

**Minutes of the Clinical Commissioning Group (CCG) Governing Body**

**FORMAL – Part 1**

<b>Date and time of Meeting:</b>	Friday 18 January 2019 10:30 – 12:25
<b>Venue:</b>	Training and Conference Suite, Number One Riverside

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

AGENDA ITEM	ITEM	ACTION
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	<p><b>Public Open Forum</b></p> <p>The Chair welcomed everyone to the meeting and introductions were made.</p> <p>The following question was submitted in advance of today's meeting by Dave McLaughlin.</p> <p><i>Why is Pain Management Solutions still in place? Given by Rochdale CCG's very own figures Pain Management Solutions is failing dismally with a score of 2 from a scale of 1 – 5. I'd be very interested to know how long the CCG will tolerate such poor performance. And let's not forget this is the health of people who are suffering that we are talking</i></p>	
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	<p><i>about. The CCG has its own Patient Services who are also not servicing its patients as they mislead patients such as myself with inaccurate estimates to answers to enquiries / complaints and blame staffing yet the delays must have been pre existing? Pain Management under the NHS worked. Now its via a private company with profit margins. Bleeding cash from the health service. This can not be a good thing.</i></p> <p>The rating referenced is a <b>national</b> patient rating from service users not specifically a HMR scale.</p> <p>Work will take place to review the local ratings for pain management. Confirmation was received that the previous pain service provided by Pennine Acute NHS Hospitals Trust (PAHT) is no longer recommended via NICE guidance, which resulted in the change in provider.</p> <p>Further assurance was provided that any complaints received are fully investigated and this is currently being progressed via the appropriate route.</p> <p><i>Members were advised that a further question was submitted prior to the meeting via Marie Douglas who is part of the GM Older Peoples Network, requesting that the profile of the network be raised and that the focus change from GM to also include local issues.</i></p> <p>Members were advised that the Director of Operations / Exec Nurse regularly meets with local members of the GM Older Peoples Network and will ensure that links are made with the CCG Engagement Lead.</p> <p>The following questions were raised by Tony Ettenfield on behalf of Health for Middleton.</p> <p><i>Why Alkrington Health Centre for needles and not Middleton?</i></p> <p>It was further clarified that the responsibility for needles sits with Rochdale Borough Council and not the CCG.</p> <p>The Director of Public Health suggested that a meeting takes place to fully understand why Alkrington Health Centre was chosen and will follow up direct.</p> <p><i>Why are there delays in prescriptions from hospitals?</i></p> <p>It was confirmed that further details will be required to investigate specific cases which will also require patient consent.</p> <p>Further clarity was provided as previously providing in response to the question raised on 16 November 2018.</p> <p>If a green prescription is issued the medication is not urgent.</p> <p><b><i>Response to question raised on 16 November 2018 and previously shared:</i></b></p> <p>Clinicians clarified the standard procedure for patients to be discharged with any required urgent medication, this would be provided by the hospital on discharge for the full course of medication.</p> <p>If the medication is not urgent the hospital may write a green prescription for collection at a local pharmacy within 7 days.</p>	<p>KH</p> <p>AF</p>
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	<p><i>Are there plans for more doctors and surgeries in Middleton due to the 800 new homes which are planned?</i></p> <p>The CCG has been linked with the HMR Strategic Estates Group and with Rochdale Borough Councils Strategic Housing department in relation to upcoming developments and the potential population increase. The CCG will continue to work closely with the relevant stakeholders to understand the anticipated demographics and needs of the people moving into the new housing to ensure equitable provision of services; and as Dr Duffy already stated within the Governing Body meeting, some of these 'new' residents may already be registered with our local practices.</p> <p>The CCG in terms of Primary Care provision/access, HMR CCG have supported the national drive to introduce 8am to 8pm weekday opening along with weekend access and continues to work hard to address the workforce issues being seen nationally. There is a whole programme of work in place to address the ongoing difficulty in recruiting, developing and retaining GPs, Practice Nurses and Primary Care Staff in HMR.</p> <p>The CCG has also been working on increasing access/reducing variation in other ways which has been embedded across the Borough within all practices to ensure all patients receive the same high quality service no matter which practice they are registered with. It should also be noted that currently all practices across the Borough are operating open lists which means they are all taking on new patients.</p> <p>Discussion took place regarding the impact of patients not attending their appointments. Currently 20% of appointments result in a DNA. Practices send reminders and text messages but there is still an issue. It was suggested that if patients knew how much a wasted appointment costs they may be less likely to DNA. It was agreed that the value for a GP appointment be shared.</p> <p><i>Is there an impact on practices not being able to take repeat prescriptions over the phone?</i></p> <p>It was confirmed that due to potential safety issues, the Care Quality Commission (CQC) have advised that practices <b>should not</b> take repeat prescriptions over the telephone and these must be request online or face to face.</p>	CD
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**1 - GOVERNANCE**

	<b>Apologies</b>	
	Apologies as noted above.	

<b>18/01/19/1.1</b>	<p><b>Committee Business</b></p> <p>1.1.1 It was highlighted to members that the Healthwatch update which is on the agenda for information should be under discussion items.</p> <p>1.1.2 <b>The Governing Body agreed to note the verbal update provided and agreed that the Healthwatch item be moved and discussed under discussion items.</b></p>	
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18/01/19/1.2	<b>Declarations and Register of Interests</b>	
	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.	
	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: <a href="#">Declarations of Interests</a>	
	1.2.3 The Chair requested any declarations of interests relating to today's agenda.	
	1.2.4 None were received.	
1.2.5 <b>The Governing Body agreed to note that there are no declarations of interest.</b>		
18/01/19/1.3	<b>Minutes of the CCG Governing Body Meeting held on 16 November 2018</b>	
	1.3.1 The minutes of the meeting on Friday 16 November 2018 were agreed as a true and accurate record with the following amendment:  <b>16/11/18/3.4 Corporate Risk Register</b> <b>Additional risk to be added to the Corporate Risk Register:</b> <ul style="list-style-type: none"> <li>• Pennine Care NHS Foundation Trust (PCFT) changes and the sustainability of the organisation as a Mental Health Trust</li> </ul>	
18/01/19/1.4	<b>Matters Arising / Action Log / Use of Chairs Actions</b>	
	1.4.1 The action log was reviewed and updated.	
	1.4.2 Members were informed that no Chair's Actions have taken place since the last meeting.	
1.4.3 <b>The Governing Body agreed to note that no Chair's Actions have taken place.</b>		
18/01/19/1.5	<b>Chair's Report</b>	
	<b>Declaration of Interest: None</b>	
	1.5.1 The content of the report was summarised	
	1.5.2 Members were asked for any comments or questions.	
	1.5.3 No further discussions took place.	
1.5.4 <b>The Governing Body agreed to note the content of the</b>		

	report.	
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<b>2 - ITEMS FOR DECISION</b>
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<b>18/01/19/2.1</b>	<b>Business Continuity Policy</b>	<b>KH</b>
	<b>Declaration of Interest: None</b>	
	2.1.1 The content of the report was summarised, and it was noted that it is a statutory requirement to update this annually.	
	2.1.2 It was noted that there were typos in relation to the Director of Operations / Exec Nurse and Accountable Officer titles which will be amended.	
	2.1.3 Members were asked for any comments or questions. No further discussions took place.	
	2.1.4 <b>The Governing Body agreed to approve the Business Continuity Policy with the above amendments.</b>	

<b>18/01/19/2.2</b>	<b>Emergency, Preparedness, Resilience and Response (EPRR) Core Standards</b>	
	<b>Declaration of Interest: None</b>	
	2.2.1 The content of the report was summarised.	
	2.2.2 It was noted that it is a statutory requirement for this to be reviewed annually and work through associated requirements.	
	2.2.3 Clarity was provided that AEO refers to the Accountable Emergency Officer.	
	2.2.4 The CCG is partially compliant on two areas. The first relates to the movement of the emergency room from Sherwood Rochdale Infirmary. The designated room will be operational from March 2019.	
	2.2.5 The second relates to AEO attendance at the Local Health Resilience Planning meeting. It was noted that the AEO was not previously aware that 75% attendance was required and will ensure that this is met in future and confirmed that she is now attending.	
	2.2.6 <b>The Governing Body agreed to approve the Emergency, Preparedness, Resilience and Response (EPRR) Core Standards.</b>	

<b>18/01/19/2.3</b>	<b>Annual Equality Publication</b>	
	<b>Declaration of Interest: None</b>	
	2.3.1 The content of the report was summarised.	
	2.3.2 It was noted that it is a statutory requirement for this to be reviewed annually and published on the website.	

	<p>2.3.3 Thanks, was noted to the Equality, Diversity &amp; Inclusion (EDI) Strategic Lead for the significant amount of work that has taken place.</p> <p>2.3.4 The joint strategic objectives will be signed by the CCG Accountable Officer, and the wider engagement with the Joint Leadership Team will be via the Rochdale Borough Council Director of Neighbourhoods. Both the CCG and RBC have signed up to the GM Commitment for Race Equality and have also been asked to sign the Charter.</p> <p>2.3.5 Discussions took place regarding the Equality Impact Assessment training which is available to all CCG staff.</p> <p>2.3.6 The Chair of the Equality Steering Group complimented the EDI Business Partner for the support and knowledge provided to the Group.</p> <p>2.3.7 <b>The Governing Body agreed to approve the Annual Equality Publication.</b></p>	SR
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18/01/19/2.4	<b>Sustainability Plan</b>	KH
	<b>Declaration of Interest:</b> None	
	<p>2.4.1 It was noted that the item is deferred due to a significant amount of work taking place to ensure that this is incorporated into the Annual Report.</p> <p>2.4.2 The initial assessment has been completed and the finalised version will be submitted at the next meeting.</p>	

18/01/19/2.5	<b>Approval of Joint Commissioning Board (JCB) Terms of Reference (ToR)</b>	SR
	<b>Declaration of Interest:</b> None	
	2.5.1 Apologies were noted to members for the late circulation of the paper.	
	2.5.2 Assurance was provided to members that previous concerns raised have been addressed and information will now be reviewed by the appropriate staff, e.g. GM Chief Finance Officers and GM Directors of Commissioning to ensure that there is full sight of any changes prior to sign off.	
	2.5.3 Rob Bellingham, Interim Managing Director, from Greater Manchester Health and Care Commissioning is scheduled to attend the January Integrated Commissioning Board to provide an overview of the work that has taken place.	
	<p>2.5.4 Discussions took place regarding delegating authority and it was suggested that the delegation to ICB be amended.</p> <p>2.5.5 <b>The Governing Body agreed to approve the Joint Commissioning Board ToR and agreed to amend the terms of delegation to the Integrated Commissioning Board in respect of the commissioning of 'Theme 3'</b></p>	

related hospital services as required. To enable HMR CCG representatives to contribute as envisaged in the ToR and to exercise the localities vote as required.

18/01/19/2.6	<b>Information Governance Framework</b>	
	<b>Declaration of Interest:</b> None	
	2.6.1 The content of the report was summarised.	
	2.6.2 It was noted that the IG Framework was approved at the Corporate Governance Committee on 12 December 2018.	
	2.6.3 Members were asked for any comments or questions. No further discussions took place.	
	<b>2.6.4 The Governing Body agreed to approve the Information Governance Framework.</b>	

18/01/19/2.7	<b>Locality Engagement Group (LEG) Terms of Reference (ToR)</b>	
	<b>Declaration of Interest:</b> None	
	2.7.1 The content of the report was summarised.	
	2.7.2 It was noted that the ToR were reviewed and approved at the December LEG meeting.	
	2.7.3 Members were asked for any comments or questions. No further discussions took place.	
	<b>2.7.4 The Governing Body agreed to approve the Locality Engagement Group ToR.</b>	

### 3 - ITEMS FOR DISCUSSION

18/01/19/3.1	<b>Quality and Safeguarding Report</b>	
	<b>Declaration of Interest:</b> None	
	3.1.1 The key elements within the report were summarised.	
	3.1.2 Members were asked for any comments or questions.	
	3.1.3 A question was raised regarding metal on metal hip replacements and whether this will cause an additional pressure on the elective system.	
	3.1.4 It was clarified that the indication is that there is currently one patient that will require a full revision. Therefore, early indicators do not highlight any additional pressure on the system.	
	<b>3.1.5 The Governing Body agreed to note the content of the report.</b>	

18/01/19/3.2	<b>Quality Premium Report</b>	
	<b>Declaration of Interest: None</b>	
	3.2.1 The content of the report was summarised, and key areas highlighted.	
	3.2.2 For 2017/18 the CCG was awarded £365k.	
	3.2.3 Progress is being made for the 2018/19 indicators however it is important to note that there are two areas which are currently failing and are likely to incur a penalty.	
	3.2.4 Work will continue to take place to try and achieve these indicators, however it is unlikely that they will be achieved before year end therefore no Quality Premium will be awarded for 2018/19.	
	<b>3.2.5 The Governing Body agreed to note the content of the report.</b>	

18/01/19/3.3	<b>Performance Report</b>	
	<b>Declaration of Interest: None</b>	
	3.3.1 The content of the report was outlined.	
	3.3.2 It was highlighted that the North West Ambulance Service (NWAS) performance narrative demonstrates the work that has taken place as part of the transformation schemes, which is a real positive.	
	3.3.3 Challenges are ongoing regarding the second appointment for Improving Access to Psychological Therapies (IAPT). There have been discussions relating to what is recorded and recognised as a first appointment.	
	3.3.4 The A&E data highlights that the CCG are not far off the target for Rochdale. It was noted that A&E has been significantly stretched over the past week, with unprecedented demand. It was acknowledged that the main issues relate to the acuity and illness of individuals rather than any issues or concerns within the system.	
	3.3.5 A lot of working is taking place and short-term actions have been implemented to stabilise the system this week.	
	3.3.6 Cllr S Rowbotham highlighted concerns that her residents had raised regarding patients waiting on trollies in A&E for significant amounts of time.	
	3.3.7 Assurance was provided that the appropriate pathways are in place for HMR residents and when patients are able there is capacity for HMR patients to be out of hospital.	
	3.3.8 It was noted that some initial investigations have taken place and it has been identified that those patients who are stuck in the system have not been HMR residents and have been from	

	neighbouring CCGs who have different pathways.	
	3.3.9 Members recognised that although the impact isn't direct to HMR patients it is not a positive experience for anyone attending hospital.	
	3.3.10 In terms of escalation a number of sites across GM have been escalated to Level 4 which is the highest level.	
	3.3.11 The Winter Campaign has been running to try and ensure people are taking care of themselves as much as possible and only referring to A&E when appropriate and utilising the 111 Service via telephone and online to access self-help.	
	3.3.12 It was suggested that information regarding Primary Care performance be included.	SC
	3.3.13 Following a question regarding the cancer back log it was confirmed that this has not yet been cleared. Assurance was provided that a number of action plans are in place to improve the position and that further clarity will be provided on the date for this to be completed.	KK
	3.3.14 A question was raised regarding Delayed Transfers of Care. It was agreed that clarity be sought as to whether Mental Health is included within this.	SC
	3.3.15 An update was provided regarding immunisations. It was noted that there have been issues with the flu vaccine stock. Notifications are being regularly shared with GPs outlining where stock is available. Concerns regarding this year's flu programme have been raised with Public Health England.	
	3.3.16 <b>The Governing Body agreed to note the content of the report and the update provided.</b>	

18/01/19/3.4	<b>Corporate Risk Register and Assurance Framework</b>	
	<b>Declaration of Interest: None</b>	
	3.4.1 The content of the report was summarised, and key elements highlighted.	
	3.4.2 Members were asked for any comments or questions.	
	3.4.3 PCFT have employed an external consultancy firm to understand the current position and the viability of focussing on Mental Health which will take place between January - March 2019.	
	3.4.4 A North East Sector Partnership Board has been established regarding the transfer of community services.	
	3.4.5 <b>The Governing Body agreed to note the content of the report.</b>	

18/01/19/3.5.1	<b>Finance Update Report</b>	
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	<b>Declaration of Interest: None</b>	
	<p>3.5.1.1 The content of the report was outlined and the key areas summarised.</p> <p>3.5.1.2 It was highlighted that this is the position as at the end of December.</p> <p>3.5.1.3 A Mental Health overspend of £866k is projected after investment. This overspend is provided for within the contingency.</p> <p>3.5.1.4 Pressures in acute services include Integrated Elective Care Pathways (IECP) performance above plan, mainly relating to Trauma and Orthopaedics.</p> <p>3.5.1.5 The target for Referral to Treatment (RTT) has not been achieved.</p> <p>3.5.1.6 Pennine Acute Hospitals Trust (PAHT) is forecasting overperformance at year end of £2.3 million. The cap that is in place of £1 million has been paid to PAHT. If the cap wasn't in place there would be a forecast overspend of £3.5 million on the contract.</p> <p>3.5.1.7 It was emphasised that this overspend is being considered by PAHT during the current contract negotiations.</p> <p>3.5.1.8 Prescribing is a risk, and it was highlighted that issues with drug availability has been on the news. It was agreed that a further update and the current position be clarified.</p> <p>3.5.1.9 A question was raised regarding Children's Joint Placements. It was clarified that these are children who are in the care system and are funded across the CCG, Education and Social Care.</p> <p>3.5.1.10 Following a question regarding the consequence of any overspend it was confirmed that the CCG would fail its financial duties. It was emphasised that there are contingencies in place and that HMR are in a much better position than a number of CCGs within GM.</p> <p>3.5.1.11 <b>The Governing Body agreed to note the content of the report and the update provided.</b></p>	SE

18/01/19/3.5.2	<b>2019/20 Savings Proposals</b>	
	<b>Declaration of Interest: None</b>	
	<p>3.5.2.1 The content of the report was outlined and the key areas summarised.</p> <p>3.5.2.2 It was highlighted that work is taking place to address the projected pooled fund gap.</p> <p>3.5.2.3 Work is taking place to understand the allocations and any implications. An actual position will be clearer from 1 April 2019, and a briefing paper on the allocations will be shared.</p>	SE

	<p>3.5.2.4 For this financial year the opening pooled gap was £17.5 million. The current financial position of the pool for 2019/20 and 2020/21 is a financial gap of £11.9 million and £14 million respectively.</p> <p>3.5.2.5 Savings proposals are being worked up totalling £6.35 million in 2019/20 and £3.1 million in 2020/21.</p> <p>3.5.2.6 <b>The Governing Body agreed to note the content of the report and the update provided.</b></p>	
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<b>18/01/19/3.6.1</b>	<b>Director of Operations / Executive Nurse Functions Report</b>	
	<b>Declaration of Interest: None</b>	
	<p>3.6.1.1 The content of the report was summarised.</p> <p>3.6.1.2 It was highlighted that transitional arrangements are ongoing with the Greater Manchester Shared Service (GMSS) in relation to Patient Services, People services and Information Governance (IG). The risks related to People Services have been mitigated.</p> <p>3.6.1.3 <b>The Governing Body agreed to note the content of the report.</b></p>	

<b>18/01/19/3.6.2</b>	<b>Health and Wellbeing Board (HWBB) update formalised proposal</b>	
	<b>Declaration of Interest: None</b>	
	3.6.2.1 The content of the report was summarised.	
	3.6.2.2 To support the proposed changes 10 priorities, have been agreed.	
	3.6.2.3 The next step will be to combine the HWBB and the Public Service Reform Steering Group which will provide a much stronger focus on outcomes and evidence to challenge and support the wider system.	
	3.6.2.4 Approval of the proposal will be required via formal full council in May.	
	3.6.2.5 Following a question, it was confirmed that the HWBB Assembly will focus on engaging the voluntary sector and supporting partners.	
	3.6.2.6 It was suggested that public accountability be included and it was confirmed that this will be a key priority.	
3.6.2.7 <b>The Governing Body agreed to note the update provided.</b>		

<b>18/01/19/3.6.3</b>	<b>Values and Behaviours for the Borough</b>	
	<b>Declaration of Interest: None</b>	

	<p>3.6.3.1 A verbal update was provided.</p> <p>3.6.3.2 The CCG and RBC are working with the Local Government Association to establish some local values and behaviours.</p> <p>3.6.3.3 As part of the process various members of the organisations have been interviewed to understand what behaviours we think we are doing, what is exhibited and what we would like to be exhibited.</p> <p>3.6.3.4 It was confirmed that this is a three month programme that is being progressed via the Wider Leadership Team.</p> <p><b>3.6.3.5 The Governing Body agreed to note the verbal update provided and requested an update on progress.</b></p>	
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<b>18/01/19/3.6.4</b>	<b>Annual Patient and Public Engagement Report</b>	
	<b>Declaration of Interest: None</b>	
	<p>3.6.4.1 The content of the report was summarised.</p> <p>3.6.4.2 Confirmation was received via the Lay Member for Patient and Public Engagement that HMR will score well on the indicator.</p> <p>3.6.4.3 A significant amount of work has taken place and a request was made that where possible links are made with the CCG Engagement Lead.</p> <p>3.6.4.4 Members were asked for any comments or questions.</p> <p>3.6.4.5 Positive feedback was received regarding the Public &amp; Stakeholder Event for the Rochdale Transformation Programme which took place on 17 January 2019, and it was emphasised that it is very important to make those links regarding the transformation work that is taking place.</p> <p><b>3.6.4.6 The Governing Body agreed to the content of the report.</b></p>	

<b>18/01/19/3.6.5</b>	<b>Special Education Needs and Disabilities (SEND) Final Inspection Report</b>	
	<b>Declaration of Interest: None</b>	
	<p>3.6.5.1 The content of the report was summarised and apologies were noted due to the late circulation and error on the front sheet. It was agreed that the recommendation / aim on the front sheet be amended to reflect the content of the report.</p> <p>3.6.5.2 Significant progress has been made which was confirmed via the SEND revisit which took place in December 2018. The Ministers letter was received late last night and confirms that Rochdale is no longer required to be formally monitored.</p> <p>3.6.5.3 Further work is taking place regarding Occupational Therapy (OT) to ensure that the commissioning arrangements for the service are adequate.</p>	KK

	<p>3.6.5.4 In relation to Autism the significant amount of work that has taken place for under 5s was acknowledged and the pathways are now starting to be expanded to over 5s.</p> <p>3.6.5.5 A question was raised regarding length of time patients are waiting. It was confirmed that in a number of cases this is due to there being a pause in order for other necessary assessments to take place.</p> <p>3.6.5.6 Feedback was provided that although the waiting time for an OT appointment is significant once children are seen the results are significant.</p> <p><b>3.6.5.7 The Governing Body agreed to note the content of the report and acknowledged the significant amount of work that has taken place by the Children’s Team.</b></p>	
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<b>18/01/19/6.4</b>	<b>Healthwatch Update</b>	
	<b>Declaration of Interest: None</b>	
	6.4.1 It was agreed that item 6.4 be de discussed under discussion items rather than reports for information.	
	6.4.2 Members were asked for any comments or questions on the report.	
	6.4.3 No further discussions took place.	
6.4.4 <b>The Governing Body agreed to note the content of the report.</b>		

<b>4 – GOVERNING BODY SUB-COMMITTEE REPORTS</b>
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<b>18/01/19/4.1</b>	<b>Clinical and Professional Advisory Panel (CPAP)</b> <i>(from 7 December 2018 and 4 January 2019 meetings)</i>	
	<b>Declaration of Interest: None</b>	
	4.1.1 The content of the report was summarised.	
	4.1.2 Discussions regarding Pain Services will be discussed at the Locality Engagement Groups and fedback to CPAP.	
	4.1.3 The January meeting focussed on Adult Mental Health services. It was noted that discussions focussed on the potential to adopt the iThrive model that is in place for Children’s Mental Health. Discussions took place and the general feedback was that this could be applied to adults.	
	4.1.4 Members were asked for any comments or questions.	
	4.1.5 Feedback was provided that the CPAP is a very useful meeting and allows good clinical and professional debate.	
4.1.6 <b>The Governing Body agreed to note the content of the report.</b>		

18/01/19/4.2	<b>Integrated Commissioning Board (ICB)</b> <i>(from 27 November 2018 meeting)</i>	
	<b>Declaration of Interest: None</b>	
	<p>4.2.1 The content of the report was summarised and key areas highlighted.</p> <p>4.2.2 It was highlighted that the November meeting was reconvened.</p> <p>4.2.3 The two key discussions related to Posture Mobility and IVF.</p> <p>4.2.4 Members were asked for any comments or questions. No further discussions took place and it was noted that the formal minutes are available via the link within the report and at the end of minutes under useful links.</p> <p>4.2.5 <b>The Governing Body agreed to note the content of the report.</b></p>	

18/01/19/4.3i	<b>Rochdale Locality Reports</b> <i>(from 11 December 2018 and 8 January 2019 meetings)</i>	
	<b>Declaration of Interest: None</b>	
	<p>4.3i.1 The content of the report was outlined.</p> <p>4.3i.2 Key discussions included a presentation from LANC UK which generated a very passionate discussions regarding mental health which fed into the January 2019 CPAP.</p> <p>4.3i.3 Feedback was provided to the LEG members at the January meeting from CPAP which was very encouraging to members.</p> <p>4.3i.4 Discussions took place at the January meeting regarding the Integrated Elective Care Pathways (IECP). Concerns were raised regarding the process for completing the referrals for the pilot pathways and the potential increase in workload. It was confirmed that the completion of referrals has been tested and confirmed as functional and suitable to complete within a 10 minute consultation.</p> <p>4.3i.5 <b>The Governing Body agreed to note the content of the report and the verbal update provided.</b></p>	

18/01/19/4.3ii	<b>Heywood and Middleton Locality Reports</b> <i>(from 11 December 2018 and 8 January 2019 meetings)</i>	
	<b>Declaration of Interest: None</b>	
	<p>4.3ii.1 The content of the report was outlined and it was noted that the discussions were similar to those that took place at Rochdale.</p> <p>4.3ii.2 Members were pleased with the feedback provided at the January meetings from CPAP discussions</p> <p>4.3ii.3 Cllr Rowbotham noted that it was encouraging that a presentation was provided to members on Books on</p>	

	Prescription for Mental Health.	
	<b>4.3ii.4 The Governing Body agreed to note the content of the report and the update provided.</b>	

<b>18/01/19/4.4</b>	<b>Patient and Public Engagement Committee</b> <i>(from 7 January 2019 meeting)</i>	
	<b>Declaration of Interest: None</b>	
	4.4.1 A verbal update was provided.	
	4.4.2 The January meeting was well attended. It was agreed that next year the January meeting will be pushed back a week to allow more time following Christmas and New Year leave for papers to be produced.	
	4.4.3 Work continues to take place to identify an older peoples representative.	
	4.4.4 <b>The Governing Body agreed to note the content of the report.</b>	

<b>18/01/19/4.5</b>	<b>System Transformation Committee (STC)</b> <i>(from 7 December 2018 meeting)</i>	
	<b>Declaration of Interest: None</b>	
	4.5.1 Members were asked for any comments or questions on the report. No further discussions took place.	
	4.5.2 <b>The Governing Body agreed to note the content of the report.</b>	

<b>18/01/19/4.6</b>	<b>Quality and Safeguarding Committee</b> <i>(from 21 December 2018 meeting)</i>	
	<b>Declaration of Interest: None</b>	
	4.6.1 Members were asked for any comments or questions. No further discussions took place.	
	4.6.2 <b>The Governing Body agreed to note the content of the report.</b>	

<b>5 – ANY OTHER URGENT BUSINESS - NONE</b>
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<b>6 – REPORTS PROVIDED FOR INFORMATION ONLY</b>
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<b>18/01/19/6.1</b>	<b>Children and Young People’s Partnership (CYPP)</b> <i>(from 13 September 2018 and 15 November 2018 meetings)</i>	
	6.1.1 Members were asked for any comments or questions on the report.	
	6.1.2 No further discussions took place.	

	6.1.3 <b>The Governing Body agreed to note the content of the report.</b>	
18/01/19/6.2	<b>Health Economy Resilience Group (HERG)</b> <i>(from 13 September 2018 meeting)</i>	
	6.2.1 Members were asked for any comments or questions on the report.	
	6.2.2 No further discussions took place.	
	6.2.3 <b>The Governing Body agreed to note the content of the report.</b>	
18/01/19/6.3.1	<b>GM Effective Use of Resources Policies: Continuous Glucose Monitoring</b>	
	6.3.1.1 Members were asked for any comments or questions on the report.	
	6.3.1.2 No further discussions took place.	
	6.3.1.3 <b>The Governing Body agreed to note the content of the report.</b>	
18/01/19/6.3.2	<b>GM Effective Use of Resources Policies: Orthoses, Bespoke Orthoses and 24 hour Posture Management</b>	
	6.3.2.1 Members were asked for any comments or questions on the report.	
	6.3.2.2 No further discussions took place.	
	6.3.2.3 <b>The Governing Body agreed to note the content of the report.</b>	
18/01/19/6.3.3	<b>GM Effective Use of Resources Policies: Knee Replacements</b>	
	6.3.3.1 Members were asked for any comments or questions on the report.	
	6.3.3.2 No further discussions took place.	
	6.3.3.3 <b>The Governing Body agreed to note the content of the report.</b>	
18/01/19/6.3.4	<b>GM Effective Use of Resources Policies: Hip Replacements</b>	
	6.3.4.1 Members were asked for any comments or questions on the report.	
	6.3.4.2 No further discussions took place.	

	<b>6.3.4.3 The Governing Body agreed to note the content of the report.</b>	
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<b>18/01/19/6.3.5</b>	<b>GM Effective Use of Resources Policies: Ganglion Cyst Removal</b>	
	6.3.5.1 Members were asked for any comments or questions on the report.	
	6.3.5.2 No further discussions took place.	
	<b>6.3.5.3 The Governing Body agreed to note the content of the report.</b>	

<b>18/01/19/6.3.6</b>	<b>GM Effective Use of Resources Policies: Knee Arthroscopy</b>	
	6.3.6.1 Members were asked for any comments or questions on the report.	
	6.3.6.2 No further discussions took place.	
	<b>6.3.6.3 The Governing Body agreed to note the content of the report.</b>	

<b>Other useful link:</b>	
<ul style="list-style-type: none"> <li>• <a href="#">RBC - Health, School and Care Overview and Scrutiny Committee minutes</a></li> <li>• <a href="#">RBC - Health and Wellbeing Board</a></li> <li>• <a href="#">NHS HMR CCG and RBC Integrated Commissioning Board</a></li> </ul>	

<b>DATE AND TIME OF NEXT MEETING</b>
Friday 15 March 2019 10:30 – 12:30 Number One Riverside, Smith Street, Rochdale