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		 Dr Kiran Patel, Chair

Governing Body

MINUTES OF MEETING

Wednesday 23 November 2016

Chair – Dr Kiran Patel

ATTENDANCE

Dr Kiran Patel, Chair and Clinical Lead
Mr Stuart North, Chief Officer
Mr Mike Woodhead, Interim Chief Finance Officer
Dr Jeffery Schryer, Clinical Director
Mrs Catherine Jackson, Executive Board Nurse
Mr Howard Hughes, Clinical Director
Dr Wissam El-Jouzi, North Sector Lead
Mr C Wild, Lay Member
Ms Fiona Boyd, Lay Nurse
Dr Victoria Moyle, Clinical Director
Ms Margaret O'Dwyer, Director of Commissioning/Deputy Chief Officer
Mr David McCann, Lay Member
Mrs Lesley Jones, Director of Public Health
Mr Peter Bury, Lay Member

Others in Attendance:

CCG Staff:

Mr Danny Lansley, Governance Manager
Mrs Maxine Lomax, Head of Safeguarding (Deputy for Dr Cathy Fines),
Mrs Jackie Chrystan, PA to Chair and Chief Officer
Mrs Alison Mitchell, Head of Communications
Mrs Helen Marshall, Corporate Secretary (observing)
Mr Paul Horrocks, Communications Consultant to the Governing Body

Members of the Public

Mrs Barbara Barlow, Healthwatch
Margaret Collar, Member of the Public
Saiqa Choudry, Bury Times Reporter

Apologies:

Dr Cathy Fines, Clinical Lead
Mr A Chandock, Secondary Care Consultant to the Governing Body
Dr Fazel Butt, East Sector Lead
Dr Ajay Kotegaonkar, West Sector lead

MEETING NARRATIVE & OUTCOMES

1	Welcome and Introductions
1.1	The Chair welcomed all to the meeting and introductions were made.
	Apologies for Absence
1.2	Apologies for absence were received from those detailed above.
2	Declaration of Interests
2.1	The Governing Body noted the Register of Interests in respect of the members of the Governing Body and the associated business of the meeting; and ensured appropriate action would be taken as necessary in respect of any conflicts declared.
3	Minutes of the previous meeting held on 28th September 2016 and Matters Arising
3.1	The minutes of the last meeting were approved as an accurate record of the meeting.
4	Review of action log
4.1	The action log was reviewed and updated.
5	Chairs Update
5.1	Dr Patel welcomed two new members of the Governing Body. Mr Peter Bury, Lay member for Quality and Mrs Fiona Boyd, Lay Nurse.
6	Chief Officer's Update
6.1	Engagement Process Urgent Care Redesign Mr North informed members that the engagement process ended at the end October. The CCG received over a 1000 responses. During November and early December, the data will be analysed and a report will be shared with the Governing Body in December. The report will include make a number of recommendations for the Governing Body's consideration.
6.2	Pennine Acute Hospital Trust (PAHT) Improvement Plan The Improvement Plan as a result of the Care Quality Commission (CQC) report has been shared with Commissioners. Mr North reported that one significant challenge is staffing levels. This is a concern and the CCG continue to support the Trust moving forward. The single biggest concern around performance is the Urgent Care System and the A&E Performance, which is a challenge nationally. It is also a reflection on the level of support there is being able to access primary care and safe discharge of patients. Mr North will keep members appraised. <i>Member of the Public entered the room</i>

	Governance Arrangements
6.3	The ratification process has been progressed in accordance with the CCG Scheme of Reservation and Delegation. Correspondence was issued to each practice requesting they consider each of the Terms of Reference presented and indicate whether they accepted or objected accordingly. Practices were also advised that a nil response would assume that the practice had no objections to the Terms of Reference being ratified and implemented. Responses were received from 10 practices, with only one practice feeling they couldn't support the ratification as they had not had sufficient time to review all the paperwork.
6.4	Mrs O'Dwyer highlighted the work carried out by Mrs Featherstone over the last 9 months to complete this review of the CCG Governance arrangements. The only item outstanding is a review of the Constitution.
	Emergency Preparedness, Resilience and Response (EPPR)
6.5	Mr North informed the Governing Body that this week he signed the Emergency Preparedness, Resilience and Response (EPPR) Core Standards and subsequently they were submitted to the Greater Manchester Health Local Health Resilience Partnership. A self-assessment has been undertaken which outlines the CCG is fully compliant against the 30 requirements applicable to CCGs, which maintains the position reported for 2015-16. Mr North has also sighted the returns from both Pennine Care NHS Foundation Trust and Pennine Acute Hospital Trust and is assured on their respective self-assessment.

7	Public Questions
7.1	No questions were raised.

8	Planning 2017/19
8.1	Ms O'Dwyer shared a presentation outlining the Operational Planning 'Must dos' 2017/19. The presentation contained the actions that the CCG is taking to achieve the Priorities 3-9.
8.2	The priorities included: <ul style="list-style-type: none"> • Primary Care • A&E Standards and Ambulance Waits • Referral to Treatment (RTT) and Elective Care • Cancer • Mental Health • Learning Disabilities • Improving Quality in Organisations
8.3	There are a number of clinical workstreams in place to support the 'must dos'. Progress on these areas will be reported on a quarterly basis to the Governing Body.
8.4	Primary Care In terms of the first indicator, Primary Care, a clinical workstream is in place. There is a level of confidence the CCG can meet the trajectory/standard to meet that threshold. This has been supported by the redesign of the Extended Working Hours Scheme.

8.5 With regards to implementation of online consultations, the CCG are required to agree some actions to support implementation.

A&E Standards and Ambulance Waits

8.6 This standard is not achieving in a number of areas. There is an action in plan in place to support the turnaround within the urgent care agenda. The CCG will continue to monitor the performance.

8.7 With regards to 7 day hospital services a significant piece of work is required by Pennine Acute Hospitals Trust (PAHT). This will require some significant investment.

Referral to Treatment and Elective Care

8.8 There is a level of confidence to achieve this target i.e. 92% of patients will be seen within 18 weeks. PAHT have an ambitious trajectory but have been hitting the national standard.

Cancer

8.9 There are a number of trajectories around cancer; the 62 day wait continues to be a challenge locally and across Greater Manchester.

Recovery Package Commissioning

8.10 A significant piece of work is being conducted by the work lead for Living with and Beyond Cancer. There is a model being proposed and will be shared with the Clinical Cabinet in December.

Mental Health – Parity of Esteem.

8.11 Mental Health continues to be focus for the CCG. There has been considerable work completed over a number of years to improve services. Meeting the 6 week target has been a struggle. This target is being actively monitored.

Learning Disabilities

8.12 There is still some work to do with those responsible for the Learning Disabilities agenda. There are a number of Transforming Care Proposals in place, the CCG have a plan that is being implemented and the trajectory is on track to deliver all actions described in the Transformational Plan.

Improving Quality in Organisations

8.13 There is a requirement for annual publications of findings from Providers. The CCG will keep sighted on this item.

8.14 The next stage is to meet with the workstream leads to populate the headlines and refine the actions. The CCG will report progress across each target.

Finance

8.15	Mr Woodhead presented to the Governing body the current position with regards to the Planning Round, Financial Assumptions, National Priorities and the outlook for the CCG.
8.16	<p>What is different for this planning round is that contracts are required to be signed for a 2 year period with acute providers, bringing the timetable forward by 3 months. As a result of the change of timescales there has been an impact on capacity across the sector. Bury CCG are within the Greater Manchester Sustainability Transformation Plan (GMSTP) and within that there is a flexibility to vary control totals. GM would be expected to deliver a 1% surplus. Bury CCG will be held accountable at an organisational level.</p> <p>Finance Plan Summary Assumptions</p>
8.17	<ul style="list-style-type: none"> • A new price list (tariff) and identification rules have been published (HRG4 & IR). Therefore additional funding has been assigned to neutralise the impact. • There is an assumption that there is a net inflation of 2.1%. • 1.5% to be held uncommitted • There is 1% reserve which needs to be held by the CCG, until an announcement is made regarding the reserves. <p>Bury CCG Outlook:</p>
8.18	<ul style="list-style-type: none"> • The CCG has not achieved its QIPP target by £3.5m. • The impact of the HRG4 is £2.5 million, the GM CCGs are coming together to address the issue. • Underlying cost pressures with NHS Property Services are £0.5m • Secondary Care pressures – this is a challenge across the North East Sector (NES) • There are significant pressures across the NES economy.
8.19	Mr Woodhead said that the last plan submitted to NHS England stated a gap of £7m to fill. It is not clear how the gap will be filled. The Governing Body need to be aware of the challenge the CCG face to address the £7m gap, this does not include the PAHT issues. This problem is not just a finance problem but an organisational issue, that calls for the CCG to work together to implement genuine transformational plans. The plans need to be robust and result in QIPP plans being identified. The finance position of the CCG will remain high on all agendas for all formal meetings for the next 4 months.
8.20	Mr Horrocks asked if the CCG are able to access Transformation Funding. Mr Woodhead responded that the CCG have to develop a case to say what it will achieve and deliver in return for the funding. The CCG are currently finalising a Development Fund Bid, for £1m as seed funding between now and end of February to have a locality plan and sustainable transformation plans in place.
8.21	Mr McCann reflected on the Operational Planning details shared by Ms O'Dwyer. It is useful to see how the operational planning has brought things together and the delivery of services and now demonstrating some real positive results.
8.22	Mr Wild echoed Mr Woodhead's comments regarding the current Finance Plan and position being the responsibility of the whole organisation. The QIPP target is not going to be achieved and as such new plans are required for next year, which will include some difficult decisions for the Governing Body.
8.23	Mr North reflected that it is imperative to continue to deliver efficient and effective care.

8.24	On reflecting on Mr McCann's comments the CCG do need to keep focusing on improving its performance.
8.25	Dr Schryer said that there are a number of things that the CCG are doing well, the biggest Must Do is the Core Values and Core Vision of the CCG, helping people to manage their own health and patient centered care.
8.26	Mrs Jones expressed that to achieve the desired financial outcomes, the CCG need to take ownership of the Locality Plan and the Governing Body need to support the plan and drive it forward.
8.27	Dr Patel in summary reiterated the message that the current finance outlook is the responsibility of everyone going forward. The CCG need to be ambitious whilst retaining its values, making change at a scale.

9	Director of Public Health Annual Report
9.1	Mrs Jones presented the Director of Public Health Annual Report to the Governing Body. The theme for this report was Health inequalities within the Bury community.
9.2	Section 1 reflects on last year's report which focused on the role of local government in Public Health in light of the department's transfer to Bury Council..
9.3	Section 2 highlighted how different groups of the population and their health inequalities are due to key lifestyle practices and access to services.
9.4	Section 3 describes what more can be done locally to address the inequalities. A structural approach was used to collectively address the inequalities. The recommendations are addressed to the whole Team Bury Partnership. There are a number of initiatives being progressed. There are new tools in place to analyse and access data.
9.5	A further recommendation was made around empowerment and advocacy to support groups to take control over their lives..
9.6	Section 4 described income and employment of the community and outlines how employers can empower their employees.
9.7	The final part of the report outlined the recommendations and the next steps.
9.8	Mr Hughes questioned if the data on page 21 of the report – Smoking Prevalence in Adults, was national or local data. Mrs Jones explained that it is difficult to obtain local data and the national data had been used in the report. The current prevalence in Bury is around 19% and is coming down. There has been an increase in quitters, and a national trend of uptake of smoking in the young is falling. Prevalence is higher in key groups i.e. Mental Health issues and low income families. One of the things to review is the support people are offered to quit smoking; the current offer is not being taken up. Smoking prevalence is coming down, but higher in particular groups and lower uptake of the stop smoking service.
9.9	<i>A Member of the Public raised a question: Introduced herself as a retired Health Visitor and asked with regards to the extension of perinatal teams and what are the plans in the future for the Health Visiting service. Mrs Jones was unable to answer the question</i>

specifically around those services, but went on to say that there are strong partnerships in Bury working with the Bury MBC Children's Services, Health Visiting and School Nursing towards the implementation GM Early Years Delivery Model. There is an emphasis on strengthening that service and where to target intensively and learning from the family partnership programme.

- 9.10 Mr North highlighted the Fairfax Practice having received the Gold Award; he asked are other practices encouraged to take part in the scheme. Dr Patel said that a number of practices have taken part in the scheme; Fairfax was one of the first practices to receive the award.
- 9.11 Mrs Jones went on to say that progress on the recommendations made in 2015 report have been steady across a large number of areas, it is evidence of partners working together.
- 9.12 Dr Schryer expressed that the charts included within the report will support Practices understand their geographical area. Mrs Jones agreed that there is a real opportunity to develop moving towards neighborhood working.
- 9.13 Ms O'Dwyer said that the report was very informative and asked if it the information collected could be shared on a sector basis. The data can be utilised to inform practices as the LCO develops.
- 9.14 Dr Patel, asked the Governing Body to reflect the recommendations of the report and take into consideration when designing services. It was noted that the smoking service offer may need to change moving forward.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
	Noted	The Governing Body noted the content of the report and considered how the CCG can support and contribute implementation of the recommendations outlined within the report.	all

10	Safeguarding Update
10.1	<p>Mrs Lomax presented the Safeguarding Update to the Governing Body. The update consisted of 4 elements:</p> <ul style="list-style-type: none"> • Quarter 1 2016/17 Safeguarding Dashboard • Nursing Home dashboard • 2015/16 Annual report for Looked after Children (LAC) • Adult Safeguarding Annual Report elements
10.2	<p>Newly presented to the Governing Body is the Nursing Home dashboard. Mrs Holder, Adult Safeguarding Lead has been working with Nursing Homes and Bury MBC Colleagues to address any issues. Alongside that work the Adult Safeguarding Annual Report has been produced.</p>
10.3	<p>Mrs Lomax completed a piece of work as a result of concerns raised around LAC and initial health assessment rates being variable. The process was changed to address those issues and the CCG decommissioned the LAC arrangements and brought back in house and is now part of the Head of Safeguarding role.</p>

10.4	Dr Schryer asked what action has been taken with regards to the Nursing Home which is an outlier in regards to an inadequate CQC report. Mrs Lomas answered that the Local Authority are working with the Nursing Home and the Adult Safeguarding Lead supporting colleagues to put a plan in place.
10.5	Mr McCann asked in relation to the number of LAC in Bury, do the statistics reflect the number of children out of borough, what does that mean and who looks after these children. Mrs Lomas answered that some of these children would be placed with family who live outside of the borough or maybe subject to a section 20, or on a temporary care order. Half of the children out of borough will be placed with family or specialty accommodation. There are limited LAC places in Bury, with no Local Authority homes in Bury. <i>Dr El-Jouzi left the meeting</i>

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
	Noted	The Governing Body noted the contents of all four papers.	
DC/10/28/09/16	Decision	The Governing Body agreed that the report on Looked After Children to be submitted to the Corporate Parenting Board at the Local Authority to provide assurance that NHS Bury CCG are working co-operatively with partner agencies and health providers as outlined in the report.	
DC/14/23/11/16	Decision	The Governing Body agreed to the publication of the annual reports on the CCG website.	

11	Finance and Procurement Committee Chair's Summary
11.1	Mr Wild informed members that at the last meeting of the Finance and Procurement Committee, considerable time was spent discussing the Planning for 2017/19 and the challenges of QIPP and the Better Care Fund. The 2016/17 circumstances have not changed the CCG will hit its targets with a number of mitigations in place.
11.2	QIPP will take a longer term view. There are schemes that are likely to achieve and a number of schemes in a shadow form will be going live in the new year.
11.3	Ms O'Dwyer and Mr Woodhead have made contact with the Right Care Relationship Manager for GM. The Right Care Manager will support the understanding and application of the national tool to identify quality and productivity. There is a formal launch planned for later in the week (of the Board meeting). The CCG will make use of this resource to navigate more quickly moving forward.
11.4	The gap in the finance position has been badged QIPP, and it is becoming apparent that this gap in budgets is not going to be achieved in those identified areas. Mr Woodhead went on to say that the Plan submitted outlined a QIPP Target. This needs to be supported by the CCG to ensure that it is achieved, alongside that, mitigations are in place. The CCG have to give assurance to GM and the Board it will achieved it financial duties.
11.5	Mr North expressed that he is comfortable with the approach being suggested. It is imperative to note that when contracts are signed in December, there are elements that can change from January to March.

11.6	Dr Moyle asked if there would be an assurance that monies would be invested back into Primary Care. Mr Woodhead responded that it is the intention of the CCG to invest in Primary Care, but until the QIPP plan and mitigation plans are in place, Mr Woodhead was unable to give assurance of the level of investment.
11.7	Mr Wild asked the Governing Body to note that the Finance and Procurement Committee is dominated by Finance discussions and in the future may need to readdress the Procurement element.
11.8	Dr Patel in summary repeated the message of ownership collectively of the financial position to deliver the gap to be at the top of the agenda.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
	Noted	The Governing Body noted the contents of the Finance Report.	

12	Audit Committee Chair's Summary
12.1	Mr Wild reported that the Audit Committee received a number of policies to be approved: <ul style="list-style-type: none"> • Conflicts of Interest • Gifts and Hospitality
12.2	These policies have been through the governance process and the Governing Body was asked to approve them.
12.3	The Governing Body was also presented with the Governing Body Assurance Framework (GBAF) Update.
12.4	The report outlined the current level of risk and continued actions to enable delivery of the strategic objectives. Ms O'Dwyer expressed that for a future meeting that this item is moved up the agenda to allow further time for consideration in January 2017.
12.5	Ms O'Dwyer went on to say that there are 20 risks identified in the GBAF these are the risks that threaten the delivery of assurance and internal controls. The next stage is to confirm the risk owners. The Governance Manager will be meeting with risk owners to review the risks and the level of controls.
12.6	A further iteration of the GBAF will be presented at the meeting in January. From there it will be on future agendas to be reported bi monthly.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
DC/15/23/11/16	Decision	The Governing Body ratified the Conflicts of Interest Policy and Gifts and Hospitality Policy.	
AC/07/23/11/16	Action	GBAF – Members are asked to review the report and feedback Risk Leads.	All Members
AC/08/23/11/16	Action	GBAF to be a regular agenda item moving forward.	

13	Quality and Performance Chair's Summary
13.1	Mr Bury chaired his first meeting as Chair of the Quality and Performance Committee earlier this month. The Committee received an update on a number of areas highlighted via the Performance and Risk reports.
13.2	There was a discussion around attendance at the meeting and getting the right people to attend so items can progress and the Committee can receive regular performance updates.
13.3	The Quality Report is to be refreshed to include the whole health economy and will be available for the next Governing Body.
13.4	There was a discussion about how the 'Walk arounds' are reported, and the content of the report going forward, a review will take place at the next meeting.
	Performance Report
13.5	Ms O'Dwyer indicated a rise in the diagnostic standard for the first time this year. There is resilience in the system to maintain that standard. PAHT have reported a high level of confidence that Gastroenterology has recovered, the CCG will continue to monitor progress.
13.6	IAPT continues to recover and is consistent to achieve the Year to date target.
13.7	Ambulance Performance continues to be a concern, the Committee will focus on Ambulance Performance at the next meeting. The Ambulance Service is experiencing pressures across Greater Manchester.

14	Patient Cabinet
14.1	Mr McCann presented the Patient Cabinet Chair's summary to the Governing body, highlighting areas of discussion. <ul style="list-style-type: none"> • Community IV Service – The report was received well and asked for an update in 6 Months' time. • A considerable amount of time was dedicated to a discussion regarding the element in relation to the proposal for urgent Care Re design.

15	Clinical Cabinet Chair's Summary
15.1	Mr Hughes presented the Clinical Cabinet Chair's Summary to the Governing Body and highlighted the areas of discussion and decisions at the meeting, which took place 2 nd November.

16	Primary Care Commissioning Committee Chair's Summary
16.1	Mr Wild reported that 2 meetings have taken place since the last Governing Body. <p>The main item on the agenda was the application for a Practice List Closure, the PCCC was sympathetic to the application but felt it lacked information so the Committee deferred the application. Since that time the Practice has withdrawn its application.</p>

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17	Closing Matters
17.1	None.

Next meeting scheduled to take place 21 December 2016, 3.00pm – 5.00pm, Room 503/4, Townside Primary Care Centre, Knowsley Street, Bury.