

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

**FORMAL – Part 1**

<b>Date and time of Meeting:</b>	Friday 17 May 2019 10:35 – 12:10
<b>Venue:</b>	Committee Rooms 1 and 2, Rochdale Town Hall

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

<b>Minutes ratified on:</b>	19 <sup>th</sup> July 2019
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AGENDA ITEM	ITEM	ACTION
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	<b>Public Open Forum</b>	
	The Chair welcomed everyone to the meeting and introductions were made.	
	No questions were submitted in advance and no questions were raised by those in attendance.	

**1 - GOVERNANCE**

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

<b>17/05/19/1.1</b>	<b>Committee Business</b>	HC
	1.1.1 It was highlighted to members that Part 2 Governing Body has ratified the re-appointment of Dr Chris Duffy as Clinical Chair for the next 3 years. It was noted that a robust interview process took place and that as part of the process the GP member practices confirmed their support for Dr Duffy.	
	1.1.2 Congratulations were noted to Dr Duffy.	
	1.1.3 Members were reminded that a full list of all public questions received at the Governing Body has been shared for comments. To date no comments have been received.	
	1.1.4 It was agreed that collated public questions will be re-circulated to members for comments.	
	1.1.5 <b>The Governing Body agreed to note the verbal update provided.</b>	

<b>17/05/19/1.2</b>	<b>Declarations and Register of Interests</b>	
	1.2.1 Members were reminded of their obligation to declare any interest they may have which might conflict with the business of Heywood, Middleton and Rochdale Clinical Commissioning Group.	
	1.2.2 Declarations declared by members are listed in the CCG's Register of Interests. The Register is available either via the Corporate Affairs and Governance Manager or the CCG website at the following link: <a href="#">Declarations of Interest Register</a>	
	1.2.3 The Chair requested any declarations of interests relating to today's agenda.	
	1.2.4 A declaration was received by all GPs regarding item 3.6.2 – Prescribing of Over The Counter (OTC) Medications, due to their role as a GP.	
	1.2.5 It was agreed that Dr Duffy, Dr York, Dr Sharma, Dr Ghafoor and Dr Alam would take part in the discussions but not the decision.	
	1.2.6 <b>The Governing Body agreed to note the above declarations of interest.</b>	

<b>17/05/19/1.3</b>	<b>Minutes of the CCG Governing Body Meeting held on 15 March 2019</b>	
	1.3.1 The minutes of the meeting on Friday 15 March 2019 were	

	<p>agreed as a true and accurate record with the following amendments:</p> <p><b>1.1 Committee Business</b>  “1.1.5 ..... will be the Annual Governance General Meeting.....”</p> <p><b>2.3 Opening Budgets</b>  “2.3.12 .....the CCG CCG.....”</p>	
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17/05/19/1.4	<b>Matters Arising / Action Log / Use of Chairs Actions</b>	
	<p>1.4.1 The action log was reviewed and updated.</p> <p>1.4.2 Members were informed that two Chair’s Actions have taken place since the last meeting.</p> <p>1.4.3 It was noted that two waivers were signed by the Chair of the Governing Body due to financial values.</p> <ul style="list-style-type: none"> <li>• Four Eyes Insight for capacity and demand review of outpatient, endoscopy, imaging and theatre capacity for the trusts in Greater Manchester</li> <li>• Private Public Ltd for the evaluation of the Greater Manchester Strategic Plan for Health and Social Care Local Care Approach</li> </ul> <p>1.4.4 Members were also advised that the above waivers were also signed by the Chair of the Audit Committee.</p> <p><b>1.4.5 The Governing Body agreed to note the use of Chair’s Actions.</b></p>	

17/05/19/1.5	<b>Chair’s Report</b>	
	<b>Declaration of Interest: None</b>	
	<p>1.5.1 The content of the report was summarised</p> <p>1.5.2 Members were advised that the Kirkholt New Build has now started.</p> <p>1.5.3 No further discussions took place.</p> <p><b>1.5.4 The Governing Body agreed to note the content of the report.</b></p>	

<b>2 - ITEMS FOR DECISION</b>
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17/05/19/2.1	<b>CCG Constitution</b>	
	<b>Declaration of Interest: None</b>	
	2.1.1 Item deferred.	

17/05/19/2.2	<b>Patient and Public Engagement Committee (PPEC) Terms of Reference (ToR)</b>	
	<b>Declaration of Interest: None</b>	
	2.2.1 The content of the report was summarised.	
	2.2.2 It was noted that the changes to the Terms of Reference have been highlighted and were approved by the Patient and Public Engagement Committee (PPEC) on 1 April 2019.	
	2.2.3 Members were asked for any comments or questions. No further discussions took place.	
	<b>2.2.4 The Governing Body agreed to ratify the PPEC ToR.</b>	
17/05/19/2.3	<b>Ratification of Clinical Chair</b>	
	<b>Declaration of Interest: None</b>	
	2.3.1 An update was provided under item 1.1 Committee Business.	
17/05/19/2.4	<b>Updated Governing Body Terms of Reference</b>	
	<b>Declaration of Interest: None</b>	
	2.4.1 The content of the report was summarised.	
	2.4.2 It was noted that voting rights have been reviewed and revised so that Healthwatch Rochdale is non-voting and the Secondary Care Clinician is voting. The number of voting members will remain the same.	
	2.4.3 A further change relates to the governance structure which has been amended to reflect the change from three to two Primary Care Commissioning Sub Committees.	
	<b>2.4.4 The Governing Body agreed to approve the changes to the Governing Body ToR.</b>	
17/05/19/2.5	<b>Business Continuity Plan</b>	
	<b>Declaration of Interest: None</b>	
	2.5.1 The content of the report was summarised.	
	2.5.2 It was noted that this is an annual requirement. The main changes relate to the Accountable Officer, a change in the co-ordination centre from Sherwood to Rochdale Infirmary and an updated contact list.	
	2.5.3 Members were advised that the contact information has been redacted due to confidentiality.	
	<b>2.5.4 The Governing Body agreed to approve the Business Continuity Plan.</b>	

17/05/19/2.6	<b>Annual Engagement Report</b>	
	<b>Declaration of Interest:</b> None	
	2.6.1 The content of the report was summarised.	
	2.6.2 It was noted that positive feedback has been received regarding the format of the report this year.	
	2.6.3 Members noted the significant amount of work that has taken place. Formatting issues were noted which will be amended.	
2.6.4 <b>The Governing Body agreed to approve the Annual Engagement Report following a review of formatting and an easy read version be added to the website.</b>	DD	

17/05/19/3.6.2	<b>Prescribing of Over The Counter (OTC) Medications</b>	
	<b>Declaration of Interest:</b> All GPs due to their role as a GP	
	<b>Action taken:</b> it was agreed that Dr Duffy, Dr York, Dr Sharma and Dr Ghafoor would take part in the discussions but not the decision.	
	3.6.2.1 The content of the report was summarised.	
	3.6.2.2 The survey took place over 30 days and was part of a wider consultation that has taken place.	
	3.6.2.3 An assessment to review skills has also taken place which 500 pharmacists across GM completed. Unfortunately, there was a poor response from HMR pharmacies with only 4 responding out of 50.	
	3.6.2.4 Members were asked for any comments or questions.	
	3.6.2.5 It was noted that there is some confusion from the public when responding to the survey. Clarity was provided that if a patient presents with a minor ailment a full consultation will take place and the GP will provide the necessary advice. Patients will not be told to purchase OTC medication without a consultation.	
	3.6.2.6 Discussions took place regarding appropriate treatment and those medicines available on the NHS via the Minor Ailments Scheme.	
	3.6.2.7 Concerns were raised regarding the number of pharmacies signed up to the Minor Ailments Scheme and it was noted that work is taking place with the Local Pharmaceutical Committee (LPC) as part of work that is taking place across GM to improve sign up.	
3.6.2.8 A query was raised regarding the safe treatment of patients who attend pharmacies a number of times for the same illness. It was confirmed that in these circumstances a patient will be directed to their GP and that there are safety mechanisms and processes in place to monitor this.		

	<p>3.6.2.1 Communication will also be key and it was suggested that TV screens/videos in GP practices are utilised.</p> <p>3.6.2.2 Following previous discussions, it was also confirmed that the General Medical Council (GMC) are supportive of this approach.</p> <p>3.6.2.3 A question was raised regarding links between primary and secondary care, and it was confirmed that the Medicines Optimisation Team are linking with the Local Care Organisation (LCO).</p> <p><i>Dr Duffy, Dr York, Dr Sharma and Dr Ghafoor left the meeting and the Lay Member for Patient and Public Engagement – Vice Chair assumed as Chair.</i></p> <p>3.6.2.4 No further discussions took place and the remaining voting members agreed to approve the recommendations with the caveat that communications and engagement are key and that this should be used as an opportunity for public education.</p> <p><i>Dr Duffy, Dr York, Dr Sharma and Dr Ghafoor returned to the meeting and the Lay Member for Patient and Public Engagement – Vice Chair provided an update on the decision.</i></p> <p><i>Dr Duffy resumed the role of Chair.</i></p> <p><b>3.6.2.5 The Governing Body agreed to approve the recommendations with the caveat that communications and engagement are key and that this should be used as an opportunity for public education.</b></p>	
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<b>3 - ITEMS FOR DISCUSSION</b>
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<b>17/05/19/3.1</b>	<b>Quality and Safeguarding Report</b>	
	<b>Declaration of Interest: None</b>	
	<p>3.1.1 The key elements within the report were summarised.</p> <p>3.1.2 An improvement has been noted in maternity services and work is ongoing to collate the concerns received by families.</p> <p>3.1.3 <b>Pennine Care Foundation NHS Trust (PCFT)</b> – has been rated as Requires Improvement by the Care Quality Commission (CQC). Work is ongoing and an improvement plan is in place.</p> <p>3.1.4 <b>Learning Assessment and Neurocare Centre (LANC) UK</b> - it was noted that the CQC has rated them as ‘Requires Improvement’. Assurance was provided that work is ongoing and as previously stated there are no issues in terms of patient safety.</p> <p>3.1.5 <b>Care Homes</b> - a significant amount of work has taken place by the Quality Improvement Nurse. It was also highlighted that a trial is taking place in three care homes regarding the red bag scheme for personal belongings.</p>	

	<p>3.1.6 <b>Level 3 Safeguarding Training</b> – has been rolled out across the borough.</p> <p>3.1.7 <b>Sepsis</b> - there is currently an increased focus on Sepsis. Dr Chris Duffy is lead for this in the CCG. A request was received from NHS England with a very tight deadline for the CCG to confirm the Sepsis Lead at each practice. The majority of practices confirmed they had a Sepsis Lead.</p> <p>3.1.8 <b>Safeguarding Children</b> – the Rochdale Borough Safeguarding Children Board will be replaced by a multi-agency safeguarding partnership from 1 July 2019.</p> <p>3.1.9 A query was raised as to whether the Ombudsman Report relating to the Northern Care Alliance will be available. It was confirmed that this will be shared with members once received.</p> <p>3.1.10 <b>The Governing Body agreed to note the content of the report.</b></p>	KH / AK
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17/05/19/3.2	<b>Quality Premium Report</b>	
	<b>Declaration of Interest:</b> None	
	<p>3.2.1 The content of the report was summarised, and key areas highlighted.</p> <p>3.2.2 Members were advised that there is still potential to receive a further award regarding early diagnosis of cancer and the GP survey.</p> <p>3.2.3 It was noted that there is a gain share agreement in place with the Local Care Organisation (LCO) therefore any reward is split 50/50.</p> <p>3.2.4 Discussions took place regarding engaging with the LCO.</p> <p>3.2.5 The actual out turn is likely to be confirmed in October 2019, which is due to delays in actual data being available.</p> <p>3.2.6 <b>The Governing Body agreed to note the content of the report.</b></p>	

17/05/19/3.3	<b>Performance Report</b>	
	<b>Declaration of Interest:</b> None	
	<p>3.3.1 The content of the report was outlined.</p> <p>3.3.2 There are a number of challenges around performance which include the following.</p> <p>3.3.3 <b>Children's' A&amp;E attendance and non-elective</b> – there has been a significant increase in A&amp;E attendance for children which is being investigated as previous reporting showed attendance being on a downward slope.</p>	

	<p>3.3.4 <b>Emergency admissions</b> – attendance for those 65 and above has started to reduce which is a positive. It is difficult to pin point the reasons for this as there are collectively a number of transformation schemes which focussed on this.</p> <p>3.3.5 A query was raised regarding 52 week breeches. It was confirmed that there are currently 9 patients waiting over 52 weeks. Further investigation is taking place as this was raised during the Quarter 4 Assurance Meeting and an update will be included at the next meeting.</p> <p>3.3.6 Concerns were raised regarding patients waiting 41 weeks for an appointment with Improving Access to Psychological Therapies (IAPT) Thinking Ahead. Work is taking place to improve the position regarding secondary waits, which is also included within the contract.</p> <p>3.3.7 Following a question it was clarified that first contact is taking place quickly however patients are waiting much longer for their second appointment.</p> <p>3.3.8 Concerns were raised regarding the lack of patient choice available as there is only one provider. Assurance was provided to members that there is significant work taking place to address this which includes, training counsellors in GP practices, an additional 3 counsellors have been appointed and interviews are taking place for a further 4.</p> <p>3.3.9 It was also highlighted that the CCG work with MIND to deliver low level intervention. Further concerns were raised and it was suggested that the services available be publicised and that any comments be feedback to the Mental Health Commissioner.</p> <p>3.3.10 A question was raised relating to A&amp;E attendance and the difference between mapped and commissioned. It was agreed that further detail will be shared.</p> <p>3.3.11 Following a query regarding whether North West Ambulance (NWS) handovers are site based it was agreed that this will be clarified.</p> <p>3.3.12 Concerns were raised regarding 6 week delays in diagnostic scan reporting due to a change in scanning equipment and whether this impacts on 2 Week Wait (2WW) referrals. Members were assured that 2WW referrals following a separate pathway and are also picked up via Multi-Disciplinary Team (MDT) meetings.</p> <p>3.3.13 <b>The Governing Body agreed to note the content of the report and the update provided.</b></p>	<p>SC</p> <p>SC</p> <p>SC</p>
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17/05/19/3.4.1	<b>Corporate Risk Register</b>	
	<b>Declaration of Interest:</b> None	
	<p>3.4.1.1 The content of the report was summarised, and key elements highlighted.</p> <p>3.4.1.2 An update was provided regarding capacity issues within the</p>	



	<p>Integrated Commissioning Directorate and it was noted that a consultation will commence week commencing 20 May 2019 which will hopefully resolve the issues.</p> <p><b>3.4.1.3 The Governing Body agreed to note the content of the report.</b></p>	
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17/05/19/3.4.2	<b>Assurance Framework</b>	
	<b>Declaration of Interest: None</b>	
	<p>3.4.2.1 The content of the report was summarised, and key elements highlighted.</p> <p>3.4.2.2 An apology was noted as this is the same report that was presented to the Audit Committee on 23 April 2019.</p> <p>3.4.2.3 Work is taking place to ensure that detail regarding Primary Care is included within the next report.</p> <p>3.4.2.4 It was highlighted that the report references the Planned Care Theme being discussed at the next Finance Performance and Risk Group (FPR). As the May meeting was cancelled this will be included on the June agenda.</p> <p>3.4.2.5 Following a question it was confirmed that FPR is a sub group of the Integrated Commissioning Board (ICB) and members include the Elected Portfolio holder for finance at Rochdale Borough Council (RBC), Lay Member for Governance, Chief Finance Officer, Section 151 Officer, Joint Director of Integrated Commissioning, Accountable Officer and the Strategic Commissioning Programme Director.</p> <p><b>3.4.2.6 The Governing Body agreed to note the content of the report.</b></p>	

17/05/19/3.5.1	<b>Finance Update Report</b>	
	<b>Declaration of Interest: None</b>	
	<p>3.5.1.1 The content of the report was outlined, and the key areas summarised.</p> <p>3.5.1.2 It was highlighted that the Governing Body has delegated sign off of the accounts to the Audit Committee. The audited accounts will be reviewed at the next Audit Committee on Wednesday 22 May 2019. Following a review meeting with External Audit the only requested changes related to formatting.</p> <p>3.5.1.3 At the last Governing Body, it was reported that the opening budgets financial gap was £12.4 million. Following contract negotiations and budget realignment this is now £7.5 million, of which £6.5 million is pooled and £1 million is non-pooled.</p> <p>3.5.1.4 A number of areas are being considered to reduce the gap which include, an Integrated Elective Care Pathway (IECP) Review, Pain Management and Demand / Referral</p>	

	<p>Management.</p> <p>3.5.1.5 Line by line budget reviews have now taken place with service leads and any opportunities for savings will be discussed at the June Integrated Commissioning Board (ICB).</p> <p>3.5.1.6 It was noted that as a last resort there is also the option of non-recurrent drawdowns of the CCGs prior years surpluses of up to £4 million.</p> <p>3.5.1.7 There are also some potential quick wins regarding the Locality Asset Review in terms of better asset utilisation and avoiding unnecessary costs, which is currently being reviewed by the Estates Operational Group.</p> <p>3.5.1.8 Following a query, it was confirmed that the Locality Asset Review has been shared with Governing Body and Informal Cabinet previously and it was highlighted that within the review Nye Bevan House and Croft Shifa Health Centre are utilised 40% of the time. It was agreed that the Locality Asset Review be recirculated to members.</p> <p>3.5.1.9 Thanks were noted to the Chief Finance Officer and her team for the significant amount of work that has taken place.</p> <p>3.5.1.10 <b>The Governing Body agreed to note the content of the report and the update provided.</b></p>	SE
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17/05/19/3.6.1	<b>CCG Functions Report</b>	
	<b>Declaration of Interest:</b> None	
	<p>3.6.1.1 The content of the report was summarised.</p> <p>3.6.1.2 It was noted that from 1 April 2019 Information Governance (IG) has moved back in to CCG from the Greater Manchester Shared Service (GMSS) and is now within the IMT Team.</p> <p>3.6.1.3 HR and OD have moved from GMSS to an integrated service with Rochdale Borough Council (RBC). Mandatory training and transactional support will continue to remain with GMSS.</p> <p>3.6.1.4 A workshop has taken place regarding intelligence. It is proposed that the Intelligence Hub will form part of the wider commissioning consultation and will be in place from 1 July 2019. Work will take place to consider this change and how reporting is reflected.</p> <p>3.6.1.5 Patient services will form part of an integrated team with RBC from 1 July 2019</p> <p>3.6.1.6 The Continuing Health Care (CHC) Team will move from a joint team with Bury CCG to a single HMR team from 1 July 2019. Following this further work will take place to understand how the CHC Team will integrate with Health and Social Care.</p>	

	3.6.1.7 <b>The Governing Body agreed to note the content of the report.</b>	
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17/05/19/3.6.3	<b>Draft Annual Report including Annual Governance Statement</b>	
	<b>Declaration of Interest: None</b>	
	3.6.3.1 The content of the report was summarised.	
	3.6.3.2 It was noted that the report reflects the current position and is available for members to make any comments prior to final approval at the Audit Committee on 22 May 2019.	
	3.6.3.3 Thanks was noted for the significant amount of work that has taken place.	
	3.6.3.4 <b>The Governing Body agreed to note the content of the report.</b>	

<b>4 – GOVERNING BODY SUB-COMMITTEE REPORTS</b>
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17/05/19/4.1	<b>Clinical and Professional Advisory Panel (CPAP)</b> <i>(from 5 April 2019 and 3 May 2019 meetings)</i>	
	<b>Declaration of Interest: None</b>	
	4.1.1 The content of the report was summarised.	
	4.1.2 Discussions at the April meeting focussed on Lymphoedema and the Pain Service.	
	4.1.3 <b>Lymphoedema</b> – following discussions it was noted that there is no nurse for cancer patients with Lymphedema. A number of Individual Funding Requests (IFR) have been received and approved for circa £8k. Members felt that a proposal be submitted to the System Transformation Committee (STC) to approve funding for training and necessary equipment via Pennine Acute Hospitals Trust (PAHT). This was approved by STC.	
	4.1.4 <b>Pain workshop</b> – in depth discussions took place and issues raised by the Locality Engagement Group (LEG) members were feedback and taken on board.	
	4.1.5 The May meeting was a review of the last 6 months and a complete action log was reviewed and updated. Presentations were provided at the May LEG meetings outlining the discussions and progress to date.	
	4.1.6 <b>The Governing Body agreed to note the content of the report.</b>	

17/05/19/4.2	<b>Integrated Commissioning Board (ICB)</b> <i>(from 26 March 2019 and 16 April 2019 meetings)</i>	
	<b>Declaration of Interest: None</b>	
	4.2.1 The content of the report was summarised, and key areas	

	<p>highlighted.</p> <p>4.2.2 It was noted that future meetings will be publicised like the CCG Governing Body and Primary Care Commissioning Committee.</p> <p>4.2.3 <b>The Governing Body agreed to note the content of the report.</b></p>	
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17/05/19/4.3i	<b>Heywood and Middleton Locality Reports</b> <i>(from 12 March 2019 and 9 April 2019 meetings)</i>	<p>HC</p> <p>KP/IG</p>
	<b>Declaration of Interest:</b> None	
	4.3i.1 The content of the report was outlined.	
	4.3i.2 March discussions focussed on Core+ and LEG members confirmed that they felt valued and that their comments were considered.	
	4.3i.3 April discussions related to an Oral Health project in Care Homes, and a significant amount of discussions took place regarding the Primary Care Networks.	
	4.3i.4 A query was raised regarding the Family Action Group. It was confirmed that this was a Middleton pilot and that confirmation will be provided whether this is scheduled to be discussed at a Rochdale LEG.	
4.3i.5 A meeting is to be arranged for the CCG to work with the Family Action Group and the Healthy Gems course work.		
4.3i.5 <b>The Governing Body agreed to note the content of the report and the verbal update provided.</b>		

17/05/19/4.3ii	<b>Rochdale Locality Reports</b> <i>(from 12 March 2019 and 9 April 2019 meetings)</i>	
	<b>Declaration of Interest:</b> None	
	<p>4.3ii.1 Members were advised that discussions were very similar to those at the Heywood and Middleton LEG and included Core+ and the Primary Care Networks.</p> <p>4.3ii.2 <b>The Governing Body agreed to note the content of the report and the update provided.</b></p>	

17/05/19/4.4	<b>Audit Committee</b> <i>(from 23 April 2019 meeting)</i>	
	<b>Declaration of Interest:</b> None	
	<p>4.4.1 Members were asked for any comments or questions. No further discussions took place.</p> <p>4.4.2 <b>The Governing Body agreed to note the content of the report.</b></p>	

17/05/19/4.5	<b>System Transformation Committee (STC)</b> <i>(from 3 May 2019 meeting)</i>	
	<b>Declaration of Interest:</b> None	
	<p>4.5.1 The content of the report was summarised.</p> <p>4.5.2 A paper was received regarding access to anticipatory drugs for End of Life patients.</p> <p>4.5.3 Detailed discussions took place and it was suggested that these drugs be provided via Springhill Hospice. Confirmation has been received that legally the Hospice are unable to issue these.</p> <p>4.5.4 A revised proposal has been shared with members and will be approved via Chairs Action.</p> <p>4.5.5 <b>The Governing Body agreed to note the content of the report.</b></p>	
17/05/19/4.6	<b>Quality and Safeguarding Committee</b> <i>(from 12 April 2019 meeting)</i>	
	<b>Declaration of Interest:</b> None	
	<p>4.6.1 Members were asked for any comments or questions. No further discussions took place.</p> <p>4.6.2 <b>The Governing Body agreed to note the content of the report.</b></p>	
17/05/19/4.7	<b>Primary Care Commissioning Committee (PCCC)</b> <i>(from 10 May 2019 meeting)</i>	
	<b>Declaration of Interest:</b> None	
	<p>4.7.1 A verbal update was provided.</p> <p>4.7.2 It was highlighted that the discussions related to:</p> <ul style="list-style-type: none"> <li>• Primary Care Networks</li> <li>• Core+ 2018/19</li> <li>• Primary Care Academy performance 2018/19</li> <li>• 2019/20 indicators for Core+ and the Primary Care Academy</li> </ul> <p>4.7.3 An Extraordinary Part 1 PCCC meeting will take place today following Governing Body to discuss the Primary Care Networks and themes from Core+ 2018/19.</p> <p>4.7.4 <b>The Governing Body agreed to note the verbal update provided.</b></p>	
17/05/19/4.8	<b>Patient and Public Engagement Committee</b> <i>(from 1 April 2019 meeting)</i>	
	<b>Declaration of Interest:</b> None	

	<p>4.8.1 The content of the report was summarised, and it was noted that the meeting is working well and work continues to take place to ensure the membership represents the diverse population of the Borough.</p> <p>4.8.2 <b>The Governing Body agreed to note the verbal update provided.</b></p>	
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<b>5 – ANY OTHER URGENT BUSINESS</b>
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<b>17/05/19/5.1</b>	<b>AOB</b>	
	<b>Declaration of Interest:</b> None	
	5.1.1 No discussions took place.	

<b>6 – REPORTS PROVIDED FOR INFORMATION ONLY</b>
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<b>17/05/19/6.1</b>	<b>Children and Young People’s Partnership (CYPP)</b> <i>(from 7 January 2019 and 28 March 2019 meetings)</i>	
	6.1.1 Members were asked for any comments or questions on the report.	
	6.1.2 No further discussions took place.	
	6.1.3 <b>The Governing Body agreed to note the content of the report.</b>	

<b>17/05/19/6.2</b>	<b>Primary Care Commissioning Committee Ratified Minutes</b> <i>(from 8 February 2019 meeting)</i>	
	6.2.1 Members were asked for any comments or questions on the report.	
	6.2.2 No further discussions took place.	
	6.2.3 <b>The Governing Body agreed to note the content of the report.</b>	

<b>17/05/19/6.3i</b>	<b>GM Effective Use of Resource (EUR) Policy – Arthroscopic sub-acromial decompression for should impingement (new)</b>	
	6.3i.1 Members were asked for any comments or questions on the report.	
	6.3i..2 No further discussions took place.	
	6.3i.3 <b>The Governing Body agreed to note the content of the report.</b>	

<b>17/05/19/6.3ii</b>	<b>GM Effective Use of Resource (EUR) Policy – Low Back Pain (revised)</b>	
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	<p>6.3ii.1 Members were asked for any comments or questions on the report.</p> <p>6.3ii.2 No further discussions took place.</p> <p>6.3ii.3 <b>The Governing Body agreed to note the content of the report.</b></p>	
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17/05/19/6.3iii	<b>GM Effective Use of Resource (EUR) Policy – Facet Joint Injections (revised)</b>	
	<p>6.3iii.1 Members were asked for any comments or questions on the report.</p> <p>6.3iii.2 No further discussions took place.</p> <p>6.3iii.3 <b>The Governing Body agreed to note the content of the report.</b></p>	

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

<b>DATE AND TIME OF NEXT MEETING</b>
<p>Friday 19 July 2019 10:30 – 12:30 Number One Riverside</p>