

Minutes of the Clinical Commissioning Group (CCG) Governing Body

FORMAL – Part 1

Date and time of Meeting:	Friday 17 January 2020 09:30 – 10:40
Venue:	Training and Conference Suite, Number One Riverside

Present:	Mrs Denise Dawson	Lay Member for Patient and Public Engagement (<i>Non-Clinical Chair</i>)
	Mrs Sam Evans	Chief Finance Officer – Health and Social Care Integration
	Mr Peter Riley	Lay Member for Integrated Risk
	Dr Bodrul Alam	Clinical Board Member
	Mr Steve Rumbelow	Accountable Officer
	Dr Imran Ghafoor	Clinical Locality Lead -Heywood and Middleton
	Kuiama Thompson	Public Health Registrar (on behalf of Sandra Croasdale)
	Mrs Joanne Newton	Lay Member for Governance
	Mrs Alison Kelly	Head of Quality & Safeguarding and Deputy Executive Nurse
	Mrs Karen Hurley	Director of Operations and Executive Nurse
Dr Aggy York	Clinical Board Member and Clinical Locality Lead – Rochdale	
Mrs Sally McIvor	Director of Commissioning & Director of Adult Social Services (DASS)	
Mrs Andrea Fallon	Director of Public Health	
Dr Vijay Tandle	Secondary Care Clinician	
Mr Alex Leach	Healthwatch Rochdale (<i>on behalf of Kate Jones</i>)	
Ms Helen Chapman	Corporate Affairs Manager and Governance Lead	
In Attendance:	Mrs Sarah Kershaw	Minutes
	Mrs Pam Dickinson	Communications & Engagement Manager
Apologies:	Dr Chris Duffy	Clinical Chair
	Ms Kate Jones	CEO, Healthwatch Rochdale
	Dr Sonal Sharma	Clinical Board Member
	Cllr Sara Rowbotham	Portfolio Holder for Health & Wellbeing Rochdale Borough Council

Minutes ratified on:	20 March 2020
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AGENDA ITEM	ITEM	ACTION
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	Public Open Forum	
	The Chair welcomed everyone to the meeting and introductions were made.	
	No members of public were in attendance. The following questions submitted in advance by TE on behalf of Better Health 4 Middleton (BH4M) are detailed below:	

Has the Governing Body meetings been moved to an earlier slot (9.30am) to make it more difficult for public to attend?

No, the CCG welcomes public attendance. The time changes will be reviewed in 6 months' time (3 meetings).

What is happening with The Hive (ex Clough St). It was hoped the Hive would have been built by now, if not fully open to patients. Right now, the site has been cleared and that's all. Middleton is keen to see this surgery built and open with more services available for Middleton residents.

When will building start?

Are there any completion dates?

HMR CCG are continuing to work with the practice to support the new build, however at present the CCG are awaiting confirmation of the next stage from a number of parties.

As soon as we are able to share any anticipated dates, the CCG will work with the communications team to ensure the public are regularly updated with key milestones.

I previously provided information in relation to PPG's. Dr Ghafoor suggested I contact someone in Rochdale, please can you tell me who that is?

The information provided about PPGs in the Middleton area has been useful and has been passed to both Governing Body and Primary Care commissioners. If Mr. Ettenfield has further information or requires feedback he should liaise with the Patient and Public Engagement Lead (Phil Burton; phil.burton@nhs.net) and he will be happy to liaise with Primary Care commissioners and individual practices.

When does the CCG consider how patients get to their appointments, places where the CCG has decided to provide services regardless of inconvenience?

How does a diabetic get to an appointment for Retinopathy when the place is Rochdale Infirmary at 8.30am?

When the type of service being delivered can be provided at community locations the integrated commissioning team would liaise with providers to ensure this is so. Increasingly services are delivered in local community locations, though there will always be services that need to be delivered from a hospital site.

In the case of diabetic retinopathy, the service is commissioned by NHS England and split into GM North and South. The HMR service comes under the GM North service and can be accessed from the following locations:

- Middleton Health Centre - Middleton
- Croft Shifa Health Centre - Rochdale
- Phoenix Centre – Heywood
- Rochdale Infirmary
- The Village Medical Centre – Littleborough

The latest annoyance is no more advanced appointments, only same day. This means, you can't plan anything and, if you want to see a GP, you need to be at the surgery when it opens at 8am or, if you're lucky, find a same day appointment online. Using the phone is out of the question.

	<p><i>How does this work for elderly people or who have movement issues like the lady near me who rarely leaves her home? We understand there are problems with DNA (Did not attend). But is this the way forward? NO.</i></p> <p>HMR CCG are consistently working with GP practices to improve access to general practice. As part of the Long-Term plan NHS England sets out its plans to have a digital-first primary care where digital access will become a new option for every patient improving fast access to convenient primary care. Which means patients that are able and willing will be able to use more digital solutions to access general practice, freeing up telephone lines and receptionists in practice.</p> <p>Unfortunately, there isn't a contractual requirement that requires GP practices to manage their appointment systems in a certain way, this then means that as a CCG we are unable to dictate what or how practices offer their appointments.</p> <p>If an issue is highlighted to the CCG about a particular practice, we can and do support and work with practices to improve their access through our Quality Monitoring Programme.</p> <p><i>Cross Boundary Issues – We know Manchester CCG are dragging their feet with the Cross-border issues. This is a problem for many residents in Middleton. People only see the NHS, they don't see or understand all this stupidity with boundaries, which we were told would disappear with Devolution. If anything, it's got worse with the CCGs protecting their budgets more than ever. It's crackers. What happened to one NHS? Does the NHS work for the people, or do the people work for the NHS?</i></p> <p>Questions previously raised, and response provided on 18 May 2018 and 20 July 2018: HMR CCG has a Cross Boundary Contract in place for HMR registered patients. This matter is the responsibility of Manchester Health and Care Commissioning, as the registered GP is a member of that organisation.</p> <p>With consent HMR CCG have forwarded the letter and the copy letter sent to Andy Burnham – Mayor of Manchester and to the organisation for them to respond.</p> <p>HMR CCG provided dates of Manchester Health and Care Commissioning Board meetings to assist with any further follow up.</p> <p>Healthwatch Rochdale have also followed up with Manchester Health and Care Commissioning.</p>	
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1 - GOVERNANCE		
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	Apologies	
	Apologies as noted above.	

17/01/20/1.1	Committee Business	
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	<p>1.1.1 Members noted Dr Duffy’s apologies for the meeting and Mrs Denise Dawson as Chair in his absence.</p> <p>1.1.2 Continued good wishes were noted to Dr Duffy.</p> <p>1.1.3 An update was provided regarding the submission of the HMR Constitution. All responses to queries received from NHS England have been returned and recommended changes/additional information have been included email confirmation has been received that NHS England will shortly issue an approval letter for the application.</p> <p>1.1.4 It was noted that the Audit Terms of Reference still referred to the Corporate Governance Committee, and therefore required amending. The amended ToRs will be taken to the Audit Committee meeting to follow the usual process and a request has been made to use Chairs actions to ratify those once approved. Members agreed to the use of Chairs actions.</p> <p>1.1.5 Scheme of Reservation and Delegation has also been updated to reflect appropriate delegation with regards to remuneration and Terms and Conditions, this was previously recorded as Remuneration Committee, however as this committee is only able to make recommendations, the responsibility remains with Governing Body. This had previously been updated within the Remuneration Committee Terms of Reference</p> <p>1.1.6 A copy of the Committee Governance Handbook has been circulated to all members, which includes information relating to the management of conflicts of interest, Chairs Actions, and Terms of Reference for each of the CCG committees.</p> <p>1.1.7 Members were reminded of the Governing Body’s statutory duty to publish Governing Body meeting papers on the website 7 days prior to the meeting, and a request was made for all papers to be submitted within the timeframes provided were possible.</p> <p>1.1.8 The Governing Body agreed to the use of Chairs actions for formal ratification of the Audit Committee Terms of Reference and noted the verbal updates provided.</p>	
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<p>17/01/20/1.2</p>	<p>Declarations and Register of Interests</p> <p>1.2.1 Members were reminded of their obligation to declare any interest they may have which might conflict with the business of Heywood, Middleton and Rochdale Clinical Commissioning Group.</p> <p>1.2.2 Declarations declared by members are listed in the CCG’s Register of Interests. The Register is available either via the Corporate Affairs and Governance Manager or the CCG website at the following link: Declarations of Interest Register</p> <p>1.2.3 The Chair requested any declarations of interests relating to</p>	
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	<p>today's agenda.</p> <p>1.2.4 None were received.</p> <p>1.2.5 The Governing Body agreed to note that no declarations of interest were received.</p>	
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17/01/20/1.3	Minutes of the CCG Governing Body Meeting held on 15 November 2019	
	1.3.1 The minutes of the meeting on Friday 15 November 2019 were agreed as a true and accurate record.	

17/01/20/1.4	Matters Arising / Action Log / Use of Chairs Actions	
	<p>1.4.1 The action log was reviewed and updated.</p> <p>1.4.2 Discussions took place regarding any risks identified when reporting performance. It was agreed the new format of the meeting allowed for more meaningful discussions to take place around any areas of concern.</p> <p>1.4.3 Members were informed that the following Chairs actions have taken place since the last meeting:</p> <ul style="list-style-type: none"> • Governing Body Terms of Reference for ratification – following the November Governing Body meeting members agreed the use of Chairs actions to enable updates to Part 2 membership in-line with the changes to the meeting format from January 2020. <p>1.4.4 The Governing Body agreed to note the use of Chair's Actions.</p>	

17/01/20/1.5	Chair's Report	
	Declaration of Interest: None	
	<p>1.5.1 Item deferred</p> <p>1.5.2 The Governing Body noted the item would be deferred.</p>	

2 - ITEMS FOR DECISION

17/01/20/2.1	Emergency Preparedness Resilience and Response (EPRR) 2019/20 Core Standards	
	Declaration of Interest: None	
	<p>2.1.1 An outline of the report and background information was provided. Governing Body are asked to formally approve the assessment which will then be published on the CCG website.</p> <p>2.1.2 Members were advised It is an annual requirement for NHS organisations to undertake a self-assessment to confirm the</p>	

	<p>assurance process and rating. This responsibility has been delegated from Accountable Officer to the Director of Operations/Executive Nurse.</p> <p>2.1.3 Of the 43 applicable standards for CCG's, HMR have achieved 42. HMR CCG were commended for achieving this amount and thanks were noted to the Riverside facilities team for their support in relation to sustainability information.</p> <p>2.1.4 Members were updated that Standard 27 (EPRR exercising and testing) – is overdue, due to some of the uncertainties associated with EU exit however planning is underway, and delivery of an exercise will take place within the next 12 months, to ensure compliance.</p> <p>2.1.5 Providers self-assessments focus on the Northern Care Alliance and Pennine Care NHS Foundation Trust. These are monitored through the North East Sector Health Economy Resilience Group (HERG) and are reported to GM Local Resilience Partnership.</p> <p>2.1.6 Members approved the report provided.</p> <p>2.1.7 The Governing Body approved the HMR Emergency Preparedness Resilience and Response (EPRR) 2019/20 Core Standards assurance process, which will now be published.</p>	<p>HC</p>
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<p>17/01/20/2.2</p>	<p>Information Governance Management Group (IGMG) Terms of Reference</p>	
	<p>Declaration of Interest: None</p>	
	<p>2.2.1 The updated Information Governance Management Group (IGMG) Terms of Reference were shared for comment and approval.</p>	
	<p>2.2.2 Key changes were highlighted which included the name change and function from an operational group to a subcommittee of Governing Body.</p>	
<p>2.2.3 Members approved the Terms of Reference.</p>	<p>2.2.4 The Governing Body approved the IGMG Terms of Reference.</p>	

<p>17/01/20/2.3</p>	<p>Clinical and Professional Advisory Panel (CPAP) Terms of Reference</p>	
	<p>Declaration of Interest: None</p>	
	<p>2.3.1 A revised version of the Clinical and Professional Advisory Panel (CPAP) Terms of Reference was shared with members for approval.</p>	
	<p>2.3.2 Members were asked for comments, none were received.</p>	
<p>2.3.3 Members approved the Terms of Reference</p>		

	2.3.4 The Governing Body approved the CPAP Terms of Reference.	
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3 - ITEMS FOR DISCUSSION

17/01/20/3.1	Quality and Safeguarding Report	
	Declaration of Interest: None	
	3.1.1 The report was shared for information and members were asked for comments and questions.	
	3.1.2 The Quality and Safeguarding Team were commended for the strategies included within the report.	
	3.1.3 Discussions took place regarding the life expectancy of people with Learning Disabilities and the positive learning taken from the LeDeR work ongoing.	
3.1.4 The Governing Body agreed to note the content of the report.		

17/01/20/3.2	Quality Premium Report	SE
	Declaration of Interest: None	
	3.2.1 A verbal update was provided.	
	3.2.2 Data is still outstanding from NHS England for 2018/19. As there is no Quality Premium for 2019/20, it was agreed this item would be removed from the agenda and the information for 2018/19 would be included in a future finance report once received.	
3.2.3 The Governing Body agreed to note the verbal update provided and remove the Quality Premium Report from the business schedule.		

17/01/20/3.3	Performance Report	
	Declaration of Interest: None	
	3.3.1 The paper has been developed based on reporting by exception. The content of the report was summarised, and key elements highlighted.	
	3.3.2 Members were updated that successes included access rates for Children and Young People in Mental Health, which had met the annual target in August.	
3.3.3 It was noted that in this report all the Primary Care Indicators were included within the report, not just those that weren't being met. The flu indicator is not being met but is likely due to the distribution of flu vaccines and a similar picture is reflected across the country.		

	<p>3.3.4 A new model for Serious Mental Illness (SMI) health checks has been piloted and proved to be very successful. This is now being rolled out to all practices.</p> <p>3.3.5 Access to extended hours is reported to be hitting 15 out of a possible 18 targets. Targets missed relate to telephone clinical assessment, impacted by 111 deflections and GM Clinical Assessment System (CAS).</p> <p>3.3.6 A query was raised if the reporting of the workforce data related to the total number of GP's or the WTE? And what number of practice nurses had been newly trained in prescribing? It was agreed an update would be shared with members to provide clarity.</p> <p>3.3.7 Discussions took place regarding concerns over the number of GPs in the area who may be eligible to retire in the next 5 years, and the work undertaken by the Primary Care Academy to make improvements for the Primary Care Workforce.</p> <p>3.3.8 It was reported that urgent care performance has been affected by the number of recent respiratory submissions, and elective performance has also dropped due to the number of cancelled admissions and staffing shortages.</p> <p>3.3.9 The 52-week Referral to Treatment (RTT) pathway has increased to 4 breaches, in part due to consultant availability.</p> <p>3.3.10 Considerable improvement in the performance for Cancer two-week waits, two-week wait for breast symptoms and Cancer 62-day waits was reported. Further improvement is expected with the CCG Commissioning Manager for Cancer taking up post this month who will work closely with the NES Cancer Improvement Committee, the CCG Cancer Clinical Lead and GMSS contracting colleagues to develop HMR improvement plans.</p> <p>3.3.11 Improved Access to Psychological Therapies (IAPT) is expected to hit target.</p> <p>3.3.12 Positive feedback was received regarding the quality of information provided and continual improvement in reporting. It was agreed that a future performance report would be presented in a future Part 2 meeting to allow for in depth discussions.</p> <p>3.3.13 The Governing Body agreed to note the content of the report.</p>	<p>KT</p> <p>KT</p>
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17/01/20/3.4	Corporate Risk Register and Assurance Framework	
	Declaration of Interest: None	
	<p>3.4.1 The content of the report was summarised, and key elements highlighted.</p> <p>3.4.2 Previously it was reported that there were four risks with a score of 16 or more. These are no longer being reported due to the changes which have taken place within Planned Care, Urgent Care and Mental Health and it was also proposed</p>	

	<p>that Lymphedema also be removed from the register as the access issues have been resolved.</p> <p>3.4.3 Members were asked for comments and questions</p> <p>3.4.4 Concerns were raised that Primary Care workforce had not been included in the risk reporting, this has been raised previously and that workforce should be considered Amber rated.</p> <p>3.4.5 A request was made to ensure that workforce was reported at the Governing Body meeting in March.</p> <p>3.4.6 The Governing Body agreed to note the content of the report and supported the action noted.</p>	SMc/SC
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17/01/20/3.5	Finance Update Report	
	Declaration of Interest: None	
	<p>3.5.1 The report provided an update on the financial position of the CCG for the period ending December 2019.</p> <p>3.5.2 Members were asked for comments and questions, none were received.</p> <p>3.5.3 Key highlights included that confirmation had been received that PAHT have agreed an outturn financial position for the HMR contract based on month 5 position of £2,500k above the contract price. Cabinet agreed to support a contribution to the pooled fund opening gap which along with the CCG increased contribution closes the gap. This is a positive step for HMR as acute activity continues to overperform and this looks set to increase.</p> <p>3.5.4 An outturn position has also been agreed with Stockport Foundation Trust and work is ongoing with Salford Foundation Trust.</p> <p>3.5.5 Due to the Category M drug price increases prescribing costs have been highlighted as a financial pressure. The £755k reserve has been released to partially offset this reducing the forecast overspend.</p> <p>3.5.6 Mental Health Services is showing a forecast overspend, this is mainly due to increased costs for observations for a patient with Learning Disabilities, individual commissioned packages and enhanced capacity beds.</p> <p>3.5.7 Discussions took place regarding the increased costs for patient observations. It was confirmed this had now been increased to two to one observations</p> <p>3.5.8 Mental Health transformation work has led to a reduction of placements out of area and it was noted that significant work has taken place in community neuro rehabilitation.</p> <p>3.5.9 Quality, Innovation, Productivity and Prevention (QiPP) target</p>	

	<p>was achieved this year but only by the utilisation of the £4m non-recurrent draw down of the historic surplus. The CCG will not be able to do this in 2020/2021 and recurrent delivery of savings remains a major challenge.</p> <p>3.5.10 Discussions took place regarding the CCG meeting its financial duty. It was confirmed that the CCG will achieve this for 2019/20 but this would remain a significant risk for 2020/21. Further details will be available in February/March 2020 and an update regarding the CCG's position would be shared with members.</p> <p><i>Andrea Fallon left the meeting 10.33</i></p> <p>3.5.11 The Governing Body agreed to note the content of the report and the update provided.</p>	
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17/01/20/3.6	Functions Update	
	Declaration of Interest: None	
	<p>3.6.1 A verbal update was provided, it was noted, due to sickness and the Christmas period some of the planned transitions had been delayed, however a written report will be presented to Governing Body meeting in March.</p> <p>3.6.2 The Governing Body agreed to note the verbal update provided.</p>	

<p>4 – REPORTS Provided for Information Only (including Sub-Committee updates)</p>

17/01/20/4.1	Clinical and Professional Advisory Panel (CPAP) (from 1 November 2019 and 6 December 2019 meeting)	
	Declaration of Interest: None	
	<p>4.1.1 Members were asked for comments or questions. None were received</p> <p>4.1.2 The Governing Body agreed to note the content of the report.</p>	

17/01/20/4.2	Integrated Commissioning Board (ICB) (from 3 December 2019 meeting)	
	Declaration of Interest: None	
	<p>4.2.1 Members were asked for comments or questions. None were received</p> <p>4.2.2 The Governing Body agreed to note the content of the report.</p>	

17/01/20/4.3	Quality and Safeguarding Committee (from 20 December 2019 meeting)	
	Declaration of Interest: None	
	4.3.1 Members were asked for comments or questions. None were	

	received	
	4.3.3 The Governing Body agreed to note the content of the report provided.	
17/01/20/4.4	Information Governance Management Group (IGMG) <i>(from 27 September 2019 and 29 November 2019 meetings)</i>	
	Declaration of Interest: None	
	4.4.1 Members were asked for comments or questions. None were received 4.4.2 The Governing Body agreed to note the content of the report.	
17/01/20/4.5	Health Economy Resilience Group (HERG) <i>(ratified minutes from 16 September 2019 meeting)</i>	
	Declaration of Interest: None	
	4.5.1 Ratified minutes were provided for information and members were asked for any comments or questions. 4.5.2 No further discussions took place. 4.5.3 The Governing Body agreed to note the content of the report provided.	
17/01/20/4.6	Children and Young People’s Partnership (CYPP) <i>(ratified minutes from 12 September 2019 meeting)</i>	
	Declaration of Interest: None	
	4.6.1 Ratified minutes were provided for information and members were asked for any comments or questions. 4.6.2 No further discussions took place. 4.6.3 The Governing Body agreed to note the content of the report provided.	
17/01/20/4.7i	Locality Engagement Group (LEG) Rochdale <i>(from the 12 November meeting)</i>	
	Declaration of Interest: None	
	4.7i.1 The report was provided for information. No further discussions took place. 4.7i.2 The Governing Body agreed to note the content of the report provided.	
17/01/20/4.7ii	Locality Engagement Group (LEG) Heywood and Middleton <i>(from the 12 November meeting)</i>	
	Declaration of Interest: None	

	<p>4.7ii.1 The report was provided for information. No further discussions took place.</p> <p>4.7ii.2 The Governing Body agreed to note the content of the report provided verbal update provided.</p>	
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5 – ANY OTHER URGENT BUSINESS

17/01/20/5.1	Any other Business (AOB) – EU Exit	
	Declaration of Interest: None	
	<p>5.1.1 An update was provided in relation to the EU Exit. Reporting on a daily/weekly basis has now ceased and the NHS has been commended for their organisation and the information submitted at the time.</p> <p>5.1.2 The Governing Body noted the update provided.</p>	

17/01/20/5.2	Any other Business (AOB) – Governing Body Part 2 Membership	
	Declaration of Interest: None	
	<p>5.2.1 Clarity was requested regarding membership for Part 2 of the Governing Body meeting. It was confirmed that the membership has been extended for the Director of Public Health/Consultant in Public Health and a representative of Healthwatch to attend when appropriate.</p> <p>5.2.2 The Governing Body noted the update provided.</p>	

Other useful link:
<ul style="list-style-type: none"> • RBC - Health, School and Care Overview and Scrutiny Committee minutes • RBC - Health and Wellbeing Board • NHS HMR CCG and RBC Integrated Commissioning Board • NHS HMR CCG Primary Care Commissioning Committee • NHS HMR CCG Patient and Public Engagement Committee

DATE AND TIME OF NEXT MEETING
<p>Friday 20 March 2020 09:30 – 10:30am Number One Riverside, Smith Street, Rochdale</p>