

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

**FORMAL – Part 1**

<b>Date and time of Meeting:</b>	Friday 15 November 2019 10:35 – 12:30
<b>Venue:</b>	Training and Conference Suite, Number One Riverside

<b>Present:</b>	Mrs Denise Dawson	Lay Member for Patient and Public Engagement ( <i>Non-Clinical 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
	Mr Steve Rumbelow	Accountable Officer ( <i>from 13:10 for agenda item 3.2 onwards</i> )
	Dr Imran Ghafoor	Clinical Locality Lead -Heywood and Middleton
	Mrs Kuiama Thompson	Consultant in Public Health (on behalf of Andrea Fallon)
	Mrs Joanne Newton	Lay Member for Governance
	Mrs Alison Kelly	Head of Quality & Safeguarding and Deputy Executive Nurse
	Mrs Karen Hurley Dr Aggy York	Director of Operations and Executive Nurse Clinical Board Member and Clinical Locality Lead – Rochdale
Dr Sonal Sharma Cllr Sara Rowbotham	Clinical Board Member Portfolio Holder for Health & Wellbeing Rochdale Borough Council ( <i>for agenda items 1.1 to 2.3 only</i> )	
Ms. Helen Chapman	Corporate Affairs Manager and Governance Manager	
<b>In Attendance:</b>	Mrs Sarah Kershaw	Minutes
	Mrs Pam Dickinson	Communications & Engagement Manager
<b>Apologies:</b>	Dr Vijay Tandle	Secondary Care Clinician
	Dr Chris Duffy	Clinical Chair
	Mrs Sally McIvor	Director of Commissioning & Director of Adult Social Services (DASS)
	Mrs Andrea Fallon	Director of Public Health
	Ms Kate Jones	CEO, Healthwatch Rochdale

<b>Minutes ratified on:</b>	Friday 17 January 2020
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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.	
	Questions submitted in advance by TE on behalf of Better Health 4 Middleton (BH4M) are detailed below:	
	<b><i>Thank you for the follow up to the question about pharmacies.</i></b>	

***I have shown it to the pharmacy and he agrees with some of the comments.***

***However, my questions were aimed at my concerns that these changes will have an impact on GP services. I can see from the response that the CCG is aware.***

Pharmacies are commissioned by NHS England, the response was collated and shared from the last meeting (20/09/2019)

No further update required.

***The needle disposal question in relation to Middleton has not been answered, please can you provide an update?***

Responses to questions relating to needle disposal have been provided previously on 16 March 2018, 20 July 2018, 21 September 2018 and 16 November 2018.

As previously updated. Needle disposal falls under the portfolio of Public Health, Rochdale Borough Council therefore the question to CCG has been closed.

It was reiterated that the CCG cannot dictate if a practice collects sharps.

The current service based at Alkington Health Centre will continue for this financial year and a meeting is planned in January 2020 to discuss the service provision from April 2020 onwards. The CCG can ask the LA colleague working on this to contact you, if permission is given to share contact details. Permission was granted, and contact details will be shared.

***In the public area, hearing what is being said isn't easy. Most of the attendees talk towards the chair and therefore, as we are behind them, it can be difficult to hear what is being said. One or two, especially near to the chair can be heard as they speak up.***

Governing Body members were reminded to use the microphones when speaking to address this comment.

***To be more environmentally friendly by not printing off shed loads of paper versions on items on the agenda, when will the CCG use the two large screens in the training room? We have all this lovely technology which is not being taken full advantage of, both sound & vision.***

To use the screens would require an additional member of staff being taken out of the office, to scroll through the papers keeping them in line with the discussion. Members present would not be able to do this in addition to actively participating in the meeting.

The CCG will consider this and look at the feasibility of different approaches.

***Rochdale is supposed to be user friendly for Older People. Can the CCG give me any examples of this?***

This is a GM wide commitment and Rochdale Borough Council has

an Older People's Champion – Councillor Pat Dale.

The CCG currently supports and facilitates the User Carer Forum and also Rochdale Senior Citizens forum.

An event is currently being planned to bring older people across the borough together. This will be publicised in due course and details shared with Better Health4Middleton

Two local older people are members of the Greater Manchester Older People's Network as is the CCG Engagement Lead. This ensures that initiatives and discussions at GM level can be fed back to older people in the borough.

***I have been doing some research this week ever since questions were raised again about PPGs at Middleton surgeries. I've not completed the survey yet, but what I see raised questions about how committed Surgeries are to having these PPGs? At a previous BH4M meeting a GP did say that PPGs frighten him. I couldn't believe my ears. Looking at the information on each surgeries website raises some questions. If this is the situation online, I hate to think what the situation is for all the people who are not online. How are people to know what services are available if you don't tell us? If the PPGs were working more effectively, perhaps these issues would be dealt with. But if surgeries are going to "Dodge the bullet" then many issues will remain. The attitude of GPs, Practice Managers and some staff needs to change. Sometimes it feels like we're trying to communicate with MPs who are in the Westminster bubble.***

A question was previously raised in relation to Patient Participation Groups (PPG's) on 15 May 2018 and 20 July 2018 when 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 Locality Engagement groups of practices. The Rochdale group is still meeting but this is not the case in Heywood and Middleton.*

The CCG has shared best practice and will again encourage this at the Locality Engagement Group meeting and explore what support can be offered

The comment about GP who was frightened, the CCG would hope this was a light-hearted response and was very surprising. This will be shared with the Primary Care Team to look at how we communicate alternatively with Practices.

Concludes public questions

## 1 - GOVERNANCE

	<b>Apologies</b>	
	Apologies as noted above.	
15/11/19/1.1	<p><b>Committee Business</b></p> <p>1.1.1 Members noted Dr Duffy's apologies for the meeting and Mrs Denise Dawson as Chair in his absence.</p> <p>1.1.2 Continued good wishes were noted to both Dr Duffy and Dr Tandle</p> <p>1.1.3 An update was provided in relation to the GM Quarter 2 Assurance meeting that had taken place on the 14th November. This is a system assurance meeting with representation from LA, PAHT, PCFT, LCO and the CCG.</p> <p>1.1.4 Within the meeting Greater Manchester Health and Social Care Partnership (GMHSCP) commended the locality for the detailed responses provide to the KLOEs, which support the meeting and as a consequence of the submission, it was not necessary for colleagues to attend the meeting to ask any further questions in relation to Medicines Optimisation, and Quality was also commended.</p> <p>1.1.5 Feedback received was positive and thanks were noted to all colleagues that had contributed to both the submission and the assurance meeting. It was agreed that the final KLOE submission will be shared with those colleagues and Governing Body members.</p> <p>1.1.6 It has been announced that Jon Rouse, Chief Officer of Greater Manchester Health and Social Care Partnership, will be leaving in the early part of 2020, to take up a new role as City Director and Head of Paid Service at Stoke-on-Trent City Council.</p> <p>1.1.7 Members were reminded that the annual completion of the Conflicts of Interest training was due for completion. This consists of 3 modules for Governing Body members to complete. A submission on compliances is required for NHSE in December.</p> <p>1.1.8 <b>The Governing Body agreed to note the verbal update provided.</b></p>	HC
15/11/19/1.2	<p><b>Declarations and Register of Interests</b></p> <p>1.2.1 Members were reminded of their obligation to declare any interest they may have which might conflict with the business of Heywood, Middleton and Rochdale Clinical Commissioning Group.</p>	

	<p>1.2.2 Declarations declared by members are listed in the CCG's Register of Interests. The Register is available either via the Corporate Affairs and Governance Manager or the CCG website at the following link: <a href="#">Declarations of Interest Register</a></p> <p>1.2.3 The Chair requested any declarations of interests relating to today's agenda.</p> <p>1.2.4 None were received.</p> <p>1.2.5 <b>The Governing Body agreed to note that no declarations of interest were received.</b></p>	
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15/11/19/1.3	<b>Minutes of the CCG Governing Body Meeting held on 20 September 2019</b>	
	1.3.1 The minutes of the meeting on Friday 20 September 2019 were agreed as a true and accurate record.	

15/11/19/1.4	<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 the following Chairs actions have taken place since the last meeting:</p> <ul style="list-style-type: none"> <li>• Audit Terms of Reference for ratification – following the September Governing Body meeting members agreed the proposed amendments should be made and approved via chairs actions.</li> </ul> <p>1.4.3 <b>The Governing Body agreed to note the use of Chair's Actions.</b></p>	

15/11/19/1.5	<b>Chair's Report</b>	
	<b>Declaration of Interest: None</b>	
	1.5.1 Item deferred	

<b>2 - ITEMS FOR DECISION</b>
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15/11/19/2.1	<b>Remuneration Committee Terms of reference for Ratification</b>	
	<b>Declaration of Interest: None</b>	
	<p>2.1.1 The Remuneration Committee Terms of reference were shared, and members advised that any changes had been highlighted for ease of use.</p> <p>2.1.2 Members were asked for comment and approval, all agreed.</p> <p>2.1.3 <b>The Governing Body approved the Remuneration Committee Terms of Reference.</b></p>	

15/11/19/2.2	<b>Constitution – Approval for submission</b>	SE/HC
	<b>Declaration of Interest:</b> None	
	2.2.1 A copy of the CCG Constitution was shared for comment and approval. This will replace the existing version in line with the changes within the CCG since it was established in 2013.	
	2.2.2 A Governance handbook to support the Constitution is also being collated. This will include all previously ratified Terms of Reference of the committees in place and other ratified documentation to support Chairs of meetings and meeting etiquette.	
	2.2.3 The Scheme of Reservation and Delegation (SoRD) Standing Financial Instructions (SFI) and Standing Orders have been delegated to Audit Committee in line with governance.	
	2.2.4 Once approved by Governing Body the Constitution will be submitted to NHSE and following confirmation of their approval, published on the CCG website.	
	2.2.5 Members were asked for questions or comments. A request was made to ensure that it was clear the SoRD delegated to ICB, only applied to the pooled budget.	
2.2.6 <b>The Governing Body approved the submission of Constitution with the amendment noted to the SoRD above.</b>		

15/11/19/2.3	<b>Governing Body Terms of Reference</b>	
	<b>Declaration of Interest:</b> None	
	2.3.1 Following the proposal to change the format of the Governing Body meetings from January 2020 a revised version of the Terms of Reference was shared with members for approval.	
	2.3.2 From January 2020 it was suggested that Part 1 (with Public in attendance) would take place from 09:30 – 10:30 and Part 2 (confidential meeting) would take place from 10:45 – 12:45 to allow members to discuss any issues raised in the public forum and for more formal discussion to take place.	
	2.3.3 It had been agreed that the membership for the part 2 meeting would also require review and that a decision log would be considered.	
	<i>11.06 Councillor Sara Rowbotham left the meeting.</i>	
	2.3.4 It was agreed the proposed changes to the meeting demonstrated the CCG journey and embraced its current position.	
2.3.5 It was highlighted that since sharing the Terms of Reference, the Treatment Advisory Group Governance reporting had		

	<p>changed and that this would now be presented at the Clinical and Professional Advisory Panel (CPAP) meeting for information as TAG has delegated authority from Governing Body to approve the Individual Funding Requests (IFRs). CPAP would act as a discussion platform to highlight any trends and gaps in commissioning pathways.</p> <p>2.3.6 Members thanked the Corporate Affairs Manager and Governance Lead for the amendments to the Terms of Reference.</p> <p>2.3.7 <b>The Governing Body agreed the terms of reference would be approved via chairs actions to include the amendment to TAG governance reporting and following a review of the membership to Part 2 of the meeting.</b></p>	
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### 3 - ITEMS FOR DISCUSSION

15/11/19/3.1	<b>Quality and Safeguarding Report</b>	
	<b>Declaration of Interest: None</b>	
	<p>3.1.1 The report was shared for information and members were asked for comments and questions.</p> <p>3.1.2 A question was raised regarding how the 4 priorities had been identified. It was confirmed the priorities are directed by GM and were based on national and local evidence of need.</p> <p>3.1.3 It was noted that at the GM Quarter 2 Assurance meeting that took place on the 14<sup>th</sup> November, HMR was commended on the LeDeR reviews taking place in the borough and HMR had been invited by GM to share good practice.</p> <p><i>13:10hrs Steve Rumbelow joined the meeting</i></p> <p>3.1.1.3 <b>The Governing Body agreed to note the content of the report.</b></p>	

15/11/19/3.2	<b>Quality Premium Report</b>	
	<b>Declaration of Interest: None</b>	
	3.2.1 Item deferred	

15/11/19/3.3	<b>Performance Report</b>	
	<b>Declaration of Interest: None</b>	
	<p>3.3.1 The paper has been developed based on reporting by exception which is expanded in the executive summary highlighting any successes.</p> <p>3.3.2 The content of the report was summarised, and key elements highlighted.</p> <p>3.3.3 A&amp;E attendance remains high which is reflected though the 4-hour target. Rochdale Infirmary is achieving target and work is</p>	

	<p>ongoing to improve the data for the other sites, repatriation should improve those figures.</p> <p>3.3.4 The Primary Care Multi-Disciplinary Team is looking at children's admissions to get a better understanding of the high levels of activity.</p> <p>3.3.5 The Musculoskeletal (MSK) triage process should start to influence the admission activity. Ophthalmology issues are a priority for PAHT and across GM.</p> <p>3.3.6 HMR has failed the Cancer 2 week wait target relating to gynaecology. This is due to an increase in referrals and consultant capacity. The CCG have now recruited to the Cancer Commissioning Manager position which will allow the CCG to work closer with provider and drive improvement. HMR has been commended by GM for the management of breaches.</p> <p>3.3.7 NWAS handover reporting is based over all the Pennine Acute Hospital sites. Improvement at Fairfield General Hospital and North Manchester General Hospital has been noted, which is now looking to be replicated at Oldham Royal Hospital.</p> <p>3.3.8 Improving Access to Psychological Therapy's (IAPT) recovery target was missed due to an issue with coding. Work is ongoing to improve coding overall.</p> <p>3.3.9 Several diagnostic breaches have been reported in August, however locums are now in place which should address this.</p> <p>3.3.10 Outpatients are below plan and this has been affected by data quality issues and a review of submissions is ongoing.</p> <p>3.3.11 Most sites have seen increases in non-elective admissions. Meetings are underway to understand the growth in activity and the strategy for Urgent Care is currently being finalised.</p> <p>3.3.12 Members were asked for comments or questions.</p> <p>3.3.13 A question was raised; are HMR assured that if all the actions outlined in the report are completed will all the targets be met? Furthermore, if the targets highlighted are real concerns should they be included in the risk register?</p> <p>3.3.14 Members were advised that HMR does not expect to meet the cancer 36 week wait target, and that GM are now supporting the performance elements for this.</p> <p>3.3.15 The diagnostics target may also prove difficult to achieve as clinics have been cancelled due to capacity issues.</p> <p>3.3.16 Discussions took place regarding the use of dermatoscopes in Primary Care and the training that each practice has undertaken to support this which should increase deflections and improve the quality of referrals.</p> <p>3.3.17 The Clinical Lead for Rochdale has recently been involved in the Decide project in collaboration with Manchester University</p>	
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	<p>aiming to improve GPs confidence in diagnostics by producing a model of training.</p> <p>3.3.18 It was confirmed the risk register will be updated to include all the risks identified in the report.</p> <p>3.3.19 Members complimented the Business Intelligence team for the report provided and agreed this was much more user friendly and continued improvement was welcomed.</p> <p>3.3.20 <b>The Governing Body agreed to note the content of the report.</b></p>	KT
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15/11/19/3.4	<b>Corporate Risk Register and Assurance Framework</b>	KH
	<b>Declaration of Interest:</b> None	
	<p>3.4.1 The content of the report was summarised, and key elements highlighted. Members were asked for comments and questions.</p> <p>3.4.2 A request was made to include Primary Care risks that had previously been shared at the Audit Meeting to be added to the register.</p> <p>3.4.3 It was confirmed the information from Primary Care will be included in future reporting and had not filtered through on this occasion due to timing. The information will be circulated to members separately.</p> <p>3.4.4 A request was made to include the detail included in the workforce email with this information.</p> <p><i>11:28 Kuiama Thompson left the meeting</i></p> <p>3.4.5 <b>The Governing Body agreed to note the content of the report.</b></p>	

15/11/19/3.5	<b>Finance Update Report</b>	
	<b>Declaration of Interest:</b> None	
	<p>3.5.1 The report provided an update on the financial position; and the pressures facing the CCG for 2019/20 were highlighted.</p> <p>3.5.2 It was noted that acute services are still forecast to overspend due to non-elective activity, mainly in respiratory and in general medicine. This is expected to continue over winter.</p> <p>3.5.3 Discussions are ongoing with PAHT in relation to a block contract for this financial year. HMR is hoping to secure an agreement within the next few weeks.</p> <p>3.5.4 Salford Royal Foundation Trust is currently underperforming, however as this is the major trauma centre for Manchester the level of performance can quickly change, therefore HMR have forecast for this to break even.</p>	

	<p>3.5.5 Manchester University Foundation Trust is also under performing at £266k.</p> <p>3.5.6 PAHT subcontract the Elective care services which are under performing which has resulted in a 15% increase on waiting lists. Consultant posts have now been recruited to and regular updates have been requested.</p> <p>3.5.7 Mental Health is forecast to overspend. A piece of work is ongoing to review the commissioning of beds on a rolling basis.</p> <p>3.5.8 Prescribing costs are a major concern. Negotiations are ongoing with the Department of Health regarding Category M drugs which has so far created a pressure of £755k. there are concerns that the data available is 14 days in arrears, so this cost could be even higher. The CCG have a reserve of £800k which will now be used to offset this</p> <p>3.5.9 HMR expect to make savings in Neuro Rehabilitation. One patient has been discharged from an expensive private Neuro Rehabilitation placement and will now be cared for by the Community Neuro Rehab Team.</p> <p>3.5.10 Running costs for the CCG are forecast as an underspend due to vacant posts currently being carried and additional savings. The finance team will continue to work closely with the relevant budget holders for the remainder of this financial year to identify further savings</p> <p>3.5.11 Savings programmes and the pooled fund gap are currently under discussion. A further report will be presented at next meeting.</p> <p>3.5.12 Members were asked for comments and questions, none were received.</p> <p>3.5.13 <b>The Governing Body agreed to note the content of the report and the update provided.</b></p>	
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#### 4 – GOVERNING BODY SUB-COMMITTEE REPORTS

15/11/19/4.1	<b>Clinical and Professional Advisory Panel (CPAP)</b> <i>(from 6 September 2019 and 4<sup>th</sup> October 2019 meeting)</i>	
	<b>Declaration of Interest:</b> None	
	4.1.1 The content of the report was summarised, and key elements highlighted.	
	4.1.2 Lots of positive feedback has been received from clinical engagement sessions in relation to the work taking place in mapping services and creating single points of access. The workshop style meeting is working well and linking with the Locality Engagement Groups.	
	4.1.3 The Clinical Locality Lead for Heywood and Middleton was congratulated for their involvement in the new iThrive model.	

	<p>4.1.4 An update was provided regarding the Primary and Secondary Care Interface Group (of which the Clinical Locality Lead for Rochdale is vice chair) the group is now fully established and useful discussions around collaborative working are taking place.</p> <p>4.1.5 <b>The Governing Body agreed to note the content of the report.</b></p>	
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<b>15/11/19/4.2</b>	<b>Integrated Commissioning Board (ICB)</b> <i>(from 29 October 2019 meetings)</i>	
	<b>Declaration of Interest:</b> None	
	<p>4.2.1 The content of the report was outlined. Members were asked for comments or questions. None were received</p> <p>4.2.2 <b>The Governing Body agreed to note the content of the report.</b></p>	

<b>15/11/19/4.3i</b>	<b>Heywood and Middleton Locality Report</b> <i>(from 10 September 2019 meeting)</i>	
	<b>Declaration of Interest:</b> None	
	<p>4.3i.1 The content of the report was summarised, and key elements highlighted.</p> <p>4.3i.2 Attendance for the September meeting was low, however presentations provided regarding Patient Participation Groups, and the MSK Pathway were positively received.</p> <p>4.3i.3 The October CPAP focus on diagnostics was discussed. Options and possible solutions regarding home Phlebotomy services including the Primary Care Networks working towards a borough wide arrangement.</p>	
	4.3i.4 <b>The Governing Body agreed to note the content of the report provided.</b>	

<b>15/11/19/4.3ii</b>	<b>Rochdale Locality Report</b> <i>(from 10 September 2019 meeting)</i>	
	<b>Declaration of Interest:</b> None	
	<p>4.3ii.1 The content of the report was summarised, and key elements highlighted.</p> <p>4.3ii.2 Diagnostics was a hot topic for discussion at the meeting, particularly the number of practice HCA appointments used to take bloods for Secondary care and the amount of GP time taken, receiving results for tests they had not requested.</p> <p>4.3ii.3 Discussions took place regarding re-educating consultants via Urgent Care and Planned Care reviews and the possibility of one central community network.</p>	
	4.3ii.2 <b>The Governing Body agreed to note the content of the report and the update provided.</b>	

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<b>15/11/19/4.4</b>	<b>Audit Committee</b> <i>(from 4 November 2019 meeting)</i>	
	<b>Declaration of Interest:</b> None	
	4.4.1	The content of the report was summarised, and key elements highlighted
	4.4.2	A private session with Auditors and CCG Lay members took place before the November Audit Committee meeting to raise any issues. It was reported the comments received from the Auditors was complimentary and the only issue raised was concerns over capacity at senior level.
	4.4.3	The External Audit Report was highlighted in relation to CCG compliance with the Mental Health Standard. The outcome of the review was satisfactory, with the exception of the use of programme budgeting figures rather than actual prescribing figures for 2017/18 and 2018/19. Even with adjustments for the above issue the CCG was reported to have met all requirements.
	4.4.4	The interpretation of NHSE guidance was highlighted, and It was reported that there have been national issues around this work which are being followed up with NHSE.
	4.4.5	Internal audit reported that they were behind plan however they are confident to deliver by the end of the financial year. No significant issues were highlighted with audits in progress.
	4.4.6	It was noted that good progress had been made in implementing previous audit recommendations
4.4.7	<b>The Governing Body agreed to note the content of the report.</b>	

<b>15/11/19/4.5</b>	<b>Quality and Safeguarding Committee</b> <i>(from 18 October 2019 meeting)</i>	
	<b>Declaration of Interest:</b> None	
	4.5.1	A report was provided for information and members were asked for any comments or questions.
	4.5.2	No further discussions took place.
4.5.3	<b>The Governing Body agreed to note the content of the report.</b>	

<b>15/11/19/4.6</b>	<b>Public and Patient Engagement Committee (PPEC)</b> <i>(from 7 October 2019)</i>	
	<b>Declaration of Interest:</b> None	
	4.6.1	A report was provided for information and members were asked for any comments or questions
4.6.2	Discussions took place regarding the agenda and minutes	

	<p>templates as a decision section is currently included. PPEC is not a decision-making committee therefore it was suggested this section change to “Approval / Recommendation to GB” and those items to be progressed through a task and finish group.</p> <p>4.6.3 It was noted the Chair is pleased with the progress of the group and how this is moving forward.</p> <p><b>4.6.2 The Governing Body agreed to note the content of the report provided.</b></p>	
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15/11/19/4.7	<b>Primary Care Commissioning Committee (PCCC)</b>	
	<b>Declaration of Interest:</b> None	
	<p>4.7.1 A verbal update was provided, and key points highlighted.</p> <p>4.7.2 Following the Extraordinary meeting held on the 17<sup>th</sup> May members agreed that the Primary Care Networks (PCN) proposal would be agreed via chairs actions. A paper was shared on the 25<sup>th</sup> May and the PCN network configuration was approved.</p> <p>4.7.3 A boundary reduction application had been received from Wellfield Surgery. Following detailed discussion, a reduction to the boundary to remove outlying areas (Shaw/ Royton and Whitworth) was approved by PCCC. The Committee agreed that further time was required to assess the impact of the Primary Care networks and the Care Homes pilot was required before they could consider the application further.</p> <p>4.7.4 It was agreed that a mapping exercise would be undertaken by the Primary Care Team for a fuller understanding of all practice boundaries and allow them to make a more informed decision.</p> <p>4.7.5 It was also agreed that a review of home visits was required including Care Home visits in line with the mapping exercise and that a local policy should be produced.</p> <p>4.7.6 An update had been provided on key points from the Primary Care sub-committee meetings that had taken place which included approval for non-recurrent funding to support the HART scheme, finalisation of Core + 19/20 prescribing indicators.</p> <p>4.7.7 Following discussions regarding HMR’s current position and the Primary Care work programme for 2020/21 the Committee also agreed to merge the two-primary care sub-committees into one Primary Care Assurance and Transformation committee which will commence in January 2020 and take place bi-monthly.</p> <p>4.7.8 As a result of the new governance reporting, IM&amp;T will now report to PCCC. PCCC terms of reference will be amended to reflect those changes and will be approved via chairs actions.</p> <p><b>4.7.2 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>15/11/19/5.1</b>	<b>Any other Business (AOB)</b>	
	<b>Declaration of Interest: None</b>	
	5.1.1 None	

<b>6 – REPORTS PROVIDED FOR INFORMATION ONLY</b>
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<b>15/11/19/6.1</b>	<b>Public and Patient Engagement Committee (PPEC) (from 1 July meeting)</b>	
	6.1.1 Members were asked for any comments or questions on the report. No further discussions took place.	
	6.1.2 <b>The Governing Body agreed to note the content of the report.</b>	

<b>15/11/19/6.2</b>	<b>Health Economy Resilience Group (HERG) (from 24 June meeting)</b>	
	6.2.1 Members were asked for any comments or questions on the report. No further discussions took place.	
	6.2.2 <b>The Governing Body agreed to note the content of the report.</b>	

<b>15/11/19/6.3</b>	<b>Public and Patient Engagement Committee (PPEC) (from 10 May and 17 May meetings)</b>	
	6.3.1 Members were asked for any comments or questions on the report. No further discussions took place.	
	6.3.2 <b>The Governing Body agreed to note the content of the report.</b>	

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

<b>DATE AND TIME OF NEXT MEETING</b>
Friday 17 January 2020 9.30 – 10.30 am Number One Riverside