Helen Wormald Designated Nurse Safeguarding Adults	X	√	√	√	√	√
Helen McCairn Director of Partnerships	X	X	√	X	√	√
Clare Jones Governing Body and Committee Administrator (Minutes)	√	X	√	√	√	√
Jennifer Brooks Governing Body and Committee Administrator (Minutes)	X	√	X	X	X	X

ACHIEVEMENTS

24. The key duty of the Quality Improvement Committee is to secure continuous improvements in the quality of services we commission for our population, with particular regard to clinical effectiveness, safety and patient experience. The members of the group have been active in ensuring that quality and clinical standards are central to our objectives, strategy and forward plans.

25. We have strong clinical leadership in our membership and have used this expertise to scrutinise the intelligence in the thematic reports we produce from reviewing the serious incidents reported in our health economy. This focus on safety is visible in governing body reports which highlight where there have been concerns and steps the committee has taken to challenge sub-optimal practice.

26. The Quality Improvement Committee agreed a work plan for 2013/14. This report covers the period April 2013 through to March 2014.

27. Quality requirements are detailed within the Quality Improvement Committee Work Plan under 5 areas: Structure and Process; Routine Reports; Scheduled Reports; Exception; and Assurance Reports.

    d) Structure and Process During the reporting period all requirements were met under this heading: the work plan for 2013/14 was compiled and agreed. Membership and Terms of Reference were reviewed and agreed at the April 2013 meeting, and were reviewed again at the February 2014 meeting.

    e) Routine Reports These reports provide information to the Committee with regards to priority areas and areas of interest. National Institute for Health and Care Excellence Quality Standards were published during the reporting period they were brought to the attention of the Committee. The Quality of Care within Nursing Homes updates have been received by the group in year; this new report was received for the first time at the June 2013 meeting and is now established as a standing agenda item.

    f) Scheduled Reports These reports provide updates on key areas of quality monitoring at set points of the year, those received in year included: Serious Incident reports; Commissioning for Quality and Innovation (CQUIN) provider performance; Provider Quality Accounts; Safeguarding reports; Research Reports; Medicines Management updates; Insights for Service Improvement updates; and Equality and Diversity reports were all received as scheduled during the reporting period, with one exception – the National Institute for Health and Care Excellence Quality Standards Year-end Annual Report.

    g) Exception Various non-scheduled items were brought to the group under this heading during the reporting period. These included the notification that action plans were in place following a Care Quality

Commission unannounced inspection at a learning disability in-patient assessment and treatment unit run by a local NHS Trust; information regarding an increase in reporting of grade 3 and 4 pressure ulcers in the community; and an external review of the maternity services at our local acute NHS Trust.

h) Assurance Reports There are 6 groups that are required to report in to the Quality Improvement Committee. A Key Points report is received from the quality lead in each group. These reports were received by the group as scheduled.

28. This year we have strengthened the reporting of safeguarding issues through the receipt of annual reports, along with bi-monthly updates reporting on emerging risks for both safeguarding children and safeguarding vulnerable adult agendas.

29. The Committee has requested the Cheshire, Wirral and Merseyside Commissioning Support Unit provide support to the Clinical Commissioning Group to develop and implement a process to bring intelligence and information together to enable us to monitor quality within nursing homes.

30. The Committee has continued to champion the development of the patient insight and intelligence repository to ensure that patients have an amplified voice, and are true partners in the process of commissioning local healthcare services.

31. Bi-monthly reports of low level and no harm incidents have been reviewed by the Committee, alongside the receipt and review of the bi–annual Serious Incident reports. Evidence shows that increased reporting of incidents of low harm can reduce the likelihood of serious incidents. The commitment shown this year by the Committee to receiving high quality meaningful trend information about serious incidents has meant that this intelligence can be used to promote a culture of openness and learning with our providers and ultimately reduce patient harm.

32. Following an apparent increase in mortality rates within both in-patient and community mental health services an Unexpected Deaths Rapid Review was undertaken on behalf of the Clinical Commissioning Group. The Committee has approved the recommendations and action plan from this review. Regular updates on progress have been received, this, along with the routine quality reporting has enabled the Committee to triangulate intelligence and monitor for improvement in areas of concern.

33. The Committee have reviewed and approved a number of internal policies in year to bring the Clinical Commissioning Group's practice in line with current evidence based guidance. In order to continue to drive up quality within our commissioned services, the Complaints policy, Serious Incidents policy, and policy for Safeguarding Children and Vulnerable Adults have all been reflected in provider contracts for 2014/15.

DEVELOPMENT

34. Development priorities in the 2014/15 financial year for the Quality Improvement Committee are:

    a) Driving Quality Improvements in General Practice – GP committee members to champion quality issues; work with fellow clinical lead colleagues; colleagues in primary care and act as conduit between the Committee and GP Networks.
    b) Promote the sharing of best practice, intelligence, concerns and any themes or issues with commissioning colleagues through the NHS England Area Team Quality Surveillance Group.

CONCLUSION

35. The Quality Improvement Committee has fulfilled its role during the reporting period. The committee has met on 6 occasions during the period; minutes from these meetings have been formally recorded and reported to the Clinical Commissioning Group Governing Body. The Committee work plan for 2013/14 was agreed and at year end the Quality Improvement Committee has delivered against the work plan with the exception of receiving the National Institute for Health and Care Excellence Quality Standards Year-end Annual Report. This Annual Report will be made available to the June 2014 committee meeting.

36. The Governing Body is asked to note this annual report.

Paula Wedd
Director of Quality and Safeguarding
May 2014

AUDIT COMMITTEE

ROLE OF THE AUDIT COMMITTEE

37. The role of the Audit Committee is to:

    a. provide assurance to the Governing Body that its systems of governance, risk management and internal control are effective and are being maintained across the organisation;

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

    c. advise the Governing Body on internal and external audit services;

    d. make recommendations to the Governing Body in respect of the committee's reviews of:

        i) the schedules of losses and compensations;
        ii) the annual financial statements;
        iii) suspension of standing orders.
        iv) the Scheme of Reservation and Delegation

MEMBERSHIP

38. The audit committee comprises of the three lay members of the Governing Body. The lay member with responsibility for audit and finance chairs the committee. There is no provision for deputies to represent voting members at meetings of the committee.

IN ATTENDANCE

39. The following officers also attend meetings of the Audit Committee:

    a. the clinical commissioning group's Chief Finance Officer;

    b. Head of Internal Audit;

    c. the representative of the Group's external audit service;

    d. the clinical commissioning group's Corporate Governance Manager;

    e. the secretary to the committee.

f. The Local Counter Fraud Specialist attends a minimum of three meetings per year, and the committee also extends invitations to other personnel with relevant skills, experience or expertise as necessary to enable it to deal with matters before the committee.

40. The Audit Committee met on the following dates during the period of 1st April 2013 to 31st March 2014:

- 4th April 2013
- 6th June 2013
- 5th September 2013
- 12th December 2013
- 6th February 2014
- 6th March 2014

41. The meetings are well attended and this is shown in the attendance register below:

Committee Member	**04/04/13**	**06/06/13**	**05/09/13**	**12/12/13**	**06/02/14**	**06/03/14**
David Gilburt Audit Committee Chair	√	√	√	√	√	√
Chris Hannah Vice Chair/Lay Member	√	√	√	√	√	x
Pam Smith Lay Member	x	√	√	√	√	√
Gareth James Chief Finance Officer	√	√	√	√	√	√
Clare Dooley Corporate Governance Manager	√	√	√	√	√	√
Steve Williams Audit Manager, Mersey Internal Audit Agency	√	√	√	√	√	√
Steve Connor Mersey Internal Audit Agency	√	x	x	x	x	x
Robin Baker External Audit - Grant Thornton	x	x	√	x	√	x
Chris Whittingham External Audit - Grant Thornton	x	x	√	√	x	√
Alan Rawling External Audit - Grant Thornton	√	√	x	x	x	x
Roger Causer Deputy Head of Counter-Fraud Specialist, Mersey Internal Audit Agency	√	x	x	x	x	√
Wendy Currums Local Counter-Fraud Specialist, Mersey Internal Audit Agency	x	x	x	√	x	x

Committee Member	**04/04/13**	**06/06/13**	**05/09/13**	**12/12/13**	**06/02/14**	**06/03/14**
Suzanne Crutchley Senior Governance Manager Cheshire & Merseyside Commissioning Support Unit	√	x	√	√	x	√
Lynne Blackhall Head of Finance	x	√	√	√	x	x
Clare Jones Governing Body and Committee Administrator (Minutes)	√	x	x	x	√	√
Julie Rogers Business Administrator (Minutes)	x	√	√	x	X	x
Christine France Personal Assistant to CFO (Minutes)	x	x	x	√	x	x

ACHIEVEMENTS

42. During the period of 1st April 2013 to 31st March 2014 the Audit Committee has had the following achievements:

- Reviewed and approved the Scheme of Reservation and Delegation. This was discussed in detail with internal audit to ensure it is fit for purpose.

- Considered the national process to transfer assets and liabilities from primary care trusts and ensured the appropriate transfer of assets and liabilities to NHS West Cheshire Clinical Commissioning Group.

- Throughout the financial year the committee has received reports on the systems and processes in place to manage risk throughout the clinical commissioning group. Processes have been changed significantly as a result of these discussions. At each meeting, the committee now receives the medium and high level risks recorded on the Governing Body Assurance Framework and corporate risk register and ensures compliance against the clinical commissioning group's Risk Management Strategy.

- Received regular progress updates from internal audit in accordance with the agreed internal audit plan for the year. The financial year ended with an opinion of 'significant assurance' from the Head of Internal Audit.

- During the year the committee approved the Anti-Fraud Strategy, policy and action plan and monitored progress against these throughout the year.

- The following plans have been agreed for financial year 2014/15, along with the appropriate fees:

  - Internal audit plan.
  - Anti-Fraud Services plan.
  - External Audit Plan

- The committee reviewed progress and ensured compliance with Information Governance Toolkit, which was successfully submitted (fully compliant) in March 2014.

DEVELOPMENT

43. A key role of the Audit Committee is to make recommendations to the Governing Body following the committee's review of the group's annual financial statements (annual accounts). During 2013/14 the committee received the predecessor primary care trust accounts for information only. In June 2014 the committee will consider the clinical commissioning group's first set of annual accounts. This represents a significant development for the committee.

44. During 2014/15, Audit Committee business will be similar to the previous financial year with regular reports from internal and external audit, anti-fraud services and clinical commissioning group officers on risk management and internal control issues. The Audit Committee chair will present a report covering key areas covered by the committee to each formal Governing Body meeting.

45. The clinical commissioning group receives various invitations for training events targeted at audit committee chairs and members. Members of the NHS West Cheshire Clinical Commissioning Group Audit Committee are invited to attend as and when appropriate.

CONCLUSION

46. The Governing Body is asked to note the annual report of the Audit Committee for 2013/14.

Gareth James
Chief Finance Officer
May 2014

REMUNERATION AND DEVELOPMENT COMMITTEE

THE ROLE OF THE REMUNERATION AND DEVELOPMENT COMMITTEE

47. The purpose of the Remuneration and Development Committee is to:

    a) make recommendations to the Governing Body on the remuneration, fees and other allowances for employees and for people working on behalf of or providing services to the group;

    b) make recommendations to the Governing Body on the allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme;

    c) recommend to the Governing Body the group's organisational and development plan, incorporating arrangements for succession planning.

KEY DUTIES OF THE REMUNERATION AND DEVELOPMENT COMMITTEE

48. The Remuneration and Development Committee makes recommendations to the Governing Body on:

    a) appropriate remuneration, benefits and terms of service for employees and people who provide services to the group, including the Chief Executive Officer, Chief Finance Officer, and any other staff not covered by *Agenda for Change* terms and conditions;

    b) all aspects of remuneration including basic salary, performance bonus scheme, recruitment and retention premia, additional payments and development pay for the Chief Executive Officer, Chief Finance Officer and other senior staff not covered by *Agenda for Change* terms and conditions;

    c) an appropriate appraisal system for the Chief Executive Officer, Chief Finance Officer and other senior staff who are not employed on *Agenda for Change* terms and conditions;

    d) having taking into account relevant factors, the level of annual reward for the Chief Executive Officer, Chief Finance Officer and any other senior staff who are not employed on *Agenda for Change* terms and conditions;

    e) the severance payments of the Chief Executive Officer and usually of other senior staff, seeking HM Treasury approval as appropriate in accordance with national guidance;

f) allowances under any pension scheme that the group might establish as an alternative to the NHS pension scheme;

g) where the group has discretion, recommend other benefits which may form part of a total reward system;

h) re-location allowances above the group's policy limit.

i) monitoring the group's plans for organisational development, including succession planning for elected members, Governing Body appointments and other senior staff.

CONSTITUTION/MEMBERSHIP AND MEETINGS

49. The membership of the Remuneration and Development Committee is the three Lay Members of the clinical commissioning group's Governing Body. The Remuneration and Development Committee is chaired by the clinical commissioning group's Vice Chair.

50. The following non-voting officers attend meetings of the committee:

    a) the group's Chief Executive Officer;
    b) the group's most senior Human Resources advisor;
    c) the Corporate Governance Manager.

51. The committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to enable it to deal with matters before the committee. Any individuals invited to the meeting are not be in attendance for discussions about their own remuneration and terms of service

52. The Remuneration and Development Committee met on the following dates during the period of 1st April 2013 to 31st March 2014.

    - 16th May 2013
    - 21st November 2013
    - 12th December 2013
    - 6th February 2014

53. The meetings are well attended as shown in the attendance register shown below:

Committee Member	16/05/13	21/11/13	12/12/13	06/02/14
Chris Hannah Vice Chair/Lay Member	X	√	√	√
David Gilburt Lay Member	√	√	√	√
Pam Smith Lay Member	√	√	√	√
Alison Lee Chief Executive Officer	X	√	√	√
Clare Dooley Corporate Governance Manager	√	√	√	√
Adam Burgess HR Business Partner	X	√	√	√
Clare Jones Governing Body and Committee Administrator (minutes)	X	√	√	√

ACHIEVEMENTS

54. During the period of 1st April 2013 to 31st March 2014 the Remuneration and Development Committee has focussed its discussions and decisions, which have been ratified by the Governing Body, around the remuneration, titles and contracts for the Governing Body members. The decision making was undertaken in-line with national guidance (e.g. Hay guidance) and included some benchmarking with other clinical commissioning groups, locally, regionally and nationally on senior posts.

55. The terms of reference for the Remuneration and Development Committee also ensure that organisational development is embedded across the organisation, by monitoring the performance of the organisational development plan.

DEVELOPMENT

56. Future development priorities anticipated for the 2014/15 financial year for the Remuneration and Development Committee are to:
    - consider further benchmarking reports against other clinical commissioning groups in relation to Chief Executive Officer and Chief Finance Officer remuneration;
    - agree the terms of office for GP Governing Body Members;
    - oversee the implementation of the clinical commissioning group's organisational development plan.

CONCLUSION

57. The Governing Body is asked to note the annual report of the Remuneration and Development Committee.

Clare Dooley
Corporate Governance Manager
May 2014

GOVERNING BODY REPORT

DATE OF GOVERNING BODY MEETING:	15th May 2014
TITLE OF REPORT:	Clinical Commissioning Group Policies and Governance Documents
KEY MESSAGES:	This report provides a series of Clinical Commissioning Group policies and governance documents for Governing Body ratification.
REPORT PREPARED BY:	Clare Dooley Corporate Governance Manager

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

CLINICAL COMMISSIONING GROUP POLICIES AND GOVERNANCE DOCUMENTS

INTRODUCTION

1. A number of Clinical Commissioning Group policies and governance documents are provided to the Governing Body for approval/ratification.

POLCIES AND GOVERNANCE DOCUMENTS

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

No	Document	Oversight	Previous Governing Board Ratification Date	Lead Officer
1.	Safeguarding Adults Policy **Click here for document**	Quality Improvement Committee	19/09/2013	Helen Wormald Designated Nurse – Safeguarding Adults 01244 650384 h.wormald@nhs.net
1a.	Safeguarding Quality Standards **Click here for document**	Quality Improvement Committee	-	Helen Wormald Designated Nurse - Safeguarding Adults 01244 650384 h.wormald@nhs.net
2.	Safeguarding Children Policy **Click here for document**	Quality Improvement Committee	19/09/2013	Anne Eccles Designated Nurse – Safeguarding Children & Children in Care 01244 385023 anne.eccles@wcheshirepct.nhs.uk
3.	Management of Public Interest Disclosure (Whistle-blowing) Policy **Click here for document**	Quality Improvement Committee	19/09/2013	Paula Wedd Director of Quality and Safety 01244 650497 paula.wedd@nhs.net
4.	Equality and Diversity Action Plan **Click here for document**	Quality Improvement Committee	18/04/2013	Jenny Dodd Assistant Chief Officer 01244 650352 jennifer.dodd@nhs.net

No	Document	Oversight	Previous Governing Board Ratification Date	Lead Officer
5.	Recruitment and Retention Policy Click here for document	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	-	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net
6.	Career Break Policy Click here for document	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	-	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net
7.	Work Experience Policy Click here for document	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	-	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net
8.	IT Network & Infrastructure Policy **(Cheshire ICT Service)** Click here for document	Audit Committee	18/04/2013	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net
9.	ICT Registration Authority Policy **(Cheshire ICT Service)** Click here for document	Audit Committee	18/04/2013	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net
10.	Human Resources Policy: Attendance Management Policy Click here for document	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	19/09/2013	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net
11.	Special Leave Policy click here for document	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	21/11/2013	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net

3. Provided below is a list of the remaining Clinical Commissioning Group Policies and Governance Documents with a proposed date for the Governing Body to receive them/consider for ratification at future Formal Governing Body Meetings.

No	Document	Oversight	Previous Governing Board Ratification Date	Lead Officer	Next Governing Body Review
1.	Constitution	Membership Council	20/03/2014	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net	March 2015

No	Document	Oversight	Previous Governing Board Ratification Date	Lead Officer	Next Governing Body Review
2.	Standards of Business Conduct Standard Operating Procedure	Audit Committee	18/04/2013	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net	November 2014
3.	Conflict of Interest Policy	Audit Committee	18/04/2013	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net	November 2014
4.	Business Continuity Planning Standard Operating Procedure	Senior Management Team	18/04/2013	Clare Dooley Corporate Governance Manager 01244 650318 claredooley@nhs.net	July 2014
5.	Information Governance Policy and Strategy	Audit Committee	16/01/2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net	January 2015
6.	Freedom of Information Act Policy	Audit Committee	16/01/2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net	January 2015
7.	Subject Access Request Policy	Audit Committee	16/01/2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net	January 2015
8.	Confidentiality and Data Protection Policy	Audit Committee	16/01/2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net	January 2015
9.	Corporate Records and Retention Policy	Audit Committee	16/01/2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net	January 2015
10.	ICT Security Policy **(Cheshire ICT Service)**	Audit Committee	18/04/2013	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net	July 2014
11.	Laptop and Portable Devises and Remote Access Policy **(Cheshire ICT Service)**	Audit Committee	18/04/2013	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net	July 2014
12.	Collaboration Policy	Commissioning Delivery Committee	19/09/2013	Helen McCairn Director of Partnerships 01244 385075 helen.mccairn@nhs.net	September 2014
13.	Corporate House Style Standard Operating Procedure	Senior Management Team	18/04/2013	Clare Dooley Corporate Governance Manager 01244 650318 claredooley@nhs.net	September 2014

No	Document	Oversight	Previous Governing Board Ratification Date	Lead Officer	Next Governing Body Review
14.	Communications Standard Operating Procedure	Quality Improvement Committee	19/09/2013	Sally Pritchard Patient Experience Manager 01244 650438 sallypritchard@nhs.net	September 2014
15.	Individual Funding Requests Policy	Commissioning Delivery Committee	18/04/2013	Laura Marsh Director of Commissioning 01244 650397 Laura.marsh2@nhs.net	July 2014
16.	Commissioning Policy	Commissioning Delivery Committee	18/04/2014	Laura Marsh Director of Commissioning 01244 650397 Laura.marsh2@nhs.net	July 2014
17.	NHS Continuing Healthcare Operational Policy **(Cheshire & Merseyside Commissioning Support Unit)**	Commissioning Delivery Committee	18/04/2013	Helen McCairn Director of Partnerships 01244 385075 helen.mccairn@nhs.net	July 2014
18.	Anti-Fraud Plan 2013/14 **(Mersey Internal Audit Agency)**	Audit Committee	16/01/2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net	January 2015
19.	Tendering and Contracting Policy	Commissioning Delivery Committee	18/04/2013	Rob Nolan Director of Contracts and Performance 01244 650543 rob.nolan@nhs.net	November 2014
20.	Scheme of Reservation and Delegation	Audit Committee	18/04/2013	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net	July 2014
21.	Complaints Policy	Quality Improvement Committee	18/04/2013	Paula Wedd Director of Quality and Safeguarding 01244 650497 paula.wedd@nhs.net	November 2014
22.	Policy for Incidents	Quality Improvement Committee	18/04/2013	Paula Wedd Director of Quality and Safeguarding 01244 650497 paula.wedd@nhs.net	November 2014
23.	Serious Incident Policy	Quality Improvement Committee	18/04/2013	Paula Wedd Director of Quality and Safeguarding 01244 650497 paula.wedd@nhs.net	September 2014

No	Document	Oversight	Previous Governing Board Ratification Date	Lead Officer	Next Governing Body Review
24.	Grievance and Disputes Policy and Procedure	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	19/09/2013	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net	March 2015
25.	Human Resources Policy: Annual Leave and Bank Holiday Policy	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	19/09/2013	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net	March 2015
26.	Human Resources Policy: Disciplinary Policy	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	19/09/2013	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net	March 2015
27.	Capability Policy	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	21/11/2013	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net	September 2014
28.	Family Leave Policy	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	21/11/2013	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net	September 2014
29.	Harassment and Bullying Policy	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	16/01/2014	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net	January 2015
30.	Retirement Policy	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	16/01/2014	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net	January 2015
31.	Secondment Policy	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	16/01/2014	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net	January 2015
32.	Travel and Expenses Policy	Joint Staff Partnership Forum (Cheshire & Merseyside Commissioning Support Unit)	16/01/2014	Alison Lee Chief Executive Officer 01244 650364 alisonlee2@nhs.net	January 2015

RECOMMENDATION

4. The Governing Body are asked to approve/ratify the 9 policies/governance documents provided.

Gareth James
Chief Finance Officer
May 2014

1. **Date of Governing Body Meeting:**	15th May 2014
2. **Title of Report:**	Minutes of Governing Body Sub-Committees
3. **Key Messages:**	To provide an overview of business and actions/decisions made by the sub-committees of the governing body.
4. **Recommendations:**	The governing body is requested to receive and note the minutes of the sub-committees.
5. **Report Prepared By:**	Clare Jones Governing Body and Committees Administrator

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP
GOVERNING BODY

MINUTES OF GOVERNING BODY COMMITTEES

PURPOSE

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

BACKGROUND

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

GP LOCALITY NETWORKS

3. Chester City Locality GP Network

Major issues and actions from the March meeting included:

- The project to provide diabetes care for housebound patients is progressing well. An initial viability assessment is being produced to obtain support for wider roll out of this scheme.
- Claire Westmoreland advised that it was unlikely that Park Medical Centre would receive retrospective funding for the storage of electronic records. The group felt that this penalised innovation and agreed to support Robert Stewart in appealing this decision. Alison Lee raised this with Huw Charles Jones and he agreed that Park Medical Centre should receive retrospective funding for the digital storage of patient records. However, the point was made that if the criteria for allocating the non-recurrent funding was strictly applied then this would not be funded, but it was recognised that this would be a disincentive for innovation.

Major issues and actions from the April meeting included:

- GP attendance at child protection conferences has decreased. The number of reports provided and GP attendance is likely to be an indicator on the quality dashboard. This matter will be discussed at the

Quality meeting and the group were asked to consider if anyone would take on the role of quality lead for the City locality.

- The group discussed the Vanguard Programme. The group decided to focus initially on exploring:
  - Social prescribing and self-care.
  - Human resources and other back office functions.
  - Delivery of the service to residential homes and nursing homes.

4. Rural Locality GP Network

Major issues and actions from the March meeting included:

- It was announced that the Community Ultrasound service would start in Frodsham Princeway on 26th March. The service would roll out to the other two sites in the Rural Locality in May. The group supported the idea of investigating holding a formal launch of the service and inviting media outlets to attend.
- The group were informed of the detail of the joint application for the Prime Minister's Challenge Fund. The application was for support totalling £1.75 million. The Clinical Commissioning Group had allocated a further £1 million to support the Vanguard Programme, and this money would be available regardless of the outcome of the application.
- The group were encouraged to think about the priority areas that each of the three clusters within the locality wanted to focus on for transformation.

Major issues and actions from the April meeting included:

- The Community Ultrasound service started at Frodhsam Princeway and patient feedback has been very positive. Roll out to Tarporley Hospital and Malpas surgery will begin as soon as possible.
- The Vanguard Programme was starting to take shape. Meetings had been agreed to discuss priority projects and plans would be presented at the next meeting.
- The new LUTS service for male patients was launched on the 1st of April 2014. This completes the range of services of the Adult Community Based Urinary Continence Service following on from the Female LUTS service, already delivered by CWP across West Cheshire since January 2014.
- The next Membership Council meeting on 21 May will give over the second session to the Rural Network to allow them to challenge the CCG and wider partners on commissioning decisions. Health Visiting and School Nurses have been chosen as the priorities to discuss at the meeting.

5. Ellesmere Port and Neston Locality GP Network

Major issues and actions from the April meeting included:

- Practice staff should follow the "Adult Abuse Flowchart" if there is concern, allegation, disclosure or suspicion of Adult Abuse. The number for the Adult Social Care Advice team was confirmed as 0300 123 8 123 or out of hours 01244 977 277. GPs were also advised they could email Helen Wormold direct if they wanted advise over whether they should make a referral h.wormold@nhs.net
- Cheshire Information Communications and Technology (ICT) are working towards allowing practices, via EMIS Web, to access records that are held by Cheshire & Wirral Partnership NHS Foundation Trust.
- The Integrated Health Care record will allow sharing of summary patient records across organisations via 'Single Sign On' tab within the practice's clinical system to support direct patient care.
- The draft Commissioning Plan is now available and has been shared with practices.
- A detailed discussion around Vangaurd will be on the agenda for the next Ellesmere Port & Neston GP Network meeting. Practice Managers are encouraged to attend.
- The Local Medical Committee (LMC) have given feedback that the funding for the proposed new Deep Vein Thrombosis (DVT) service is not sufficient. The Local Medical Committee are also is discussion regarding the payments for the sexual health checks and health checks (CHD) which are now commissioned by Public Health.

6. The full minutes for the above GP Locality Network meetings are available at Appendix 1.