

Minutes of the Clinical Commissioning Group (CCG) Governing Body

FORMAL – Part 1

Date and time of Meeting:	Friday 20 July 2018 10:40 – 12:30
Venue:	Training and Conference Suite, Number One Riverside

Present:	<p>Dr Chris Duffy Mr Paul Hinnigan Mrs Denise Dawson Mr Steve Rumbelow Mrs Sam Evans Dr Sonal Sharma</p> <p>Dr Vijay Tandle Dr Bodrul Alam Mrs Karen Hurley</p> <p>Dr Imran Ghafoor</p> <p>Mrs Sally McIvor Ms Kate Jones Mrs Sandra Croasdale</p>	<p>Clinical Chair (Chair) Lay Member for Governance Lay Member for Patient & Public Engagement Accountable Officer Chief Finance Officer Clinical Board Member (<i>for agenda items 1.1 – 2.6, 3.1.1, 3.1.2, 3.2, 3.6.1,& 4.9</i>) Secondary Care Clinician Clinical Board Member Director of Operations / Exec Nurse (<i>for agenda items 1.1 – 2.6, 3.1.1, 3.1.2, 3.2, 3.3, 3.4, 3.5.1, 3.6.1,& 4.9</i>) Clinical Board Member and Clinical Locality Lead - Heywood and Middleton Joint Director of Integrated Commissioning CEO, Healthwatch Rochdale Strategic Commissioning Programme Director</p>
In Attendance:	<p>Mrs Sarah Kershaw Ms Helen Chapman Mrs Pam Dickinson</p>	<p>Minutes Corporate Affairs and Governance Manager Communications and Engagement Manager</p>
Apologies:	<p>Mrs Andrea Fallon Cllr Sara Rowbotham</p> <p>Mrs Alison Kelly</p> <p>Dr Aggy York</p>	<p>Director of Public Health, RBC Portfolio Holder for Health & Wellbeing Rochdale Borough Council Head of Quality and Safeguarding & Deputy Executive Nurse Clinical Board Member and Clinical Locality Lead - Rochdale</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>A representative for Better Health 4 Middleton raised the following questions:</p> <p>1. Needles disposal in Middleton, where can needles be taken for disposal?</p>	
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Some of the questions had previously been raised and responses shared with the representatives and members of the public in attendance. Copies of the responses will be forwarded to the individual.

Question raised at Governing Body on 16 March 2018 and the following response was provided:

Unfortunately the borough-wide service had been withdrawn without consultation with the CCG. Upon being made aware of this the CCG has worked with Community Health Partnerships (CHP) in order to get this re-instated. The collection points are back up and running at Nye Bevan House, Croft Shifa in Rochdale and the Phoenix Centre in Heywood and will shortly be re-introduced at Alkrington Health Centre in Middleton.

The CCG, working with the Local Authority, have ensured that the previous service will be re-instated and will review whether what is currently commissioned and provided is high quality, cost effective and meets the needs of our residents.

Additional update provided by member of public -Springvale Resource, Middleton will also accept needles from individuals but not from organisations.

2. Regarding late night opening pharmacy in Middleton. The previous information provided to me is not late enough. Why are they no longer working on a rota system? The best to get to for those using public transport is Asda Chadderton.

Questions previously raised and response provided on 18 May 2018 and the following response was provided:

Contracts with community pharmacies are held by NHSE not the CCG.

New contract pharmacies were required to open for 100 hours, there is no requirement for pharmacies currently open during conventional hours to change their times of opening to extended hours

There is now no "rota" in operation and pharmacies opening extended hours would need to have a justification for so doing - pharmacist(s) would be required to be there - all would cost money (not to mention safety). If there are few prescriptions and little in the way of OTC sales, the pharmacy would run at a loss - something the owners are largely reluctant to do

Within Middleton area the following pharmacies are open late:

- Boarshaw until 7pm
- Tesco until 8pm

There is also an option for prescriptions to be delivered.

3. PPGs - can we have support to reinstate the Heywood and Middleton locality PPG?

This question was raised at Governing Body on 18 May 2018 and the following response was provided:

PPG's are run by the GP Practices and it is their decision whether they have these in place. The CCG and Primary Care team has

offered support and worked with the individual practices, however not all have engaged.

The CCG supported the setup of two groups within the Borough to support Rochdale PPGs and Heywood & Middleton PPGs to align with the two Local Engagement groups of practices. The Rochdale group is still meeting but this is not the case in Heywood and Middleton.

The Deputy Chief Officer / Executive Nurse has agreed to meet with the member of the public who previously raised the question to discuss PPG support and will feedback to the member of the public raising the question today.

4. Cross border services – what is the current situation?

Questions previously raised and response provided on 18 May 2018: HMR CCG has a Cross Boundary Contract in place for HMR registered patients. This matter is the responsibility of Manchester Health and Care Commissioning, as the registered GP is a member of that organisation.

With consent HMR CCG have forwarded the letter and the copy letter sent to Andy Burnham – Mayor of Manchester and to the organisation for them to respond.

HMR CCG provided dates of Manchester Health and Care Commissioning Board meetings to assist with any further follow up.

Additional update from Healthwatch Rochdale – Healthwatch Rochdale have also followed up with Manchester Health and Care Commissioning.

Consideration also needs to be given to residents in Whitworth and Rossendale boundary, which Healthwatch Rochdale is pursuing.

5. What is the problem with User Carer group? Suddenly they cannot use the Town Hall and now Number 1 Riverside. This is not in line with a caring Rochdale.

The issue has been raised with the CCG Patient and Public Engagement Committee and alternative venues have been sought. An offer was received to utilise the Co-operative Funeral Services meeting rooms, however this was a first floor room and did not have any disabled access facilities.

As an interim measure until suitable premises can be found, the meetings **are** taking place at Number One Riverside at no cost to the User Carer Group.

Rochdale Borough Council Adult Care service has, as an interim measure, offered to make the bookings at the Town Hall on behalf of the User carer forum thus taking away the cost pressure.

Moving forward, Voices for All will submit a bid to the Ambition for Ageing project to attract sufficient funding to maintain the group in the longer term.

6. Minor ailments at pharmacies – A problem due to cutbacks – pharmacies struggle and sometimes send patients to GP.

Closure of the walk in centre means they can't go there anymore, so they end up at A & E or Urgent Care Centre.

The CCG is encouraging pharmacies to sign up to the Minor Ailments Scheme, however are unable to enforce this.

Boots, Peterloo and Middleton Junction have all recently signed up to the Minor Ailments Scheme.

7. Getting to sites to access services is another problem for people using public transport. 3 buses to Rochdale or Oldham, 2 buses to Bury or NMGH or 1 to MRI, 2 to Salford. When you set up a service do you take into account people need to use public transport, which is appalling?

The CCG are conscious of need to travel to services, which is why we are looking at trying to move services out of hospital and into the community HUBS.

Unfortunately we cannot afford to have every service in each locality; therefore specialist centres are in situ where appropriate.

A volunteer from Rochdale Community Partnership raised the following questions:

8. What service and provision is available for homeless people?

HMR CCG has commissioned HART (Homeless and Assessment Response Team) and also regularly supports homeless events at Rochdale Infirmary and works with local services.

9. What are you doing to improve Awareness and impact of Mental Health amongst BME youths?

Our children and young people's (CYP) emotional health and wellbeing service, #Thrive is commissioned to deliver mental health awareness assemblies and workshops in schools across the borough. We also commission a peer mentoring service, which works with young people aged 11-24 offering support and advice around the services and support available as well as self-help tools/techniques. Kooth, our online counselling service has also done a number of presentations in schools and Hopwood Hall College. M6 theatre has also worked in schools to deliver monologues and workshops in schools to raise awareness of mental health topics, for example, self-harm. Although, these services are not particularly targeted at the BME communities, they are open to all children and young people in the borough.

The 'Stories we can tell' scheme funded through the SIF, is particularly aimed at young people who have experienced traumatic events and many of the CYP accessing this support are from asylum seeking families. This scheme aims to encourage and enable these young people aged 11 to 21 years to tell and share their stories. As well as providing the young people with new skills in writing and performing, the scheme works to build confidence, empathy and understanding, and help the young people to find their voice and to realise that they were not alone.

#Thrive have also previously worked with Muslim Community Events.

The CCG and Rochdale Borough Council are also reviewing and developing a new grant offer for the borough. Groups will be invited to apply for funding through its new grant pots which aim to support and strengthen communities through the use of focused themes and set outcomes. It is still to be decided how these themes will be determined, but it is expected that these will be co-developed by commissioners and local communities. Examples may include; Schemes which raise awareness of Mental Health amongst BME communities.

10. What is being provided for young people around health, who is delivering where and when? How much funding is allocated to groups in Rochdale?

Contact details for Engagement Lead and Commissioner working with young people to be provided and details of the Directory of Services "Our Rochdale". www.ourrochdale.org.uk

Generally throughout the Borough there is under representation of young people and member practices would be delighted for young people to get involved in their patient participation groups (PPG's).

The local offer (for children with special educational needs and disabilities) is available to view via this [link](#)

There are a range of services available for children and young people's health. The services that are available to support CYP's mental health are available to view on our website <https://www.hmr.nhs.uk/index.php/your-health/mental-health-and-wellbeing/camhs-t-plan>, along with our plans to enhance the support available. In addition to our mental health services, we also commission a children's acute and ongoing needs service (CAONS), which provides health care in the community for children and young people aged up to 19 years. Details of the CAONS service can be viewed via Pennine Care NHS Foundation Trust's website <https://www.penninecare.nhs.uk/your-services/service-directory/heywood-middleton-and-rochdale/community-services/childrens-nursing/heywood-middleton-and-rochdale-childrens-acute-and-ongoing-needs-service/>

The children's pooled fund is £47.5m (based on 2017/18 figures). In addition to the commissioned services for children and young people. The CCG have provided funding to the following schemes via the Social Investment Fund process which aim to support children and young people's health and emotional wellbeing.

- Healthy ACTions is an expressive therapy project's, which used drama to promote various awareness raising campaigns in schools, and youth settings across the borough.
- Pop-up Healthy Me is a scheme which aims to raise awareness amongst young people on suicide prevention in sport. The group attend various events and settings across the borough.
- Stories We Could Tell runs weekly, every Monday from Drake Street and engages children from all across the borough. The project is aimed at young people who have experienced traumatic events or have mental health issues.
- M6 Theatre Company deliver outreach drama

workshops, award winning theatre productions, regular free time youth theatre sessions for marginalised children and families across Rochdale Borough:-

1. Unlocking Voices (Film & resource project with Cared For Young People)
2. Linking Schools (Primary aged children from different cultural backgrounds)
3. Weekly Youth Theatre (#THRIVE/HYM & RMBC Youth Service referrals)
4. Performances for intergenerational community audiences at M6 Studio Theatre
5. Get Creative - new newsletter & communications strategy to share the menu of current free/highly subsidised cultural/creative activities & support available in the Borough

These services are open to **all** children and young people across the borough.

The total amount spent on the above SIF schemes is £49,740

11. What are the biggest health challenges for Rochdale?

Public Health provided the following response:

The health challenges in Rochdale Borough are described in the Joint Strategic Needs Assessment (JSNA). The Council are currently building webpages for the JSNA that will be accessible by the public. These will be based largely on the JSNA summary document which is attached.

Describing the biggest health challenges very much depends on how you want to define and conceptualise health. If health is seen from a disease model perspective then you are likely to concentrate on the biggest causes of early deaths. In Rochdale the main causes of early death are from the following disease areas: cardiovascular disease - including heart disease and strokes; cancers; and respiratory disease. Diabetes is also an important disease in Rochdale and is more prevalent in people from a South Asian background.

From the disease model perspective the biggest challenge is to get local people to alter their health behaviours. Most of the early deaths recorded are preventable and could be reduced if the population did the following: stop smoking if you are a smoker; reduce alcohol consumption; increase levels of physical activity and eat a healthy diet that includes a lot of vegetables and fruit. Other big challenges from the disease model perspective are ensuring equitable access to services across groups, encouraging early diagnosis of disease and encouraging attendance at cancer screening. It is also important to recognise that many people in Rochdale have health conditions and also challenges such as being a carer or living in poverty.

If you look at health using a determinants of health approach the biggest challenges to health come from issues linked to poverty and include poor housing and unemployment. The statistics are very clear in showing a health gradient across the Borough with the least deprived areas having the best health and the most deprived having the poorest health. From this perspective reducing health inequality is the biggest challenge.

Finally, if you look at health from a holistic wellbeing perspective and focus on quality of life rather than length of life and absence of disease a different set of challenges emerge. Important challenges are, ensuring safety in and out of the home, tackling mild mental health issues, helping older people connect, encouraging modest but achievable behavioural changes to improve health, improving health literacy and fostering a sense that Rochdale Borough is friendly and caring place for everyone.

12. What are biggest health challenges for Rochdale BME communities?

Public Health provided the following response:

The BME community in Rochdale is not homogenous and forms a diverse population and health challenges may vary in particular groups. Between the census in 2001 and 2011 the BME communities in Rochdale Borough grew from 13.9% to 21.4% of the population. This trend is likely to have continued which means BME communities now form a much more sizeable group than in the past. The largest BME group is Pakistani with 10.5% of the population and the second largest is Bangladeshi with 2.1%. The socio-economic profile of our BME groups is often vastly different to that of our White British residents with consequent effects on their quality of life and health outcomes. BME groups generally have worse health than the overall population and language or cultural barriers may prevent these groups from accessing mainstream services. As mentioned above social deprivation is a very important factor and the distribution of the BME community across areas of deprivation will be an important determinant of health. Reducing health inequality across communities in Rochdale is one of the biggest challenges.

The CCG welcomes the findings reported in 'The State of Health Black and Other Minority Groups' a contribution to the Development of a Joint Strategic Needs Assessment (JSNA) for GM by the Black Health Agency in Manchester. The full report is available via this [link](#). Differences in the health of Black and other minority groups are most prominent in the following areas: mental health, cancer, heart disease and related illnesses such as stroke, Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and diabetes. Additionally an increase in the number of older Black and other minority people in the UK is likely to lead to a greater need for provision of dementia services as well as the provision of culturally competent social care and palliative care.

In Rochdale we are working closely with communities to continuously improve our understanding of local need and ensure the services we commission are accessible to all users and contribute to improving outcomes. For example our GPs offer a health check for South Asians which is similar to the national scheme and finds cardiovascular disease and diabetes earlier. This is offered to people believed to be at risk from age 30.

We have a range of expertise to support our ongoing work to ensure health inequalities for BME communities are addressed. For more information about our work in addressing race inequality please contact our Equality and Inclusion Lead samina.arfan@nhs.net

13. Refugee and Asylum Seeker Families. Currently working with 19 families as volunteers and no one person/service is working with them. There is a dire need for families to

	<p><i>receive support and not have to wait for 6 /7 weeks this relates to Health and Social Care.</i></p> <p>Asylum seekers are able to register with GP Practices and receive health care provision in line with the general population.</p> <p>Contact details of the Joint Director of Integrated Commissioning were provided along with the Commissioning Lead for Children’s Services to discuss further.</p> <p>The link for Rochdale Directory of Services “Our Rochdale” was also provided as a useful resource. www.ourrochdale.org.uk</p>	
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1 - GOVERNANCE

	Apologies	
	Apologies as noted above.	

20/07/18/1.1	Committee Business	
	<p>1.1.1 Steve Rumbelow was welcomed to his first formal meeting in his new role as CCG Accountable Officer.</p> <p>1.1.2 Sandra Croasdale was welcomed to her first meeting and introductions were made.</p> <p>1.1.3 The Chair agreed the following items would be presented earlier on the agenda as the reporting officer was not able to attend the full meeting:</p> <ul style="list-style-type: none"> • 3.6.1 - Director of Operations / Exec Nurse Functions Report Update • 4.9 - Quality and Safeguarding Committee <p>1.1.4 The Governing Body agreed to note the verbal update provided.</p>	

20/07/18/1.2	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 (HMR) Clinical Commissioning Group (CCG).</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 Members were reminded of the requirement for them to complete the NHS England Conflicts of Interest Training.</p>	

	<p>1.2.5 A return was submitted to NHS England on 10/7/18 which noted that 2 Governing Body members were non-compliant by the national deadline of 31/5/18.</p> <p>1.2.6 These are being followed up and NHS England has requested a further update on the plan of action.</p> <p>1.2.7 No further declarations were received.</p> <p>1.2.8 The Governing Body agreed to note that there had been no declarations of interest.</p>	
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20/07/18/1.3	Minutes of the CCG Governing Body Meeting held on 18 May 2018	
	<p>1.3.1 The minutes of the meeting on Friday 18 May 2018 were agreed as a true and accurate record.</p>	

20/07/18/1.4	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.	

20/07/18/1.5	Chair's Report	
	Declaration of Interest: None	
	1.5.1 Members were asked for any comments or questions.	
	1.5.2 Governing Body noted the CCG had been rated as "Good" in relation to delivering its statutory duties, financial management, and quality of leadership; reflecting the hard work and commitment of all the staff in the CCG.	
	1.5.3 Rochdale Borough Council formally agreed at full Cabinet for the Chief Executive to take on the additional role as CCG Accountable Officer.	
	1.5.4 No further discussions took place.	
	1.5.5 The Governing Body agreed to note the content of the report and the verbal update provided.	

20/07/18/1.6	Chief Officers Report	
	Declaration of Interest: None	
	1.6.1 A verbal discussion took place to agree content of future reporting.	

	1.6.2	It was suggested future reporting should include any relevant issues that may arise in addition to pertinent meetings attended.	
	1.6.3	No further discussions took place.	
	1.6.4	The Governing Body agreed to note the content of the verbal update provided.	

20/07/18/1.7	GM Joint Commissioning Board (JCB) Arrangements		
	Declaration of Interest: None		
	1.7.1	A verbal update was provided regarding the GM Joint Commissioning Board (JCB).	
	1.7.2	The board comprises of representatives from NHS England and all 10 of the localities. The proposal is for this board to be the decision making body for those decisions that benefit GM (which will account for 20% of the decisions made; 80% will remain within the locality).	
	1.7.3	The board will influence changes in service delivery and will require strict and robust commissioning arrangements to make decisions alongside devolution and transformation.	
	1.7.4	As HMR CCG has already delegated authority to the Integrated Commissioning Board (ICB) , further consideration needs to be given as to how this be implemented as double delegation is not legally permitted within the constitution.	
	1.7.5	GM has been tasked with finding a solution to meet all 10 of the localities requirements before September 2018.	
	1.7.6	A question was raised in relation to the inclusion of patient representation at this level?	
	1.7.7	Discussions took place regarding the representation at the meetings feeding into the JCB and whether local intelligence would be fed back.	
	1.7.10	The Governing Body agreed to note the verbal update provided.	

2 - ITEMS FOR DECISION

20/07/18/2.1	Workforce Race Equality Standard (WRES) Annual Report 2018		
	Declaration of Interest: None		
	2.1.1	Members were advised the information gathered is currently	

	<p>being interrogated and therefore item would be deferred until the September 2018 meeting.</p> <p>2.1.2 The Governing body agreed to note the verbal update provided.</p>	
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20/07/18/2.2	Quality and Safeguarding Committee/Group Terms of Reference (ToR)	
	Declaration of Interest: None	
	2.2.1 All Terms of Reference follow a robust governance route and have been scrutinised and approved by the relevant Committees prior to being brought to Governing Body for ratification.	
	2.2.2 The updated Q&S ToR reflect changes and progression of integration of Teams.	
	2.2.3 Members were asked for any comments or questions on the revised Terms of Reference (ToR).	
	2.2.4 Following Governing body approval the ToRs will be re-presented to the Integrated Commissioning Board (ICB) as the Quality & Safeguarding Committee/Group also operates as a Subgroup for ICB. .	
	2.2.5 Any further amendments following ICB will be shared for comment and approval via chairs actions due to the frequency of the Governing Body meeting.	
2.2.6 The Governing Body approved the Quality and Safeguarding Committee/Group ToR.		

20/07/18/2.3	Remuneration Committee Terms of Reference (ToR)	
	Declaration of Interest: None	
	2.3.1 Members were asked for any comments or questions on the revised Terms of Reference (ToR).	
	2.3.2 Members were advised that minor updates and that one correction, in line with the constitution, had been made to the ToRs.	
2.3.3 The Governing Body approved the Remuneration Committee ToR.		

20/07/18/2.4	Corporate Governance Committee Terms of Reference (ToR)	
	Declaration of Interest: None	

	<p>2.4.1 Members were asked for any comments or questions on the revised Terms of Reference (ToR).</p> <p>2.4.2 The changes to the references of other groups/committees membership, and the frequency of the meetings were highlighted.</p> <p>2.4.3 The Governing Body approved the Corporate Governance Committee ToR.</p>	
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20/07/18/2.5	Patient and Public Engagement Committee Terms of Reference (ToR)	
	Declaration of Interest: None	
	2.5.1	Members were asked for any comments or questions on the revised Terms of Reference (ToR).
	2.5.2	A query was raised regarding the removal of the Council for Voluntary Service Rochdale (CVSR) from the membership; as this is no-longer in operation.
	2.5.3	It was confirmed once re-established, or once the organisation taking on this role is identified, they will be included and ToR updated accordingly.
2.5.4	The Governing Body approved the Patient and Public Engagement Committee ToR.	

20/07/18/2.6	Audit Committee Terms of Reference (ToR)	
	Declaration of Interest: None	
	2.6.1	Members were asked for any comments or questions on the revised Terms of Reference (ToR).
	2.6.2	Minor changes were highlighted.
	2.6.3	The Governing Body approved the Audit ToR.

3 - ITEMS FOR DISCUSSION

20/07/18/3.1.1	Quality and Safeguarding Report	
	Declaration of Interest: None	
	3.1.1.1	An overview of the report was provided and the key elements within the report were summarised.
	3.1.1.2	The CCG work closely with colleagues across the North East Sector (NES), in relation to the commissioning arrangements, regarding the PAHT planned programmes of work.
	3.1.1.3	Monthly meetings are taking place reviewing Serious Incident Panels working closely with other CCGs for

	<p>continued improvement.</p> <p>3.1.1.4 The CCG are working closely with the Local Authority supporting care homes in the borough, and positive feedback was received from the Carers Forum in relation to the training and ongoing progression.</p> <p>3.1.1.5 The CCG are currently awaiting publication of some Case Reviews in addition to 6 Learning Disability and Mortality Reviews (LeDeR).</p> <p>3.1.1.6 Meetings are taking place around “lessons learned” by the GM Focus board; which is creating a robust plan for what should be taking place in localities. They are currently looking at sepsis champions, and linking with the acute trust, HUBs and neighbourhood teams.</p> <p>3.1.1.7 A request was made for learning from this year’s cases to be incorporated into a Governing Body Strategy Session.</p> <p>3.1.1.8 A question was raised; how can we ensure quality and safeguarding is linked to commissioning intentions?</p> <p>3.1.1.9 Assurance was provided that Quality representatives are included on the Contract Management Board.</p> <p>3.1.1.10 The Governing Body agreed to note the content of the report.</p>	KH/AK
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20/07/18/3.1.2	Quality and Safeguarding Annual Report	
	Declaration of Interest: None	
	<p>3.1.2.1 The content of the report was summarised which highlighted the excellent work over the last 12 months.</p> <p>3.1.2.2 Healthwatch Rochdale thanked the Director of Operations/Executive Nurse for the report, and the Quality and Safeguarding Team for their support in relation to safeguarding queries.</p> <p>3.1.2.3 Feedback from practices confirmed their increased confidence in dealing with Safeguarding issues; thanks to the training and support they have received from the Quality and Safeguarding team.</p> <p>3.1.2.4 The Quality and Safeguarding Team were congratulated on a great piece of work.</p> <p>3.1.2.2 The Governing Body agreed to note the content of the report and the verbal update provided.</p>	

20/07/18/3.2	Quality Premium Report	
	Declaration of Interest: None	
	<p>3.2.1 The content of the report was outlined which provided an overview of the results of 2017/18.</p>	

	<p>3.2.2 The scheme aims to drive improvement in patient health outcomes, reduce inequalities and improve access to services.</p> <p>3.2.3 Highlights were provided in relation to:</p> <ul style="list-style-type: none"> • Cancer and work around Transformation agenda. • CHC – Although this has failed for Quality Premium this has started to improve and was achieved in Q4. • Blood stream infections • STAR PU - reducing trajectory • Right Care on track • 18wk wait due to ban on non-urgent surgery in January there will be a national review of this indicator • A&E Target reduced to 90% <p>3.2.4 At this stage the impact of the penalties is uncertain, and a national review is underway.</p> <p>3.2.5 Monitoring for 2018/19 has commenced and conversations have taken place with the Local Care Organisation (LCO) with regards to a gain share agreement, and feedback is expected at the next LCO Board meeting.</p> <p>3.2.6 Discussions took place regarding elective work programmes and associated opportunities.</p> <p>3.2.7 A request was made for Referral Time to Treatment (RTT) data to be shared.</p> <p>3.2.8 <i>Dr Sharma left the meeting 11:37</i></p> <p>3.2.9 Members of the public were asked to raise any questions at the end of the meeting.</p> <p>3.2.10 The Governing Body agreed to note the content of the report.</p>	SC
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20/07/18/3.3	Performance Report	SC
	Declaration of Interest: None	
	3.3.1 The content of the report was outlined and key areas highlighted.	
	3.3.2 A&E performance has been achieved at Rochdale Infirmary however not at the other PAHT sites, and significant work is being undertaken.	
	3.3.3 Cancer performance was highlighted as a concern. A North East Sector meeting has taken place with Northern Care Alliance (NCA) and it was suggested the actions implemented would be shared with members.	
3.3.4 Discussions took place regarding demand management and the need to work with Primary care to review diagnostic capacity and improve patient tracking.		

	<p>3.3.5 It was suggested a detailed GM plan was required and that all local actions taken would be in line with the plan.</p> <p>3.3.6 A business case is in place to improve the performance of the Early Intervention in Psychosis service and performance monitoring has been stepped up.</p> <p>3.3.7 Healthwatch Rochdale raised concerns regarding waiting times for the Improving Access to Psychological Therapy (IAPT) service as patients have reported waiting up to 8 months for Cognitive Behavioural Therapy (CBT).</p> <p>3.3.8 Discussions took place regarding the risk for patients and it was confirmed that the CCG Safeguarding Team are aware of the issues.</p> <p>3.3.9 A Contract Management meeting has been arranged to address the issues raised and it was agreed the details would be shared with Healthwatch Rochdale.</p> <p>3.3.10 A request was made for the Referral Time to Treatment - performance against target, for both 2018/19 and 2017/18, to be included in future reporting.</p> <p>3.3.11 Members were asked to note that although issues remain there has been a significant improvement in performance.</p> <p>3.3.12 Clarity was requested regarding the A&E waiting times and percentages included within the report. April reported 85%, May 88% and YTD 90%. The data will be reviewed and confirmed figures provided.</p> <p>3.3.13 The Governing Body agreed to note the content of the report.</p>	<p>SC/KJ</p> <p>SC</p> <p>SC</p>
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20/07/18/3.4	Corporate Risk Register	
	Declaration of Interest: None	
	<p>3.4.1 The content of the report was outlined.</p> <p>3.4.2 The Assurance framework and Risk Register are presented to the Audit Committee who has provided assurances of the Business as Usual and the Statutory Duties.</p> <p>3.4.3 The Audit Committees preference is that the assurance framework focused on areas of significant investment, delivery and risk and report by exception.</p> <p>3.4.4 Good discussions have taken place helping to shape the framework moving forward which will continue to evolve.</p> <p>3.4.5 Future reporting will be focused on the principle objectives and principle risks. The Risk Register will sit behind these providing more detail.</p> <p>3.4.6 A different style of report will be presented in September which will detail red risks and mitigating actions.</p>	

	<p>3.4.7 An update was provided in relation to the pooled fund gap which has now reduced to £3.1m.</p> <p>3.4.8 The Governing Body agreed to note the content of the report.</p>	
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20/07/18/3.5.1	Finance Report		
	Declaration of Interest: None		
	3.5.1.1	The content of the report was outlined and the key areas summarised.	
	3.5.1.2	Sincere apologies were made as an error appeared in the reporting in Section 1 - Financial overview. The narratives have been transposed for the cumulative and year to date figures.	
	3.5.1.3	It was reported that the CCG are on target to achieve their control total and the historical surplus will continue to be carried forward.	
	3.5.1.4	It was reported that due to Mental Health pressures, 12 additional beds have been purchased from Pennine Care Foundation Trust (PCFT) over and above the block contract on a risk share basis amongst the 5 commissioners.	
	3.5.1.5	Winter and national monies have enabled the 5 PCFT Footprint Commissioners the use of 10 beds at the Priory at Cheadle however that money only covered to the end of the year. Negotiations are ongoing as to whether this arrangement can be extended.	
	3.5.1.6	Children's pressures were also highlighted and attributed to joint placements which tend to be high cost placements	
	3.5.1.7	The acute sector has experienced over activity against plan for Integrated Elective Care pathways, largely at BMI Highfield and Pennine Acute Hospital Trust (PAHT) non-elective activity.	
	3.5.1.8	Governing Body was asked to note that the CCG has not previously experienced pressures so early in the financial year, and is using the CCG contingency. This has been flagged as a risk.	
	3.5.1.9	<i>Karen Hurley left the meeting 12:00</i>	
3.5.1.10	Discussions took place regarding the transformation programme and the need to ensure savings are recurrent.		
3.5.1.11	The Governing Body agreed to note the content of the report.		

20/07/18/3.5.2	Quality, Innovation, Performance and Planning (QIPP) Report	
	Declaration of Interest: None	

	<p>3.5.2.1 The content of the report was outlined and the key areas summarised.</p> <p>3.5.2.2 The Pooled fund is all age and aims to recognise full pathways of care by taking a system approach.</p> <p>3.5.2.3 The combined Pooled fund gap is currently £3.1m and there are concerns around areas rated amber.</p> <p>3.5.2.4 It is hoped that savings can be made on prescribing antibiotics and Chronic Obstructive Pulmonary Disease (COPD), however, Governing Body was requested to note the associated risk.</p> <p>3.5.2.5 The paper provides updates on areas outlining potential mitigations and contingencies.</p> <p>3.5.2.6 Members agreed QIPP should be a priority and considered in every arena.</p> <p>3.5.2.7 It was highlighted that HMR need to find £7m recurrent savings so as not to carry the gap into the next financial year.</p> <p>3.5.2.8 The Governing Body agreed to note the content of the report and the verbal update provided.</p>	
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20/07/18/3.6.1	Director of Operations / Exec Nurse Functions Report Update	
	Declaration of Interest: None	
	<p>3.6.1.1 The content of the report was summarised</p> <p>3.6.1.2 The Communications and Engagement Team are working closely with CCG and Local Authority colleagues to link in with the Integrated Commissioning Board.</p> <p>3.6.1.3 The Business Intelligence Team will be concentrating on developing monitoring tools to support integration and transformation as part of an integrated intelligence HUB. This includes a review of Information Governance so both CCG and Local Authority colleagues can access the reports.</p> <p>3.6.1.4 The Continuing Health Care (CHC) Team has now relocated to Nye Bevan House. Meetings are taking place to consider the future direction of travel for CHC.</p> <p>3.6.1.5 The Equality Diversity Standard (EDS) grading event took place on the 25 June 2018. The feedback received was positive and thanks noted to all those who contributed.</p> <p>3.6.1.6 This paper is now shared with the Audit Committee and positive feedback has been received regarding the confidence in integration and the transitions taking place.</p> <p>3.6.1.7 The Governing Body agreed to note the content of the report.</p>	

20/07/18/3.6.2	Kirkholt Development – Quarterly Update	
	Declaration of Interest: None	
	<p>3.6.2.1 The content of the report was outlined.</p> <p>3.6.2.2 Members were advised the Medical practice is expected to be operational by December 2019.</p> <p>3.6.2.3 A question was raised regarding patient involvement in the design of the premises.</p> <p>3.6.2.4 Confirmation was received that the local residents group had been involved from the beginning of the project.</p> <p>3.6.2.5 The Governing Body agreed to note the content of the report.</p>	

20/07/18/3.6.3	NES Committee in Common Update	
	Declaration of Interest: None	
	<p>3.6.3.1 A verbal update was provided.</p> <p>3.6.3.2 In light of the issues highlighted by the GM Joint Commissioning Board in relation to decision making, it was agreed the committee would review moving forward in line with GM work, and report progress at the next Governing Body meeting in September 2018.</p> <p>3.6.3.3 The Governing Body agreed to note the verbal update provided</p>	

20/07/18/3.6.4	Health and Wellbeing Board (HWBB) update formalised proposal	
	Declaration of Interest: None	
	3.6.4.1 Item deferred until the 21 September 2018 meeting.	AF

4 – GOVERNING BODY SUB-COMMITTEE REPORTS

20/07/18/4.1	Audit Committee <i>(from 22 May 2018 and 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 A letter from external auditors has been to the Audit Committee and is now published on the CCG website.</p> <p>4.1.3 A financial self-assessment has been submitted to GM which covers Qtr.1 and annual progress.</p> <p>4.1.4 The Governing Body agreed to note the content of the report and the verbal update provided</p>	

20/07/18/4.2	Clinical Professional Advisory Panel (CPAP) <i>(from 1 June 2018 meeting)</i>	
	Declaration of Interest: None	
	4.2.1 The content of the report was summarised.	
	4.2.2 Representation from the Medicines Optimisation Team has now been included in the membership.	
	4.2.3 A key decision made at the last panel meeting included the development of a new community ano-rectal service	
4.2.4 The Governing Body agreed to note the content of the report and the verbal update provided.		
20/07/18/4.3	Corporate Governance Committee <i>(from 21 June 2018 meeting)</i>	
	Declaration of Interest: None	
	4.3.1 The content of the report was outlined.	
	4.3.2 Members were asked for comments or questions. None were received.	
	4.3.3 The Governing Body agreed to note the content of the report provided.	
20/07/18/4.4	Integrated Commissioning Board (ICB) <i>(from 29 May 2018 and 26 June 2018 meetings)</i>	
	Declaration of Interest: None	
	4.4.1 The content of the report was outlined.	
	4.4.2 Members were asked for comments or questions. None were received.	
	4.4.3 The Governing Body agreed to note the content of the report provided.	
20/07/18/4.5i	Locality Engagement Group Reports and member feedback - Rochdale <i>(from 12 June 2018 and 10 July 2018 meetings)</i>	
	Declaration of Interest: None	
	4.5i.1 The content of the report was summarised	
	4.5i.2 June was reported to be an intense meeting with 2 key topics discussed; Primary Care Quality Standards and Domiciliary Phlebotomy.	
	4.5i.3 A letter was issued by the previous Accountable Officer and the CCG, offered practices a further 2 weeks extension to provide supporting evidence for their Quality Standards	

	submission.	
4.5i.4	The Governing Body agreed to note the content of the report and the verbal update provided.	

20/07/18/4.5ii	Locality Engagement Group Reports and member feedback - Heywood and Middleton <i>(from 12 June 2018 and 10 July 2018 meetings)</i>	
	Declaration of Interest: None	
4.5ii.1	The content of the report was summarised	
4.5ii.2	Discussions took place regarding the Core+2 Contract. Member practices are holding the CCG accountable and not fully understanding the contract is held by the Local Care Organisation, Northern Care Alliance and Rochdale Health Alliance. This was addressed at the Members Development Programme.	
4.5ii.3	Due to the high numbers of drugs needing to be destroyed at a cost of £20k. Practices have been asked to report figures to the Medicines Optimisation Team for monitoring.	
4.5ii.4	An update was provided regarding the Minor Ailments Scheme. Members were advised that Boots, Middleton Junction and Peterloo are all now signed up to the scheme.	
4.5ii.5	The Governing Body agreed to note the content of the report.	

20/07/18/4.6	Long Term Conditions Test Bed Programme board <i>(from 6 June 2018 Meeting)</i>	
	Declaration of Interest: None	
4.6.1	The content of the report was summarised.	
4.6.2	Members were asked for any comments or questions. None were received.	
4.6.3	The Governing Body agreed to note the content of the report.	

20/07/18/4.7	Patient and Public Engagement Committee <i>(from 2 July 2018 meeting)</i>	
	Declaration of Interest: None	
4.7.1	The content of the report was summarised.	SMc
4.7.2	Cllr Rowbotham had previously requested a copy of the papers from the meeting. A request was made to ensure these had been received.	
4.7.3	The Governing Body agreed to note the content of the report.	

20/07/18/4.8	Primary Care Commissioning Committee <i>(from 25 May 2018 meeting)</i>	
	Declaration of Interest: None	
	<p>4.8.1 The content of the report was summarised.</p> <p>4.8.2 Members were asked for any comments or questions. None were received.</p> <p>4.8.3 The Governing Body agreed to note the content of the report.</p>	

20/07/18/4.9	Quality and Safeguarding Committee <i>(from 3 July 2018 meeting)</i>	
	Declaration of Interest: None	
	<p>4.9.1 The content of the report was summarised.</p> <p>4.9.2 It was noted that the meeting had excellent representation and that moving forward, integration would further enhance this.</p> <p>4.9.3 Members were asked for any comments or questions. None were received.</p> <p>4.9.4 The Governing Body agreed to note the content of the report.</p>	

20/07/18/4.10	System Transformation Committee <i>(from 1 June 2018 meeting)</i>	
	Declaration of Interest: None	
	<p>4.10.1 The content of the report was summarised.</p> <p>4.10.2 Discussions took place regarding the Single Elective Pathway and the high number of beds utilised by the Neuro Rehab Team.</p> <p>4.10.3 It was suggested a review of the whole pathway was required which should include the under-utilised beds in the Floyd Unit.</p> <p>4.10.4 The Governing Body agreed to note the content of the report.</p>	

5 – COMMUNICATIONS

20/07/18/5.1	Update from Secondary Care Clinician	
	Declaration of Interest: None	
	5.1.1 Members were advised that an example of good practice in relation to C-reactive protein (CRP) testing had been shared with secondary care clinicians.	

	<p>5.1.2 A presentation was received by North Tees and Hartlepool NHS Foundation Trust who are now in the process of procuring the equipment.</p> <p>5.1.3 The Governing Body agreed to note the verbal update provided.</p>	
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20/07/18/5.2	Update from Healthwatch Rochdale (HWR)	HC
	Declaration of Interest: None	
	<p>5.2.1 A verbal paper was provided prior to the meeting and is published on the website</p> <p>Paper 5.2 Healthwatch Rochdale Verbal Update</p> <p>5.2.2 It was agreed that future verbal paper updates are to be included in public packs.</p> <p>5.2.3 The Governing Body agreed to note the verbal update provided.</p>	

20/07/18/5.3	Update from Lay Members	
	Declaration of Interest: None	
	<p>5.3.1 Members were advised that on this occasion there was no update from the Lay Members.</p> <p>5.3.2 The Governing Body agreed to note that there is no update.</p>	

20/07/18/5.4	Update from Director of Public Health	
	Declaration of Interest: None	
	5.4.1 Item deferred due to apologies.	

20/07/18/5.5	Update from Council Member	
	Declaration of Interest: None	
	5.5.1 Item deferred due to apologies	

6 – ANY OTHER URGENT BUSINESS

20/07/18/6.1	AOB – Independent Enquiry into Child Sexual Abuse	
	Declaration of Interest: None	
	6.1.1 Members were informed that the Independent Enquiry report into Child Sexual Abuse presented to the Governing Body will be shared with Part 1 members.	

7 – REPORTS PROVIDED FOR INFORMATION ONLY

20/07/18/7.1	GM Association Governance Group <i>(From 1 May 2018 and 5 June 2018 meetings. The meeting on 3 July 2018 was cancelled.)</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.	

20/07/18/7.2	Children and Young People’s Partnership (CYPP) <i>(from 15 March 2018 and May 2018 meeting)</i>	
	7.2.1 Members were asked for any comments or questions on the report.	
	7.2.2 No further discussions took place.	
	7.2.3 The Governing Body agreed to note the content of the report.	

20/07/18/7.3	Long Term Conditions Test Bed Programme Board <i>(Ratified minutes from 9 May 2018 meeting)</i>	
	7.3.1 Members were asked for any comments or questions on the report.	
	7.3.2 No further discussions took place.	
	7.3.3 The Governing Body agreed to note the content of the report.	

20/07/18/7.4	GM EUR Policy: Treatment for Low Back Pain <i>(Ratified by AGG on 1 May 2018)</i>	
	7.4.1 Members were asked for any comments or questions on the report.	
	7.4.2 No further discussions took place.	
	7.4.3 The Governing Body agreed to note the content of the report.	

Other useful link:

- [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 21 September 2018
10:30 – 12:30
Number One Riverside, Smith Street, Rochdale