

Minutes of the Clinical Commissioning Group (CCG) Governing Body

FORMAL – Part 1

Date and time of Meeting:	Friday 16 November 2018 10:30 – 12:30
Venue:	Training and Conference Suite, Number One Riverside

Present:	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 Aggy York	Clinical Board Member and Clinical Locality Lead - Rochdale
	Dr Bodrul Alam	Clinical Board Member
	Mrs Karen Hurley	Director of Operations and Executive Nurse
	Dr Imran Ghafoor	Clinical Board Member and 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	
Ms Kate Jones	CEO, Healthwatch Rochdale	
Dr Sonal Sharma	Clinical Board Member	
Kuaima Thompson	Public Health Registrar (on behalf of Andrea Fallon)	
In Attendance:	Miss Stacey Brogan	Minutes
	Ms Helen Chapman	Corporate Affairs and Governance Manager
	Mrs Pam Dickinson	Communications & Engagement Manager
Apologies:	Mrs Sally McIvor	Joint Director of Integrated Commissioning
	Mrs Andrea Fallon	Director of Public Health
	Cllr Sara Rowbotham	Portfolio Holder for Health & Wellbeing Rochdale Borough Council

AGENDA ITEM	ITEM	ACTION
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	<p>Public Open Forum</p> <p>The Chair welcomed everyone to the meeting and introductions were made.</p> <p>Members were advised that filming will be taking place during the start of the meeting for Healthwatch Rochdale. It was noted that no audio will be recorded.</p> <p>The following question was raised by Tony Ettenfield on behalf of Better Health 4 Middleton:</p>	
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A Better Health 4 Middleton member is having problems with a service at Salford Royal Hospital, Endocrinology. The service seems to have stopped and there's no information about its future. She has tried phoning several numbers but none of them offer any help as they're phones that don't accept messages.

The CCG is not aware of any Endocrinology services stopping at Salford Royal Hospital.

There are seven endocrinology services to book into at Salford Royal Hospital depending on the reason for referring. There is a central Out Patient appointment line that patients can contact 0161 206 4100, this requires the individual to call and provide their NHS Number to assist with the enquiry.

The Better Health 4 Middleton representative was advised to request the member who is currently experiencing the difficulties to contact the CCG commissioning team to support them with contacting the relevant endocrinology department. CCG reception – 01706 652853.

Additionally patients who are experiencing difficulties with services are able to contact the Patient Advice Liaison Service (PALS) on 0161 2126270 or public freephone: 0800 121 4430

Very recently, the Needle Exchange reported problems. They were running out of needles. I took action and I'm happy to report that as of yesterday I'm told the needle exchange has been supplied with needles. It shouldn't take me to get involved. One solution was offered yesterday. If the surgeries won't or can't accept needles for disposal, why can't the pharmacies have a bin so they can accept them? Who is responsible for the needle disposal services? Is it the CCG, Public Health, The Council? That's something we've never been told.

The question was previously raised at the Governing Body meeting on 21 September 2018 and a response provided on 12 November 2018 as detailed below:

It was confirmed within the meeting that the responsibility for needle disposal sits with Rochdale Borough Council under Public Health, which the CCG confirmed verbally when the question was initially raised at Governing Body on 16 March 2018.

It is a decision of the individual GP practices as to whether they would wish to provide a needle disposal service for their patients.

It was agreed that further clarity be sought and shared.

Discussions have taken place between the CCG and RBC colleagues and the following update is provide:

Needle Collection

The CCG has liaised with Community Health Partnership to ensure the needle collection and transfer service is reinstated across the borough as detailed below:

- Croft Shifa (Belfield, Rochdale)
- Nye Bevan House (Rochdale),
- Phoenix Centre (Heywood)

- Alkrington Clinic (Middleton)

Apart from these 4 centres GP Practices are not commissioned by the NHS to accept patients used needles. It is therefore the decision of each practice whether they accept them or not from patients if asked to do so.

The needles would have to be encased in a secure sharps bin when taken to the practice. Patients using needles themselves for Diabetes or other health conditions can get their sharps bins on prescription from their GP or they can buy them.

Any healthcare practitioner that uses a needle or sharps to deliver treatment in a home or community/health setting is responsible for their safe collection and transfer as part of routine health service provision.

The Council is responsible for the disposal of clinical waste from residential homes but does not have a home collection service for needles. If the Council do agree to collect needles/sharps they may charge residents a fee for collection.

Any individual with significant concerns about a large amount of clinical waste remaining at home would need to discuss this further with the service they can be contacted on 0300 303 8884

Spring Vale Recycling Centre

The supervisor at Springvale Recycling Centre, Middleton has confirmed that they provide a needle collection service for individuals but not organisations.

Needle Exchange

For Injecting Drug Users – the Council commission a service from Turning Point to provide clean needles, sharps bins and collection points across the Borough for injecting drug users who register with the scheme. All users are encouraged to dispose of all needles and sharps responsibly. For a short time there was an issue with low stocks in one pharmacy. Training on a new ordering system that now triggers automatic restocking has been completed and this issue has been resolved.

- Lakeland Court, Langley provide a needle exchange service for drug users

A Middleton Guardian article described drug users disposing of “gear” in a graveyard in Middleton, this included crack-pipes, tin foil and lighters.

While the CCG acknowledges this is a problem it is not the responsibility of the CCG to remove them. RBC will collect them if notified by a member of the public about discarded syringes and other drug use articles on public spaces. If the needles or other drug use equipment are on private land the council may make a small charge. The number to ring is - 0300 303 8884

Another question from yesterday was the Cross Border services, again. People said they're confused. It was stated that people are not allowed to use some services at North Manchester Hospital. One mentioned was ENT. I argued that can't be correct because I used the service only a week ago. But this person said, she couldn't use it thus the confusion. Why are some denied and others allowed?

	<p>Update Some service users refer to people living on Alkrington who have Middleton doctors trying to use North Manchester General Hospital services.</p> <p>Healthwatch Rochdale reported to date there has been no engagement from Manchester Health and Care Commissioning (previously Manchester CCG).</p> <p><i>An elderly patient (86 yrs) was discharged from hospital with a Green prescription as the internal White prescription could not be used with the Pharmacy closed. Because it was late in the day and weekend the person was released with no information and a green prescription which could not be met until Monday. NOT acceptable.</i></p> <p><i>Could the person issuing the prescription not told the lady where she could get her medication? Too many people of her age are not on the internet and therefore couldn't have gone on the Better Health 4 Middleton website and found out which chemists are open outside normal hours. I was able to show people at our meeting the Better Health 4 Middleton website and the section where it shows the chemists locations and opening hours and also tell them that the nearest on a bus route is Asda, Chadderton.</i></p> <p><i>Other chemists are open, but depending on where you live, would depend on whether or not you could get there easily by public transport. Certainly not Bury, Heywood or Middleton. Middleton to Rochdale, you'd need to change buses.</i></p> <p>Further information was requested in order to fully understand what has taken place.</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. If the medication is not urgent the hospital may write a green prescription for collection at a local pharmacy within 7 days.</p>	
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1 - GOVERNANCE

	Apologies	
	Apologies as noted above.	

16/11/18/1.1	Committee Business	
	<p>1.1.1 Members welcomed Joanne Newton, Lay Member for Governance to her first Governing Body meeting.</p> <p>1.1.2 It was also noted that Denise Dawson, Lay Member for Patient and Public Engagement has formally accepted the role of Non Clinical Vice Chair.</p> <p>1.1.3 The Governing Body agreed to note the verbal update provided.</p>	

16/11/18/1.2	Declarations and Register of Interests	
	<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 Interests</p> <p>1.2.3 The Chair requested any declarations of interests relating to today's agenda.</p> <p>1.2.4 None were received.</p> <p>1.2.5 The Governing Body agreed to note that there are no declarations of interest.</p>	
16/11/18/1.3	Minutes of the CCG Governing Body Meeting held on 21 September 2018	
	<p>1.3.1 The minutes of the meeting on Friday 21 September 2018 were agreed as a true and accurate record.</p>	
16/11/18/1.4	Matters Arising / Action Log / Use of Chairs Actions	
	<p>1.4.1 The action log was reviewed and updated.</p> <p>1.4.2 Members were informed that no Chair's Actions have taken place since the last meeting.</p> <p>1.4.3 The Governing Body agreed to note that no Chair's Actions have taken place.</p>	
16/11/18/1.5	Chair's Report	
	<p>Declaration of Interest: None</p> <p>1.5.1 The content of the report was summarised</p> <p>1.5.2 A verbal update was provided in relation to Operation Gallant which is a police operation supported by the Sunrise Team to stop the illegal supply of drugs.</p> <p>1.5.3 The programme was very successful and included a number of arrests across the Borough. It was confirmed that individuals who depend on these illegal drugs will have access to the necessary support services.</p> <p>1.5.4 Members were asked for any comments or questions.</p> <p>1.5.5 Following a question it was noted that the Share4You scheme is currently only within GM but there is the intention for this to be rolled out nationally. The Clinicians noted that this was a</p>	

	<p>good initiative to improve safety for the population as a whole and that a significant amount of work has been undertaken by the IT and Information Governance Teams.</p> <p>1.5.6 Feedback was provided from Dr A York and Dr B Alam regarding discussions that took place at the Health Service Journal (HSJ) Summit. It was noted that round table discussions took place in relation to data sharing and some concerns were raised. It was emphasised that the process in place at HMR is considered gold standard.</p> <p>1.5.7 The Governing Body agreed to note the content of the report.</p>	
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2 - ITEMS FOR DECISION

16/11/18/2.1	Remuneration Committee Updated Terms of Reference (ToR)	
	Declaration of Interest: None	
	<p>2.1.1 The content of the report was summarised and it was noted that the amendments are in line with the new model constitution guidance.</p> <p>2.1.2 This has required a change from the Remuneration Committee making recommendations to Governing Body.</p> <p>2.1.3 The Governing Body agreed to approve the updated Remuneration Committee ToR.</p>	

16/11/18/2.2	Clinical and Professional Advisory Panel (CPAP) Terms of Reference	
	Declaration of Interest: None	
	<p>2.2.1 The content of the report was summarised.</p> <p>2.2.2 It was noted that discussions took place at the October CPAP where it was agreed that as the Panel is not a decision making body there is no requirement for quoracy, however any recommendations will include who was present for the discussions.</p> <p>2.2.3 A query was raised by the Secondary Care Clinician regarding his attendance. It was confirmed that the membership is flexible and therefore attendance will only be required for specific items.</p> <p>2.2.4 It was highlighted that feedback from the membership at Rochdale Locality Engagement Group (LEG) was very positive.</p> <p>2.2.5 The Governing Body agreed to approve the CPAP ToR.</p>	

16/11/18/2.3	Approval of Updated Joint Commissioning Board Terms of Reference	
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	Declaration of Interest: None	SR / CD
	2.3.1 A verbal update was provided.	
	2.3.2 It was noted that the Joint Commissioning Board will discuss the ToR at their next meeting on Tuesday 20 November 2018, therefore the ToR will be submitted at the next Governing Body.	
	2.3.3 The Governing Body agreed to note the content of the report.	

16/11/18/2.4	Governing Body Updated Terms of Reference	
	Declaration of Interest: None	
	2.4.1 The content of the report was summarised.	
	2.4.2 It was noted that the updates relate to the governance structure and the inclusion of “safe” within the corporate sustainability section.	
2.4.3 The Governing Body agreed to approve the updated Governing Body ToR.		

3 - ITEMS FOR DISCUSSION

16/11/18/3.1	Quality and Safeguarding Report	
	Declaration of Interest: None	
	3.1.1 The key elements within the report were summarised.	
	3.1.2 In addition it was noted that Learning Assessment and Neurocare Centre (LANC) UK which is one of the CCGs providers has received an inadequate Care Quality Commission (CQC) rating. Assurance was provided to members that the Quality and Safeguarding Team are assured that there is no harm to patients and monitoring will continue to take place.	
	3.1.3 Assurance was provided that following the media coverage regarding cervical screening confirmation has been received that this does not impact any HMR patients.	
	3.1.4 Members were asked for any comments or questions. No further discussions took place.	
3.1.5 The Governing Body agreed to note the content of the report.		

16/11/18/3.2	Quality Premium Report	
	Declaration of Interest: None	
	3.2.1 The content of the report was summarised and key areas	

	<p>highlighted.</p> <p>3.2.2 It was confirmed that Type 1 Accident and Emergency Admissions relate to any attendance at the Royal Oldham Hospital and Fairfield General Hospital A&E Departments as they are consultant led departments.</p> <p>3.2.3 Following a question it was confirmed that the Quality Premium only relates to the achievement of the Type 1 Accident and Emergency attendance.</p> <p>3.2.4 Work continues to take place with the Local Care Organisation (LCO) to understand what can be measured and to gain a clear picture on the current position.</p> <p>3.2.5 GM has signed off approval for the Quality Gateway and Right Care Data. A position statement has been received confirming the areas that have and have not been achieved. Feedback has been provided to GM on data challenges and work will take place to validate the response.</p> <p>3.2.6 The Governing Body agreed to note the content of the report.</p>	
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16/11/18/3.3	Performance Report	SC / HC	
	Declaration of Interest: None		
	<p>3.3.1 The content of the report was outlined.</p> <p>3.3.2 It was highlighted that there was a typo within the A&E section and it was confirmed that it should state proposing to rebrand the Urgent Care Centre (UCC), rather than rebranding the UCC. The paper will be amended and re-issued on the website.</p> <p>3.3.3 Clarity was provided that the A&E target for commissioners is 90% however the PAHT target is 95%, both targets are now reported within the report for A&E and Referral to Treatment Time (RTT).</p> <p>3.3.4 It was noted that although the position for Children and Young People with eating disorders is poor, it was clarified that 0% relates to one patient.</p> <p>3.3.5 Members were advised that the Delayed Transfer of Care (DToC) target is the GM target and is not based on the Better Care Fund (BCF) target.</p>		
	<p>3.3.6 Concerns were raised regarding winter having an impact on the current performance. Assurance was provided that plans are in place for winter. It was agreed that the Winter Plan be shared with members.</p>		KK
	<p>3.3.7 A query was raised regarding the figures and it was confirmed that a piece of work is taking place to triangulate the information that is received as currently the data doesn't explain the position. Currently there is over activity on the Integrated Elective Care Pathways (IECP), the number of GP</p>		

	<p>referrals is reduced but the number of patients on waiting lists has increased.</p> <p>3.3.8 It was confirmed that a full review is taking place of IECF.</p> <p>3.3.9 Concerns were raised regarding the Two Week Wait (2ww) cancer target. It was noted that there are concerns across GM and a GM Cancer Improvement Board has been established. PAHT are an outlier across GM however it was emphasised that nationally performance is poor.</p> <p>3.3.10 Members were advised that there has been a reconfiguration of the NICE guidelines which may be contributing to the poor performance nationally.</p> <p>3.3.11 The Governing Body agreed to note the content of the report and the update provided.</p>	
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16/11/18/3.4	Corporate Risk Register	KH
	Declaration of Interest: None	
	<p>3.4.1 The content of the report was outlined and it was noted that the report details exceptions and the full report is discussed elsewhere in detail.</p> <p>3.4.2 Apologies were noted for the formatting error and the typo which should state 2018/19. It was confirmed that the report has been amended and reissued on the website.</p> <p>3.4.3 Members were asked for any comments or questions.</p> <p>3.4.4 It was highlighted that the following risks be added to the Risk Register:</p> <ul style="list-style-type: none"> • Internal capacity at the CCG and wider staffing issues • Significant strategic change in the acute sector • Pennine Care Foundation Trust (PCFT) changes and the sustainability of the organisation as a Mental Health Trust <p>3.4.5 The Governing Body agreed to note the content of the report and the two additions to the Risk Register.</p>	

16/11/18/3.5.1	Finance Update Report	
	Declaration of Interest: None	
	<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 the CCG are on track to meet all financial duties. The key areas of concern are Acute and Mental Health.</p> <p>3.5.1.3 Acute is forecast to overspend by £2,099k which is mainly due to over performance at Pennine Acute Hospitals Trust (PAHT) in relation to high cost drugs, Direct Access and Outpatient Procedures. There are also additional pressures in Nephrology at Salford Royal Foundation Trust (SRFT)</p>	

	and high cost low volume non-elective procedures at Manchester Foundation Trust (MFT).	
3.5.1.4	It was noted that Nephrology has transferred from PAHT to SRFT. Discussions have taken place during contract negotiations and it is an equal and opposite contract therefore there should be no concerns and no changes to the number of patients.	
3.5.1.5	A question was raised and it was confirmed that the Nephrology service provided at PAHT was led by SRFT consultants therefore it will be those consultants that continue to provide the service at SRFT.	
3.5.1.6	Mental Health is forecast to over spend by £334k due to out of area placements and children's joint placements. It was noted that as a North East Sector a number of beds have been commissioned at the Priory to reduce the number of out of area placements.	
3.5.1.7	Prescribing is currently breaking even. Following a question it was clarified that this is including the removal of the budget linked to the savings programme. It was noted that reserves have been set aside for potential winter pressures.	
3.5.1.8	It was queried whether there are any issues identified this year in relation to no cheaper stock obtainable. Confirmation was received that currently there are no issues.	
3.5.1.9	A query was raised regarding savings and it was agreed that the Chief Finance Officer meet with the Lay Member for Governance to discuss further.	SE
3.5.1.10	The Governing Body agreed to note the content of the report and the update provided.	

16/11/18/3.5.2	Quality, Innovation, Performance and Planning (QIPP) Update		
	Declaration of Interest: None		
	3.5.2.1	The content of the report was outlined and the key areas summarised.	
	3.5.2.2	It was highlighted that discussions are taking place at the Finance, Performance and Risk Group (FPR) and the Integrated Commissioning Board (ICB).	
	3.5.2.3	The report includes a pooled gap of £12 million at this point in time and it was highlighted that this may alter dependent on allocations and planning guidance which is due in December 2018.	
3.5.2.4	Discussions that have taken place at the Clinical and Professional Advisory Panel (CPAP) and FPR will be fed back to the November ICB for them to approve the schemes that could deliver circa £5 million savings towards the gap. These schemes mainly relate to contract negotiations, Business As Usual (BAU) and a Public		

	<p>Consultation.</p> <p>3.5.2.5 Thanks was noted to the Chief Finance Officer at RBC who is leading on the Savings Programme.</p> <p>3.5.2.6 The Governing Body agreed to note the content of the report and the update provided.</p>	
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16/11/18/3.6.1	Director of Operations / Executive Nurse Functions Report	KH
	Declaration of Interest: None	
	3.6.1.1 The content of the report was summarised.	
	3.6.1.2 It was highlighted that from 1 April 2019 Peoples Services and Patient Services will be moving to an Integrated Team.	
	3.6.1.3 An update was provided in the report regarding Equality, Diversity and Inclusion (EDI). Significant work is taking place following the relocation of the service from the GM Shared Service to the CCG.	
	3.6.1.4 It was highlighted that HMR CCG are the only CCG to gain a place on the WRES Expert Programme, and there is a celebration event at the end of the month which the EDI Lead and Director of Operations / Executive Nurse will be attending.	
	3.6.1.5 As a consequence the CCG has received a small amount of funding from the North West Leadership Academy (NWLA).	
	3.6.1.6 Successful recruitment has taken place for the role of Designated Nurse and Quality Lead and a review is taking place of the Continuing Health Care (CHC) Team to embrace locality opportunities of joint working.	
	3.6.1.7 Dr S Sharma highlighted that she would like to link in with Medicines Optimisation Team regarding the work regarding Type 1 Diabetes.	
3.6.1.8 The Governing Body agreed to note the content of the report.		

16/11/18/3.6.2	Health and Wellbeing Board (HWBB) update formalised proposal	AF
	Declaration of Interest: None	
	3.6.2.1 A verbal update was provided.	
	3.6.2.2 The Health and Wellbeing Board (HWBB) Development Session will take place on 23 November 2018 which will look at governance and delivery of its statutory functions.	
	3.6.2.3 It was noted that focus of the GM Quarter 4 Assurance visit will be governance.	
3.6.2.4 The Governing Body agreed to note the verbal update and agreed that a formalised proposal be submitted at		

	the next meeting.	
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16/11/18/3.6.3	Kirkholt Development Update	
	Declaration of Interest: None	
	<p>3.6.3.1 The content of the report was outlined.</p> <p>3.6.3.2 It was noted that detailed discussions took place at the last Primary Care Commissioning Committee (PCCC) on 9 November 2018 where it was highlighted that the increase in the cost was due to a national increase in construction costs.</p> <p>3.6.3.3 Members were asked for any comments or questions.</p> <p>3.6.3.4 Notional rent for a 21 year period was queried and it was confirmed that this is standard protocol.</p> <p>3.6.3.5 Concerns were raised regarding the delays that have taken place. It was emphasised that work continues to take place to support the practice and that the CCG is keen for this to be completed as soon as possible.</p> <p>3.6.3.6 A query was raised regarding the length of the Alternative Provider Medical Services (APMS) contract. Discussions took place regarding the terms and it was agreed that clarity be sought as to whether this is 5 + 5 years or 15 years.</p> <p>3.6.3.7 The Governing Body agreed to note the verbal update provided.</p>	KH

4 – GOVERNING BODY SUB-COMMITTEE REPORTS

16/11/18/4.1	Audit Committee <i>(from 2 October 2018 meeting)</i>	
	Declaration of Interest: None	
	<p>4.1.1 The content of the report was summarised.</p> <p>4.1.2 Members were asked for any comments or questions. No further discussions took place.</p> <p>4.1.3 The Governing Body agreed to note the content of the report.</p>	

16/11/18/4.2	Clinical and Professional Advisory Panel (CPAP) <i>(from 5 October 2018 and 2 November 2018 meeting)</i>	
	Declaration of Interest: None	
	<p>4.2.1 The content of the report was summarised and key areas highlighted.</p> <p>4.2.2 A presentation was received at the November meeting from the Posture and Mobility Service from Pennine Care Foundation Trust (PCFT) regarding changes to the service. Feedback from</p>	

	<p>the discussions will be included in the report that is submitted to the Integrated Commissioning Board on 27 November 2018.</p> <p>4.2.3 A presentation was also received from Pennine Acute Hospitals Trust (PAHT) regarding diagnostics. Interesting discussions took place and further information regarding standardising the process will be shared with GPs.</p> <p>4.2.4 Following a question, clarity was provided that a summary of discussions at CPAP is provided to the Locality Engagement Group (LEG) meetings. Feedback from the LEG members has been positive and they have advised they are assured by the feedback received.</p> <p>4.2.5 It was highlighted that discussions at the Rochdale LEG focussed on duplication of diagnostics, where it was confirmed that Secondary Care Clinicians are able to access images and narrative. Discussions took place regarding GPs having access to the images and narrative and it was confirmed that the request for GPs to receive this must come from the Secondary Care Clinician. It was proposed that a meeting take place with the CCG Head of IM&T to discuss this.</p> <p>4.2.6 The Governing Body agreed to note the content of the report.</p>	AY
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16/11/18/4.3	Integrated Commissioning Board (ICB) <i>(from 25 September 2018 and 30 October 2018 meeting)</i>	
	Declaration of Interest: None	
	<p>4.3.1 The content of the report was summarised.</p> <p>4.3.2 Members were asked for any comments or questions. No further discussions took place.</p> <p>4.3.3 The Governing Body agreed to note the content of the report.</p>	

16/11/18/4.4i	Rochdale Locality Reports <i>(from 9 October 2018 and 13 November 2018 meetings)</i>	
	Declaration of Interest: None	
	<p>4.4i.1 The content of the report was outlined.</p> <p>4.4i.2 Presentations were received at the October meeting on Graphnet and oral health for palliative care patients.</p> <p>4.4i.3 The meeting followed a new format and was in a workshop style, which received positive feedback.</p> <p>4.4i.4 A request was received for a small care home pilot to enable some joined up working across Littleborough and Milnrow and will predominantly work on a preventative model with nurse practitioners.</p> <p>4.4i.5 It was noted that the November meeting was positive, there were no questions raised under the CCG Feedback item but</p>	

	<p>discussions did take place under Any Other Business (AOB), and all queries raised were responded to.</p> <p>4.4i.5 The Governing Body agreed to note the content of the report, the verbal update provided and agreed that a formal update from the November meeting be provided at the next meeting.</p>	AY
16/11/18/4.4ii	<p>Heywood and Middleton Locality Reports <i>(from 9 October 2018 and 13 November 2018 meetings)</i></p> <p>Declaration of Interest: None</p> <p>4.4ii.1 The content of the report was outlined and it was noted that the October meeting did not take place as a workshop style.</p> <p>4.4ii.2 Concerns were raised regarding Graphnet and a further event which took place on 7 November 2018 addressed some of the concerns.</p> <p>4.4ii.3 Discussions at the November meeting were around Musculoskeletal (MSK) and feedback on the outcomes will be provided to CPAP.</p> <p>4.4ii.4 It was noted that the focus of the December meeting will be mental health.</p> <p>4.4ii.5 The Governing Body agreed to note the content of the report and the update provided.</p>	
16/11/18/4.5	<p>Patient and Public Engagement Committee <i>(from 1 October 2018 meeting)</i></p> <p>Declaration of Interest: None</p> <p>4.5.1 The content of the report was summarised.</p> <p>4.5.2 Work is taking place to actively pursue members to ensure the Committee is as diverse as possible.</p> <p>4.5.3 Members were asked for any comments or questions. No further discussions took place.</p> <p>4.5.4 The Governing Body agreed to note the content of the report.</p>	
16/11/18/4.6	<p>System Transformation Committee (STC) <i>(from 5 October 2018 and 2 November 2018 meeting)</i></p> <p>Declaration of Interest: None</p> <p>4.6.1 The content of the report was summarised.</p> <p>4.6.2 Discussions at the October meeting took place regarding a pathway for benign anorectal disease via Surgease. Members felt a whole system approach was required across the NES and recommended that PAHT look into commissioning the pilot via their innovation routes.</p>	

	<p>4.6.3 November's meeting focussed on the use of Avastin instead of Lucentis for Wet Age Related Macular Degeneration. It was confirmed that a recent court ruling approved this switch. Discussions took place and it was confirmed that from the evidence presented there is no compromise in patient safety.</p> <p>4.6.4 The Governing Body agreed to note the content of the report.</p>	
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16/11/18/4.7	Quality and Safeguarding Committee <i>(from 519October 2018 meeting)</i>	
	Declaration of Interest: None	
	<p>4.7.1 The content of the report was summarised.</p> <p>4.7.2 Positive feedback was received in relation to the change and quality of the reports.</p> <p>4.7.3 It was confirmed that The Head of Safeguarding and Practice Assurance and the Assistant Director of Commissioning, Public Health Services will start to attend.</p> <p>4.7.4 The Governing Body agreed to note the content of the report.</p>	

16/11/18/4.8	Primary Care Commissioning Committee (PCCC) <i>(from 9 November 2018 meeting)</i>	
	Declaration of Interest: None	
	<p>4.8.1 The content of the report was summarised.</p> <p>4.8.2 It was highlighted that it was the Lay Member for Integrated Risks first meeting as chair, and the first meeting for the Head of Primary Care. Thanks were noted to those colleagues who provided support.</p> <p>4.8.3 Good news stories were noted for the launch of the Primary Care Academy and following the Health Service Journal (HSJ) Summit it was highlighted that a number of areas that were recognised as good practice are already being actioned within HMR.</p> <p>4.8.4 The meeting dates were agreed for 2018/19 and the Terms of Reference (ToR) were ratified.</p> <p>4.8.5 A formal proposal was received regarding the merger of two of the Primary Care Sub Committees, which were agreed. It was noted that the ToR of reference will need to be amended to reflect these changes.</p> <p>4.8.6 The Governing Body agreed to note the content of the report.</p>	

5 – ANY OTHER URGENT BUSINESS

16/11/18/5.1	Quarter 2 Assurance Meeting	
	Declaration of Interest: None	
	5.1.1 It was highlighted that very positive feedback has been received following the GM Quarter 2 Assurance visit.	
	5.1.2 Members recognised the significant amount of work that teams provided across health and social care.	
	5.1.3 Thanks was also noted at the Staff Brief on Tuesday 13 November 2018.	
	5.1.4 The Governing Body agreed to note the verbal update provided.	

6 – REPORTS PROVIDED FOR INFORMATION ONLY

16/11/18/6.1	Children and Young People’s Partnership (CYPP) <i>(from 13 September 2018 meeting)</i>	
	6.1.1 Item deferred.	

16/11/18/6.2	Long Term Conditions Test Bed Programme – Final Evaluation Report	
	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 The Governing Body agreed to note the content of the report.	

16/11/18/6.3	Primary Care Commissioning Committee (PCCC) Ratified Minutes <i>(from 25 May 2018 meeting)</i>	
	6.3.1 Members were asked for any comments or questions on the report.	
	6.3.2 No further discussions took place.	
	6.3.3 The Governing Body agreed to note the content of the report.	

16/11/18/6.4	Greater Manchester Effective Use of Resource (EUR) Policy for Haemorrhoids and Anal Skin Tags	
	6.4.1 Members were asked for any comments or questions on the report.	

	6.4.2 No further discussions took place.	
	6.4.3 The Governing Body agreed to note the content of the report.	

16/11/18/6.5	Healthwatch Update	
	6.5.1 Members were asked for any comments or questions on the report.	
	6.5.2 No further discussions took place.	
	6.5.3 The Governing Body agreed to note the content of the report.	

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

DATE AND TIME OF NEXT MEETING
Friday 18 January 2019 10:30 – 12:30 Number One Riverside, Smith Street, Rochdale