

Minutes of the Clinical Commissioning Group (CCG) Governing Body

FORMAL – Part 1

Date and time of Meeting:	Friday 21 September 2018 10:30 – 12:30
Venue:	Training and Conference Suite, Number One Riverside
Ratified:	Friday 16 November 2018

Present:	<p>Dr Chris Duffy Mr Paul Hinnigan Mrs Denise Dawson Mrs Sam Evans Mr Peter Riley Mr Alex Jones</p> <p>Dr Vijay Tandle Dr Aggy York</p> <p>Mrs Andrea Fallon</p> <p>Dr Bodrul Alam Cllr Sara Rowbotham</p> <p>Mrs Karen Hurley Dr Imran Ghafoor</p> <p>Ms Karen Kenton</p> <p>Mrs Sandra Croasdale Mrs Alison Kelly</p> <p>Mr Steve Rumbelow</p>	<p>Clinical Chair (Chair) Lay Member for Governance Lay Member for Patient and Public Engagement Chief Finance Officer Lay Member for Integrated Risk Operations Manager, Health watch Rochdale (on behalf of Kate Jones) Secondary Care Clinician Clinical Board Member and Clinical Locality Lead - Rochdale Director of Public Health (items 1.1 – 3.4 and 5.4 and 5.5 only) Clinical Board Member Portfolio Holder for Health & Wellbeing Rochdale Borough Council (items 1.1 – 3.4 and 5.4 and 5.5 only) Director of Operations and Executive Nurse Clinical Board Member and Clinical Locality Lead - Heywood and Middleton Associate Director of Integrated Commissioning (on behalf of Sally Mclvor) Strategic Commissioning Programme Director Head of Quality & Safeguarding and Deputy Executive Nurse Accountable Officer (items 1.1 – 4.4 and 5.4 and 5.5)</p>
In Attendance:	<p>Miss Stacey Brogan Ms Helen Chapman Mrs Alison Mitchell</p>	<p>Minutes Corporate Affairs and Governance Manager Head of Communications & Engagement and Head of Corporate Services</p>
Apologies:	<p>Mrs Sally Mclvor Ms Kate Jones Dr Sonal Sharma</p>	<p>Joint Director of Integrated Commissioning CEO, Healthwatch Rochdale Clinical Board Member</p>

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>The following question was raised in advance on behalf of Better Health for Middleton regarding disposal of used needles.</p>	
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I know this topic has been raised before. I know because I started it and followed it up.

We are told that the service has been re-instated via Alkrington Health Centre. As an observer I have to say, this isn't convenient. People are not going to travel from one side of Middleton to the top end of Alkrington to dispose of their used needles. Hence I followed up on a lead from Clough Street / The Hive who told me of the Waste Disposal Yard at Springvale. Having visited the facility myself, the answer was "Yes, we will accept sharps of individuals, but not businesses". I passed this information to the CCG at their last meeting.

So why am I raising this again? The answer is because the safe disposal of needles isn't working. Before the last meeting we heard of drug users just throwing their needles anywhere and diabetics throwing their needles in with the regular rubbish collections. Add in to this the report by the Middleton Guardian, on the front page, photos and a story of needles just thrown away and left for anyone to stand on as they make their way through a Middleton park.

The point here is, we know that people are NOT disposing of needles in a safe manner. The main reason is that the collect locations are inconvenient. Middleton's needle exchange is on Lakeland Court, Langley. Again, not convenient to all, no more convenient than Alkrington Health Centre. Why can't the surgeries accept needles and use the safe service to dispose of them? Far more convenient and far safer than the system we have.

News came to our ears at Better Health 4 Middleton that the general needles disposal is controlled by Public Health. Ah ha. So why didn't the CCG tell us this?

Since then, Better Health 4 Middleton has had a monthly meeting where someone from Public Health attended to hear from Turning Point. However, she told us that the general disposal of needles is not the responsibility of Public Health. They deal with the Needle Exchange, but not the other needles like those from Diabetics and so, "You need to take this back to the CCG". Next the finger was pointed in the direction of the council. So, who IS responsible for the safe disposal of needles? Who can decide about using surgeries for the safe collection and disposal of used needles? Please you can tell us the answers to these questions?

I apologise that I can't attend to ask these questions in person, but, no one has found a way to be in two places at the same time, as yet. The nearest is using Skype, but I don't see Skype being used at these meetings. Rochdale hasn't caught up yet and doesn't transmit the council meetings on a "live" feed, unlike many other councils and the GMCA.

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)
- Alkington 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

	<p>equipment are on private land the council may make a small charge. The number to ring is - 0300 303 8884</p> <p>The following question was raised on behalf of Bridging Communities 4 All:</p> <p><i>Please can you provide an update on the previous minutes in relation to the CCG and Rochdale Borough Council developing a new grant offer. Which groups will be invited to apply, will these be existing groups or can small groups also express an interest?</i></p> <p>Work is ongoing to develop a new grant offer and the criteria for applications has not yet been finalised.</p> <p>The varied pots will promote wider access to funding, providing large third sector organisations, start-ups and all groups in-between the opportunity to apply.</p> <p>Further information on the new pots and the criteria will be available via the Our Rochdale website once the process has been approved, towards the end of 2018.</p>	
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1 - GOVERNANCE

	Apologies	
	Apologies as noted above.	

21/09/18/1.1	Committee Business	
	<p>1.1.1 Members welcomed Alison Kelly in her new role as Head of Quality and Safeguarding & Deputy Executive Nurse. Karen Kenton Associate Director of Integrated Commissioning who was attending on behalf of the Joint Director of Integrated Commissioning, Peter Riley, Lay Member for Integrated Risk and Cllr S Rowbotham, Portfolio Holder for Health & Wellbeing were welcomed to their first Governing Body.</p> <p>1.1.2 It was noted that this will be Paul Hinnigan's last Governing Body. Members thanked Paul for his work at the CCG and wished him well for the future.</p> <p>1.1.3 The Governing Body was reminded that there will be a strategy session on 19 October 2018, 11:30 – 13:00, in Training and Conference, Number One Riverside. The session will focus on Quality and Safeguarding.</p> <p>1.1.4 Members were also reminded that the CCG Special Thanks and Recognition (STAR) Awards are taking place tonight at Milnrow Cricket Club.</p> <p>1.1.5 It was agreed that as Councillor Rowbotham needed to leave the meeting at 11.30, that her update would be provided earlier in the agenda.</p> <p>1.1.6 The Governing Body agreed to note the verbal update provided.</p>	

21/09/18/1.2	Declarations and Register of Interests	
	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: Declarations of Interests	
	1.2.3 The Chair requested any declarations of interests relating to today's agenda.	
	1.2.4 None were received.	
1.2.5 The Governing Body agreed to note that there are no declarations of interest.		
21/09/18/1.3	Minutes of the CCG Governing Body Meeting held on 20 July 2018	
	1.3.1 The minutes of the meeting on Friday 20 July 2018 were agreed as a true and accurate record.	
21/09/18/1.4	Matters Arising / Action Log / Use of Chairs Actions	
	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 The Governing Body agreed to note that no Chair's Actions have taken place.	
21/09/18/1.5	Chair's Report	
	Declaration of Interest: None	
	1.5.1 The content of the report was summarised	
	1.5.2 It was noted that that there was a typo which should read Pennine Acute Hospitals Trust (PAHT) not Pennine Care Foundation Trust (PCFT).	
	1.5.3 Members were asked for any comments or questions. No further discussions took place.	
1.5.4 The Governing Body agreed to note the content of the report.		

21/09/18/1.6	Chief Officers Report	
	Declaration of Interest: None	
	<p>1.6.1 The content of the report was summarised.</p> <p>1.6.2 It was noted that the report provides background to the current governance arrangements and an opportunity to reflect on the amount of work that has taken place to date in relation to GM Devolution.</p> <p>1.6.3 Good progress has taken place locally in terms of integration, the establishment of the Integrated Commissioning Board (ICB) and sign off of the Section 75 Agreement.</p> <p>1.6.4 There are also emerging GM arrangements which are reflected in the Joint Commissioning Board.</p> <p>1.6.5 Members were asked for any comments or questions. No further discussions took place.</p> <p>1.6.6 The Governing Body agreed to note the content of the report and the update provided.</p>	

2 - ITEMS FOR DECISION

21/09/18/2.1	Workforce Race Equality Standard (WRES) Annual Report 2018	
	Declaration of Interest: None	
	<p>2.1.1 The content of the report was summarised.</p> <p>2.1.2 It was highlighted that it is a statutory duty to complete this and that the CCG are required to publicise the WRES Standard and demonstrate that a response has been provided to the necessary indicators.</p> <p>2.1.3 On the 12 June 2018 the CCG along with Rochdale Borough Council (RBC) signed up to working collectively to address race inequality in the workplace in collaboration with other GM public sector organisations.</p> <p>2.1.4 Members were advised that a number of workshops are taking place over the next couple of months for Health and Social Care staff in relation to Equality Analysis / Equality Impact Assessment.</p> <p>2.1.5 Thanks were noted to the Equality, Diversity and Inclusion Lead for the significant amount of work that has taken place.</p> <p>2.1.6 The Governing Body agreed to note the content of the report.</p>	

3 - ITEMS FOR DISCUSSION

21/09/18/3.1	Quality and Safeguarding Report	
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	Declaration of Interest: None	
	<p>3.1.1 The key elements within the report were summarised.</p> <p>3.1.2 An unannounced Care Quality Commission (CQC) visit is taking place at Pennine Care Foundation Trust (PCFT) this week.</p> <p>3.1.3 The CCG has successfully appointed a Quality Improvement Nurse who will work closely with Care Homes in the borough.</p> <p>3.1.4 Acknowledgement was received from the GM Quality Board regarding the buddy system which has been implemented by the CCG at care homes; this will now be rolled out across GM.</p> <p>3.1.5 There is a requirement for a Primary Care Lead for Sepsis. It was agreed that this reviewed.</p> <p>3.1.6 A framework for monitoring and measuring safety has been drafted and will be shared with clinical leads for comments.</p> <p>3.1.7 Following a question regarding same sex accommodation at PCFT it was noted that following engagement and consultation with patients the majority advised that whilst they are ill they prefer to be on a single sex ward. However once their condition begins to improve patients advised that they preferred mixed sex accommodation as that reflects everyday life.</p> <p>3.1.8 Nationally the CCG are outliers with regard to the number of Serious Case Reviews (SCR) and homicides, this adds a huge pressure on the teams capacity.</p> <p>3.1.9 Members were asked for any comments or questions. No further discussions took place.</p> <p>3.1.10 The Governing Body agreed to note the content of the report.</p>	<p>CD</p> <p>KH / AK</p>

21/09/18/3.2	Quality Premium Report	
	Declaration of Interest: None	
	<p>3.2.1 The content of the report was summarised and key areas highlighted.</p> <p>3.2.2 Work continues to take place with the Local Care Organisation (LCO) and a gain share agreement is in place.</p> <p>3.2.3 There is currently very minimal actual data against the indicators, as many of the targets are based on national data which has a significant time delay.</p> <p>3.2.4 The CCG Business Intelligence (BI) Team is working closely with the LCO BI Team to monitor and establish the current position.</p> <p>3.2.5 Clarification was provided regarding the Continuing Health Care (CHC) indicator. 11% against 15% is a good position as</p>	

	<p>the indicator states that 85% should be outside of the Hospital Acute setting.</p> <p>3.2.6 A question was raised regarding Type 1 A&E attendance. It was clarified that Type 1 - A&E department is considered urgent. It was highlighted that Type 1 attendance is a key target for deflections.</p> <p>3.2.7 The Governing Body agreed to note the content of the report.</p>	
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21/09/18/3.3	Performance Report	SC
	Declaration of Interest: None	
	3.3.1 The content of the report was outlined.	
	3.3.2 It was highlighted that discussions took place at the last meeting regarding Referral to Treatment Time (RTT) in relation to: <ul style="list-style-type: none"> • Gastroenterology • Urology • Ears, Nose and Throat (ENT) • Gynaecology • Trauma and Orthopaedics 	
	3.3.3 Work is ongoing to improve the current position.	
	3.3.4 A review is also taking place following an audit on the Patient Administration System (PAS) which highlighted a number of patients waiting 52 weeks. Many of these relate to Manchester Foundation Trust (FT). A letter has been issued to Manchester FT via the contracting route to ask for a response to the HMR breaches.	
	3.3.5 There are 17 breaches in total. 7 relate to PAHT and 10 to Manchester FT. Confirmation has been received that there has been no patient harm.	
	3.3.6 With regards to Delayed Transfer of Care (DTC) the position is positive. The CCG is second within GM. Work is ongoing to review the targets to enable more meaningful reporting as one relates to days and one to patients.	
	3.3.7 A typo was noted within the report and it was confirmed that the end column should read 2018/19 Target.	
	3.3.8 Members were asked for any comments or questions.	
3.3.9 It was requested that the RTT target be reviewed as an absolute figure, as currently this is a mix of cumulative and in month.		
3.3.10 The Governing Body agreed to note the content of the report and the update provided.		

21/09/18/3.4	Corporate Risk Register and Assurance Framework	
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	Declaration of Interest: None	
	<p>3.4.1 The content of the report was outlined.</p> <p>3.4.2 It was highlighted that risks rated 15 plus against the Risk Management Policy are included on the register and that all transformation work is now incorporated in the Assurance Framework.</p> <p>3.4.3 Members were asked for any comments or questions. No further discussions took place.</p> <p>3.4.4 The Governing Body agreed to note the content of the report.</p>	

21/09/18/3.5.1	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 position in terms of Mental Health is positive as we have seen a reduction in Out of Area placements. As a PCFT foot print, additional beds have been commissioned by the North East Sector (NES) at the Priory.</p> <p>3.5.1.3 Improvements are expected to continue to take place following the review of the Access and Crisis service.</p> <p>3.5.1.4 There is an overspend of £193k which will continue to be monitored.</p> <p>3.5.1.5 Prescribing data based on the Prescription Pricing Authority (PPA) data is currently forecasting an underspend, however it was emphasised that the data is two months out of date and therefore for prudence the forecast is break even.</p> <p>3.5.1.6 A significant overspend has taken place on non-elective. Based on 4 months data the CCG is overspent.</p> <p>3.5.1.7 There are also issues regarding coding on the Integrated Elective Care Pathway (IECP) which is being monitored. The national Quality, Innovation, Performance and Planning (QIPP) team are reviewing IECP to fully understand the current position.</p> <p>3.5.1.8 The CCG is forecast to achieve financial balance this year.</p> <p>3.5.1.9 Members were asked for any comments or questions.</p> <p>3.5.1.10 Following a question it was confirmed that NHS England delegate the funding for GP Core Contracts to the CCG, however this is ring fenced for Primary Care only.</p> <p>3.5.1.11 The Governing Body agreed to note the content of the report and the update provided.</p>	

21/09/18/3.5.2	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 as a CCG there is a saving requirement of £10 million. £2 million of this is attributed to the pooled budget. Within the pooled budget there was a gap of £16.8 million.	
	3.5.2.3	The themes for this financial year were reviewed. Two are amber and the remaining are green.	
	3.5.2.4	The themes for 2019/20 are based upon the assumptions of allocations which have not yet been confirmed. There is currently a gap of circa £15.5 million and up to a further £10.5 million if the transformation programme doesn't deliver the full value of deflections.	
	3.5.2.5	Discussions took place at the Finance, Performance and Risk Sub Group regarding QIPP and it was noted that in future savings decisions may involve decommissioning.	
	3.5.2.6	It was noted that although the financial position for this year is good, there is concern for next year as the majority of savings have been made non recurrently. It was emphasised that recurrent schemes need to be identified.	
	3.5.2.7	Members were advised that when the transformation schemes are all embedded there is still potential for there to be a growth in activity.	
	3.5.2.8	A question was raised regarding Commissioning Intentions. It was confirmed that this is an annual process where the CCG and the provider provides a list of any amendments to the current contract. Anything included within the original commissioning intentions can be withdrawn but an item must be included if it is to be considered within the contract negotiations.	
3.5.2.9	The Governing Body agreed to note the content of the report and the update provided.		

21/09/18/3.6.1	Director of Operations / Executive Nurse Functions Report		
	Declaration of Interest: None		
	3.6.1.1	The content of the report was summarised.	
	3.6.1.2	A presentation on Quality and Safeguarding integration was provided to the GM Quality Board which received positive feedback.	
3.6.1.3	CHC – the team has now moved to Nye Bevan House and work is taking place to consider options in respect of the future service delivery model for the team.		

	<p>3.6.1.4 Primary Care – the new Head of Primary Care commences in role on 1 October 2018 and will be line managed by the Associate Director of Integrated Commissioning.</p> <p>3.6.1.5 Information Governance – a review of the service delivery model is currently taking place.</p> <p>3.6.1.6 HR and Patient Services - will transition from April 2019. It was noted that work with RBC regarding the integration has been very positive.</p> <p>3.6.1.7 Emergency Planning – a GM mass casualty exercise – Socrates took place at Rochdale Infirmary. The outcomes from the exercise will be shared with all On Call colleagues.</p> <p>3.6.1.8 On Call – due to long term sick volunteers have been requested from the CCG band 8b's. Four members of staff have volunteered, and thanks were noted to those who volunteered.</p> <p>3.6.1.9 Members were asked for any comments or questions. No further questions were raised.</p> <p>3.6.1.10 The Governing Body agreed to note the content of the report.</p>	
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21/09/18/3.6.2	Health and Wellbeing Board (HWBB) update formalised proposal	
	Declaration of Interest: None	
	<p>3.6.2.1 Item deferred.</p> <p>3.6.2.2 Members agreed that an update be brought to next meeting.</p>	
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21/09/18/3.6.3	North East Sector (NES) and GM Governance Update	
	Declaration of Interest: None	
	<p>3.6.2.3 A verbal update was provided.</p> <p>3.6.3.1 HMR are leading on the NES Acute and Urgent Care Work. This work has been delayed due to capacity issues within the Commissioning Team.</p> <p>3.6.3.2 A review of clinical services is taking place which Dr C Duffy chairs. A draft NES Strategy is expected in November.</p> <p>3.6.3.3 Theme 3 is a hospital reform programme looking at standardising certain acute and specialist services with the aim of creating a shared service to deliver improvements in patient outcomes and productivity through the establishment of consistent and best practice specifications. Linked to this the transaction process to shift North Manchester General Hospital from the Northern Care Alliance to Manchester Foundation Trust is progressing and a business case is expected to be finalised in December.</p>	

3.6.3.4 The Governing Body agreed to note the verbal update provided.

4 – GOVERNING BODY SUB-COMMITTEE REPORTS

21/09/18/4.1	Audit Committee <i>(from 10 July 2018 meeting)</i>	
	Declaration of Interest: None	
	<p>4.1.1 The content of the report was summarised.</p> <p>4.1.2 The Committee reviewed the Assurance Framework and discussions took place regarding Declaration of Interest (DoI).</p> <p>4.1.3 It was highlighted that roughly 50% of member practices have not returned their DoI. A proposal to withdraw payment for attendance at the Locality Engagement Groups (LEG) was proposed, and although supportive of this the Committee did not feel it was appropriate for them to approve this.</p> <p>4.1.4 Discussions took place and it was agreed that this would need to be approved via the Governing Body.</p> <p>4.1.5 The process that has taken place to date was outlined which included discussions at the LEG meetings in July. Members agreed that this will be raised at the LEGs again.</p> <p>4.1.6 Following an audit it was identified that there was limited assurance in relation to Urgent Care. Assurance has now been provided and a presentation was received.</p> <p>4.1.7 An extension of the Internal Audit for 30 months was approved. Consideration was given to the Counter Fraud contract and subsequently the GM CCGs have appointed Mersey Internal Audit (MiAA) for an additional 30 months for Counter Fraud.</p> <p>4.1.8 Members were asked for any comments or questions. No further discussions took place.</p> <p>4.1.9 The Governing Body agreed to note the content of the report.</p>	

21/09/18/4.2	Clinical, Professional Advisory Panel (CPAP) <i>(from 7 September 2018 meeting)</i>	
	Declaration of Interest: None	
	<p>4.2.1 The content of the report was summarised.</p> <p>4.2.2 It was noted that the September meeting took a different format and ran as a workshop. The feedback from the workshop has been very positive and the focus going forward will be to advise on pathway redesign with a two way communication with the ICB.</p> <p>4.2.3 LEG members have advised that they would like more involvement in discussions at the CCG which will be supported</p>	

	<p>via the new CPAP model and approach to engaging with members and professionals.</p> <p>4.2.4 The LCO are also keen to see how they can engage and are currently trying to understand how it fits with their governance arrangements.</p> <p>4.2.5 The Governing Body agreed to note the content of the report.</p>	
21/09/18/4.3	<p>Corporate Governance Committee (CGC) <i>(from 12 September 2018 meeting)</i></p>	
	<p>Declaration of Interest: None</p>	
	<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>	
21/09/18/4.4	<p>Integrated Commissioning Board (ICB) <i>(from 31 July 2018 meeting)</i></p>	
	<p>Declaration of Interest: None</p>	
	<p>4.4.1 The content of the report was summarised.</p> <p>4.4.2 A workshop is planned for commissioners and providers for October to support due diligence and the progression of the LCO.</p> <p>4.4.3 The Governing Body agreed to note the content of the report.</p>	
21/09/18/4.5i	<p>Heywood and Middleton Locality Reports <i>(from 14 August and 11 September meetings)</i></p>	
	<p>Declaration of Interest: None</p>	
	<p>4.5i.1 The content of the report was outlined.</p> <p>4.5i.2 Members gave consideration to joint LEG meetings, however the preference was to remain as separate localities.</p> <p>4.5i.3 Concerns were raised regarding Mental Health services particularly in relation to the Access and Crisis Team. Recruitment for Mental Health Safe Haven is currently ongoing regardless of premises being in place, which should assist with capacity.</p> <p>4.5i.4 Progress has also been made with a new referral form which will be shared and reviewed with the Access and Crisis Team.</p> <p>4.5i.5 Members were asked for any comments or updates, no further discussions took place.</p>	

	4.5i.6 The Governing Body agreed to note the content of the report and the verbal update provided.	
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21/09/18/4.5ii	Rochdale Locality Reports <i>(from 14 August and 11 September meetings)</i>	
	Declaration of Interest: None	
	<p>4.5ii.1 The content of the report was outlined and it was noted that the majority of discussions were similar to those at the Heywood and Middleton meeting however there was more focus on the Colposcopy Service.</p> <p>4.5ii.2 It has been highlighted that the current Colposcopy Suite at Rochdale Infirmary is not fit for purpose. A number of options were proposed and members felt that the current service should be provided within the community.</p> <p>4.5ii.3 The Governing Body agreed to note the content of the report and the update provided.</p>	

21/09/18/4.6	System Transformation Committee (STC) <i>(from 7 September 2018 meeting)</i>	
	Declaration of Interest: None	
	<p>4.6.1 The content of the report was summarised.</p> <p>4.6.2 Once governance structures are in place it is envisaged that STC will cease from the New Year.</p> <p>4.6.3 Three items were approved via Chairs Action:</p> <ul style="list-style-type: none"> • Extension to the Tier 3 Weight Management Pilot • Single Elective Access Model (SEAM) Variation • Care UK Business Case <p>4.6.4 A question was raised regarding the Tier 3 Weight Management Pilot and it was clarified that the pilot has been extended for a further 12 months to allow an evaluation to take place.</p> <p>4.6.5 Discussions took place regarding NICE guidance and how changes in guidance can be incorporated into contracts.</p> <p>4.6.6 Work is ongoing regarding additional drop down boxes on the template for referral forms to ensure that appropriate investigations are completed prior to referral; the template has been adapted from the Two Week Wait (2WW) template. Thanks was noted to Dr S Sharma for the significant amount of work that has taken place.</p> <p>4.6.7 The Governing Body agreed to note the content of the report.</p>	

5 – COMMUNICATIONS

21/09/18/5.1	Update from Secondary Care Clinician	
	Declaration of Interest: None	
	<p>5.1.1 Members were advised that on this occasion there was no update from the Secondary Care Clinician.</p> <p>5.1.2 The Governing Body agreed to note the verbal update provided.</p>	
21/09/18/5.2	Update from Healthwatch Rochdale (HWR)	
	Declaration of Interest: None	
	<p>5.2.1 A verbal update was circulated to members prior to the meeting and is available via the following link HWR Verbal Update.</p> <p>5.2.2 Healthwatch has been contacted by Lesbian, Gay, Bisexual and Trans (LGBT) who have been reviewing up take of the Pride in Practice service. It was confirmed that uptake to the service is positive and that the majority of HMR GP practices have signed up.</p> <p>5.2.3 The Governing Body agreed to note the verbal update provided.</p>	
21/09/18/5.3	Update from Lay Members	
	Declaration of Interest: None	
	<p>5.3.1 A verbal update was provided by the Lay Member for Patient and Public Engagement who advised that the User Carer Forum continues to be supported.</p> <p>5.3.2 No further update was provided.</p> <p>5.3.3 The Governing Body agreed to note the verbal update provided.</p>	
21/09/18/5.4	Update from Director of Public Health	AF
	Declaration of Interest: None	
	<p>5.4.1 A verbal update was provided.</p> <p>5.4.2 The Flu Campaign will commence 24 September 2018, and all health and social care staff are encouraged to engage.</p> <p>5.4.3 It was highlighted that some practices are having issues with access to their vaccines particularly for the over 65s. The CCG Head of Medicines Optimisation has been linking in with practices to understand the position. Further information and an update to be sought.</p> <p>5.4.4 The Governing Body agreed to note the verbal update provided.</p>	

21/09/18/5.5	Update from Council Member	
	Declaration of Interest: None	
	5.5.1 A verbal update was provided.	
	5.5.2 Regular updates continue to take place at the Greater Manchester Combined Authority (GMCA) regarding governance.	
	5.5.3 It was noted that it is a very big agenda and there is significant transition taking place.	
	5.5.4 Members were invited to raise any specific areas for further discussion directly with Cllr Rowbotham.	
	5.5.5 The Governing Body agreed to note the verbal update provided.	

6 – ANY OTHER URGENT BUSINESS

21/09/18/6.1.1	AOB - Good News Story	
	Declaration of Interest: None	
	6.1.1.1 A verbal update was provided.	
	6.1.1.2 It was highlighted to members that a significant amount of work has taken place regarding work force planning.	
	6.1.1.3 HMR CCG is leading the way across GM and has established the Primary Care Academy.	
	6.1.1.4 The Academy was launched on Thursday 20 September 2018 with attendance from local colleagues and the Mayor.	
	6.1.1.5 The Governing Body agreed to note the verbal update provided.	

7 – REPORTS PROVIDED FOR INFORMATION ONLY

21/09/18/7.1	Children and Young People’s Partnership (CYPP) <i>(from 19 July 2018 meeting)</i>	
	7.1.1 Members were asked for any comments or questions on the report.	
	7.1.2 No further discussions took place.	
	7.1.3 The Governing Body agreed to note the content of the report.	

21/09/18/7.2	Patient Services Annual Report	
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	<p>7.2.1 Members were asked for any comments or questions on the report.</p> <p>7.2.2 No further discussions took place.</p> <p>7.2.3 The Governing Body agreed to note the content of the report.</p>	
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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
<p>Friday 16 November 2018 10:30 – 12:30 Number One Riverside, Smith Street, Rochdale</p>