

Meeting: Governing Body			
Meeting Date	23 May 2018	Action	Approve
Item No.	3	Confidential	No
Title	Minutes and Action Log		
Presented By	Dr Jeff Schryer, CCG Chair		
Author	Emma Kennett, Corporate Affairs and Governance Manager		
Clinical Lead	-		

Executive Summary
<p>The minutes are presented as an accurate reflection of the previous meeting of the Governing Body, reflecting the discussion, decisions and actions agreed.</p> <p>Updates against the actions have been provided for information.</p>
Recommendations
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> • Approve the minutes as an accurate record; and • Note the updates provided against the actions

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input type="checkbox"/>
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	No
GBAF – n/a	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Title	Minutes of the Governing Body 28/03/18 – Meeting in Public		
Author	Emma Kennett		
Version	0.1		
Target Audience	Wider CCG and General Public		
Date Created	28 th March 2018		
Date of Issue			
To be Agreed	23 rd May 2018		
Document Status (Draft/Final)	Draft		
Description	Minutes of the Governing Body 28/03/18 – Meeting in Public		
Document History:			
Date	Version	Author	Notes
6/4/18	0.1	Emma Kennett	Forwarded to the Director of Commissioning and Business Delivery for review.
Approved:			
Signature:			
		 Dr K Patel, CCG Chair

Governing Body Meeting in Public

MINUTES OF MEETING

28 March 2018

Chair – Dr K Patel, Chair

ATTENDANCE

Governing Body Members

Dr Kiran Patel, CCG Chair
Mr Peter Bury, Lay Member for Quality and Performance
Mr Howard Hughes, Clinical Director
Mr David McCann, Lay Member for Patient and Public Involvement
Mr Stuart North, Chief Officer
Ms Margaret O'Dwyer, Director of Commissioning and Business Delivery
Dr Jeff Schryer, Clinical Director
Mr Mike Woodhead, Interim Chief Finance Officer
Dr Cathy Fines, Clinical Director
Mr Chris Wild, Lay Member
Mrs Catherine Jackson, Executive Nurse

Others in attendance

Mrs Lesley Jones, Director of Public Health
Mr Paul Horrocks, Communication Advisor
Mrs Emma Kennett, Corporate Affairs and Governance Manager

Public Members/Observers

Mrs Bhavini Bharath, Communications and Engagement Officer
Mr David Latham, Commissioning Programme Manager (for part)
Mr Brad Marshall, Bury Times/Radcliffe Times
Mr Martin Clayton, Bury LCO
Ms Barbara Barlow, Public Member
Ms Caroline Brice, Public Member
Ms Kay France, Public Member
Ms Chris Malkin, Public Member
Mr Gary Howkins, Public Member
Mr Rick Coates, Public Member
Mr Neville Ball, Public Member
Mr Paul Gerrard, Public Member
Ms Jane Dinsdale, Public Member
Mr Geoff Brown, Public Member
Ms Nigget Salim, Observer (agreed with Chair as part of personal development/studies)

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	Dr Patel welcomed those present to the meeting and noted apologies had been received from Mrs Fiona Boyd, Governing Body Registered Nurse.
1.2	It was noted that the quoracy arrangements had been satisfied in line with the CCG's Constitution and associated Standing Orders.

2	Declarations Of Interest
2.1	Dr Patel reminded Governing Body members of their obligation to declare any interest they may have on any issues arising from agenda items which might conflict with the business of NHS Bury Clinical Commissioning Group.
2.2	Declarations made by members of the Governing Body are listed in the CCG's Register of Interests which is presented under this agenda and also available from the CCG's Corporate Office or via the CCG website here .
	Declarations of interest from today's meeting
2.3	Dr Patel, Dr Schryer, Dr Fines and Mr Hughes declared an interest in relation to one or more of the recommendations included as part of Agenda Item Number 5 – Closure of Financial Gap. The mitigating actions associated with each of these recommendations would be detailed as part of this agenda item and was agreed that Mr Bury, Lay Member – Quality and Performance would Chair this specific agenda item.
	Declarations of Interest from the previous meeting
2.4	There were no further declarations made in respect to the business of the previous meeting.

ID	Type	The Governing Body:	Owner
D/03/01	Decision	Noted the published register of interests.	

3	Minutes Of The Last Meeting And Action Log
3.1	<ul style="list-style-type: none"> Minutes <p>The minutes of the Governing Body meeting held on 24 January 2018 were considered and agreed as a correct record:</p>
3.2	<ul style="list-style-type: none"> Action Log <p>The following updates were provided in relation to the Action Log: -</p> <ul style="list-style-type: none"> A/11/04 - A discussion with the Greater Manchester Clinical Director was required in relation to Vitamin D testing and the need for the relevant guidance being followed in this regard – it was noted that this action had been addressed and could therefore be removed from the action log. A/01/01 – The Urgent Care Consultation Process to commence on the 29th January 2018. – It was noted that the Consultation process had now closed and a report was included on the agenda for today's meeting. This action could therefore be removed from the Action Log. A/01/02 - The Annual Equality Publication to be uploaded on the CCG website by the 31st January 2018 – it was noted that this publication was loaded on the CCG website ahead of the deadline and could therefore be removed from the

Action Log.

ID	Type	The Governing Body:	Owner
D/03/02	Decision	Approved the minutes of the meeting held on the 24 January 2018 as a true and correct record.	
D/03/03	Decision	Closed the completed actions on the action log.	

4	Urgent Care
4.1	Dr Patel presented a report in relation to the Bury Urgent Redesign proposals in order to review the consultation period feedback in line with the new national and regional guidance to inform any Governing Body decision within this area.
4.2	<p>It was reported that as agreed at the January Governing Body Meeting, a public consultation period on the refreshed Urgent Care Redesign proposals took place from the 29th January 2018 to 11th March 2018 inclusive. The full consultation feedback report was included at Appendix One of the Report. It was noted that there was overall support for the proposed future model for Urgent Care as part of the Consultation process. It was noted that as with previous consultations, the CCG had adopted the following approach: -</p> <ul style="list-style-type: none"> • A widely circulated Questionnaire • Public Meetings • Receipt and response to individual letters, emails and telephone call • Individual group meetings
4.3	Dr Patel commented that the new national guidance mandates that by December 2019 patients and the public will be able to access Urgent Treatment Centres which nationally will all deliver against the same core criteria. The ability to walk-in to an Urgent Treatment Centre without the need to have booked an appointment is one of the core required criteria.
4.4	<p>It was reported that Greater Manchester Health and Social Care Partnership (GMHSCP) interpretation of the new national guidance confirms that each CCG in Greater Manchester is required to ensure it has an Urgent Treatment Centre as per the national guidance. It was noted that the National guidance required all Urgent Treatment Centres to be:</p> <ul style="list-style-type: none"> • clinically led by primary care staff • open for 12 hours a day (specific hours to be determined locally) • able to provide same day appointments • able to provide walk-in appointments • able to accept appointments from A&E • able to accept appointments from NHS111 • able to accept appointments from ambulance services • able to accept appointments from general practice • able to provide access to diagnostics • co-located in the community or with a hospital • able to access to GP clinical records
4.5	Dr Patel referred to section 5 of the report and outlined how the new Urgent Care System for Bury would operate. The model represented a blended approach mixing national and GMHSCP guidance, but most importantly retaining local walk-in to Primary Care/GP led services as per feedback during the recent engagement and consultation

phases. The concept of the single point of access for urgent primary care was centered on the GP telephone number as per the GMHSCP preferred approach, NHS111 would remain linked to this.

4.6 Mr McCann reported that the discussions around the Urgent Care Model and Consultation process had taken place at the Patient Cabinet Meeting who had requested assurance that the latest iteration of the Urgent Care Model does not change or lose any of its component parts in order to provide a consistent service to patients.

4.7 Mr McCann also commented that the Patient Cabinet had emphasised the importance for understanding why the Urgent Care Treatment Centre was being proposed to be co-located at Fairfield General Hospital in light of the impact this may have on Bury West residents in terms of travel time. Dr Patel reported that Fairfield General Hospital had been deemed the most appropriate location for the Urgent Care Treatment Centre in light of access to services such as diagnostic tests. It was reported that the Integrated Hubs would be the services available within localities. It was anticipated that there would not be a new flow of patients presenting at the Urgent Care Treatment Centre at Fairfield General Hospital as it was envisaged these would be existing patients signposted from A&E.

4.8 Mr Hughes informed members that he had recently met with the British Pharmaceutical Association to discuss the Urgent Care Proposals who had indicated their support/input within this area as required.

4.9 Mr Gerrard, Public Member enquired about the opening hours for the Urgent Care Treatment Centre and enquired whether there were any plans to open for more than the mandated 12 hours a day and queried how this would link with the opening hours for each of the Integrated Hubs. Dr Patel reported that the Urgent Care Treatment Centre would be open for 12 hours a day in line with the mandate which was supported by evidence in terms of the likely number of patients presenting for treatment. In terms of the opening hours for the Integrated Hubs, this was likely to be around 6 hours a day dependent on the needs of the particular locality. Mr North commented that individual Neighbourhoods were being asked to shape their local service requirements.

4.10 Ms Brice, Public Member raised a question to enquire whether the CCG had considered developing a Health Application for mobile phones to effectively signpost individuals to Health Services/relevant information. Dr Schryer reported that all GP Practices in Bury now had Wifi installed and Practice staff were being provided with training to ensure that information technology opportunities were being effectively utilised.

4.11 Mr Howkins, Public Member enquired whether the CCG would be offering any private health care contracts in the coming year. Mr North reported that there was no private healthcare contracts specific to Urgent Care however there were a small number of contracts in place in other commissioning areas.

4.12 Dr Patel referred to the proposals contained within the report and enquired whether Governing Body members were in support of the individual recommendations.

4.13 Mr Hughes enquired whether the Governing Body needed to receive a further update prior to the 6 month timeframe suggested as part of the fourth recommendation in the report. Mr North reported that he would endeavor to provide an update on developments at an earlier stage should sufficient information be available. Dr Schryer emphasised that it would be beneficial for the Governing Body to be appropriately

	sighted on the financial modeling and the outcome of the evaluation. It was agreed that an Urgent Care Update would be submitted to the Governing Body Meeting in July 2018 however information would be made available at an earlier stage should there be any key governance issues that need to be brought to the attention of the Governing Body.		
ID	Type	The Governing Body:	Owner
D/03/04	Decision	Approved the model for urgent care redesign as described in this paper and consulted on.	
D/03/05	Decision	Instructed CCG leads to discuss with the Locality Care Organisation (LCO) to determine the local design of Integrated Health and Social Care Hubs and plans for the Urgent Treatment Centre. To agree pilot proposals and timescales.	
D/03/06	Decision	Planned to include a priority focus on public and stakeholder communication of the model and options for urgent care in Bury.	
A/03/01	Action	Agreed that a further update would be provided to the Governing Body in July 2018 which would be brought back at an earlier stage should this be deemed necessary from a governance perspective.	Mr North

5	Closure of Financial Gap for 2018/19
5.1	<i>A number of conflicts of interest were identified as part of this Agenda Item which would be declared and documented as part of each specific recommendation including any mitigating actions that were required.</i>
5.2	<i>It was agreed that Mr Bury, Lay Member for Quality and Performance would Chair this particular agenda item in light of Dr Patel and the other Governing Body Clinicians being potentially conflicted as part of discussions. It was agreed that conflicted clinicians could participate in the discussions for this item and a decision would be taken as part of each recommendation should a vote be required.</i>
5.3	Mr Woodhead presented a report and provided a presentation in relation to the financial planning gap for 2018/19 and the associated process undertaken for closing that gap.
5.4	It was reported that the gap was estimated at £7.3m for 2018/19 and that a Task and Finish Group was established in January 2018 and had made a number of recommendations for consideration by the Governing Body. The Task and Finish Group had also identified further actions with associated savings targets which, in total, would bring the £7.3m gap down to £2.1m, i.e. further work being required to fully close the gap.
5.5	In summary, the presentation covered: - <ul style="list-style-type: none"> • The local economy context including the predicted Health and Social Care Funding Gap by 2021-22. • The Statutory Financial duties including the CCG's obligations to ensure that expenditure in a financial year does not exceed the allocated budget. • The process undertaken by the Finance Task and Finish Group. It was noted that the membership included Clinicians, Lay Members, Commissioners, Finance and Quality colleagues and the group had met on a weekly basis. The criteria adopted by the Group was outlined. This included the statutory requirements of the CCG, the performance, financial, performance, quality and performance impact, deliverability, strategic fit and impact on wider economy.

	<ul style="list-style-type: none"> • The CCG Financial Overview for 2018/19. • The specific Governing Body recommendations which were categorised as savings to be made in terms of Primary Care, Secondary Care and Community and Mental Health Services.
5.6	Ms O'Dwyer highlighted that it was good practice for the CCG to regularly review all of its commissioned services and commented that a good model that had been adopted as part of the Finance Task and Finish Group process which had included multi-disciplinary input. Ms O'Dwyer emphasised the importance for equality impact assessments and any required engagement/consultation on any service changes being followed through as part of the detailed work within this area to inform any decision making. Mr Woodhead reported that the main recommendation included within the work which would require engagement/consultation was the IVF review however the CCG was currently awaiting the outcome of the Greater Manchester work within this area.
5.7	Mr Wild commented that the work undertaken by the Finance Task and Finish Group had been extremely positive which had resulted in the group reflecting on the key priorities and commissioning areas in Bury.
5.8	Mr North referred to the statutory financial duties placed on the CCG as part of the Health and Social Care Act (2012) in terms of ensuring expenditure in a financial year does not exceed the allocated budget. Mr Woodhead explained the pressures being experienced by the CCG at present such as increased cost, increased demand, an aging population, long term conditions and economy issues which had resulted in a number of mitigations being explored further as part of the Finance and Finish Group process. A general discussion took place regarding this approach adopted by the Finance Task and Finish Group and the need to operate differently as part of the overall Transformation programme.
5.9	Mr Coates, Public Member raised three questions with the Governing Body. The first question enquired about which particular recommendations/proposals included within the report would require public consultation/engagement. Mr North stated that there may need to be some form of consultation around the IVF policy dependent on the outcome of the Greater Manchester work however emphasised that there was a need to be mindful of the differences between the terms 'engagement' and 'consultation' as these terms could often be used interchangeably but mean different things. It was noted that should the Governing Body agree to the recommendations included within the report, further communication/engagement type activities would be planned to ensure that members of the public were aware of what any changes would mean for them.
5.10	The second question related to the CCG's strategy for preventing illness and whether the CCG's proposals across a number of the areas within the report were symbolic of this particular strategy failing. Mr North referred to the CCG's key priorities contained as part of the Locality Plan and commented that the CCG needed to be flexible in adjusting how it delivers against this plan should a particular approach be proving unsuccessful. Dr Patel concurred that the CCG needed to be applying challenge to any areas of commissioning spend which were not delivering robust outcomes.
5.11	The third question related to what the CCG's approach to delivery of services would be if it was given an additional £7.3m as opposed to having to save this amount. Dr Patel commented that there would still be a need to review its commissioned services to ensure that any additional funds were being spent effectively and achieving value for money.

5.12	Mr Hawkins, Public Member enquired about the CCG's allocation of funds and requested further information on how this was spent locally. Mr Woodhead commented that this information was available as part of the regular finance reports submitted to the Governing Body and the CCG's Annual Report which is on the CCG's website however agreed to send further detailed information to Mr Hawkins outside of the meeting should Mr Hawkins Email the CCG directly.
5.13	A further public question was raised in relation to the proposal around Wet Age Related Macular Degeneration (AMD) and how this would impact on patient care. Dr Patel commented that this particular proposal relates to potentially changing from one drug to another and did not relate to any reduction in service/care being received.
5.14	The Governing Body recommendations for approval specific to Primary Care included ending the Vulnerable Patient Scheme which equated to savings circa £78k, ending the Clinical Pharmacist Scheme which equated to savings circa £325k - £650k, reducing Sector Lead meetings which equated to savings circa £50k, changes to prescribing items which equated to savings circa £280k and Contract renegotiations which equated to savings circa £100k. In terms of the Primary Care areas identified for further work, this included a further prescribing target of £220k and the need to potentially revisit primary Care Quality Standards Phase 3 (18/19) if other savings do not materialise.
5.15	The rationale for each of these recommendations was clearly described. Mr North advised that Equality Impact Assessments are being undertaken for each of the proposals listed and the Governing Body would be advised of the outcomes. Subject to this and any requirement for Public Consultation and Engagement, each of the recommendations was considered individually with the following conflicts of interest, comments and recommendations made: -
5.16	<u>Ending the Vulnerable Patient Scheme</u>
5.17	<i>Dr Patel, Dr Schryer and Dr Fines declared an interest in relation to this item in light of the service currently being provided by the GP Federation and all three clinicians currently being members of the GP Federation. Mr Bury, Chair for this agenda item, agreed that these members could participate in discussions for this item.</i>
5.18	It was reported that this service involved identifying patients being contacted by a GP at the weekend by phone to check on their welfare. It was noted that this service had very low usage and was deemed poor value for money.
5.19	Mr Hughes enquired whether this was a net figure included as part of the proposed saving within this area. Mr Woodhead explained how this had been calculated.
5.20	Members supported the recommendation to end the Vulnerable Patient Scheme in line with the work undertaken as part of the Finance Task and Finish Group and associated process followed.
5.21	<u>Ending the Clinical Pharmacist Scheme</u>
5.22	<i>Dr Patel, Dr Schryer and Dr Fines declared an interest in relation to this item in light of the service currently being provided by the GP Federation and all three clinicians currently being members of the GP Federation. Mr Bury, Chair for this agenda item, agreed that these members could participate in discussions for this item.</i>
5.23	It was reported that the Clinical Pharmacist Scheme provided a limited amount of

	additional pharmacy support in GP practices and was noted that CCGs would not normally fund this kind of resource and evidence regarding the outcomes of the scheme to date had been limited. The scheme was scheduled to end in 12 months' time.
5.24	Members supported the recommendation to cease funding the Clinical Pharmacist Scheme in line with the work undertaken as part of the Finance Task and Finish Group and associated process followed.
5.25	<u>Reducing Funding for GP Sector Leads Meetings</u>
5.26	<i>Dr Patel, Dr Schryer and Dr Fines declared an interest in relation to this item in light of the direct financial impact this decision could have on their respective practices. Mr Bury, Chair for this agenda item, agreed that these members could participate in discussions for this item.</i>
5.27	It was reported that this recommendation related to reducing funding for GP meetings however acknowledged that GPs have a vital role to play in the transformation of health and social care therefore this involvement would be more appropriately funded from Bury's allocated Transformation Fund.
5.28	Mr Hughes emphasised the importance for maintaining GP engagement within Bury and commented that this area should be monitored to ensure that the transformation fund support is sufficient.
5.29	Members supported the recommendation to reduce funding for GP Sector Lead Meetings in line with the work undertaken as part of the Finance Task and Finish Group and associated process followed.
5.30	<u>Stopping the local prescribing of Liothyronine and Trimipramine</u>
5.31	<i>Dr Patel, Dr Schryer, Dr Fines and Mr Hughes declared an interest in relation to this item in light of the potential impact any prescribing decision may have for their respective GP Practices/Pharmacies. Mr Bury, Chair for this agenda item, agreed that these members could participate in discussions for this item.</i>
5.32	It was reported that this recommendation related to stopping the local prescribing of Liothyronine (a drug used to treat an underactive thyroid); and Trimipramine (a drug used to treat depression). These products are listed in national guidance to CCG's as items which should not routinely be prescribed by GPs and alternative changes are available.
5.33	Ms O'Dwyer commented that the CCG may need to be mindful of prescribing work being undertaken at Greater Manchester level and how any local decision may sit within these arrangements.
5.34	Members supported the recommendation to stop the local prescribing of Liothyronine and Trimipramine in line with the work undertaken as part of the Finance Task and Finish Group and associated process followed.
5.35	<u>Including Nicotine Replacement Products and Orlistat in the local Prescribing for Clinical Need Policy</u>
5.36	<i>There were no conflicts of interest identified as part of this item.</i>

5.37	The proposal as part of this item related to no longer routinely prescribing nicotine replacement products and Orlistat which was a weight loss drug currently available over the counter without a prescription.
5.38	Dr Fines referred to the proposal to no longer routinely prescribe nicotine replacement products and commented that this proposal seemed uncomfortable from a clinical perspective in light of the potential adverse impact this could have on health for individuals opting not to purchase this product if no longer prescribed.
5.39	Ms Jones referred to the local and national Tobacco Control targets and highlighted that any decision may impact on outcomes within this area.
5.40	A general discussion took place as to whether cost of the nicotine replacement products could be a potential barrier to individuals quitting smoking and the need to acknowledge that smoking is an addiction that requires a certain level of support. It was suggested that further work be undertaken in relation to the Nicotine Replacement Product proposal to better understand the costs and associated barriers to quitting smoking in the first instance. It was noted that GP prescribing was only part of the Stop Smoking offer in Bury and there was a need to understand the statistics associated with this component.
5.41	Mr Hughes commented that there was a Clinical Cabinet meeting arranged for June 2018 where Smoking Cessation would be the main focus therefore it may be timely to consider this item at that meeting.
5.42	Members agree to defer the decision to no longer routinely prescribe nicotine replacement products pending further research; but agreed to stop funding Orlistat in the local Prescribing for Clinical Need Policy.
5.43	The Governing Body recommendations for approval specific to Secondary Care included cheaper drugs for Wet Age Related Macular Degeneration (AMD) being utilised which equated to savings circa £200-300k. In terms of secondary care areas identified for further work, this included implementing existing GM Effective Use of Resources £1,000k+, Cardiology pathway redesign / OPFU ratios £100k, Diagnostics review £300k - £600k and Urgent care review £100k+. The following conflicts of interest, comments and recommendations made: -
5.44	<u>Require providers to move from Lucentis to alternative, cheaper drugs for the treatment of Wet AMD</u>
5.45	<i>Dr Fines declared an interest in relation to this item in light of her spouse working as a consultant at Central Manchester Foundation Trust which is a provider of this treatment.</i>
5.46	It was reported that any recommendation to treat wet age related macular degeneration with an alternative lower cost drugs would need to be approved subject to a joint approach across Greater Manchester being adopted.
5.47	Members supported the approach to treat wet age related macular degeneration with an alternative lower cost drugs subject to a joint approach across Greater Manchester being adopted.
5.48	The Governing Body recommendations for approval specific to Community and Mental

Health Services included proposals for ending the Minor Eye Conditions Service £230k and review the IVF offer which equated to savings of £47k - £488k dependant on the number of cycles finally agreed. In terms of Community and Mental Health Services areas that required further work, these included a review of access and threshold criteria across all Community Services (£500k+) and to review the delivery model for Community Services. Other areas for consideration included Review access and threshold criteria across all Mental Health and Learning Difficulty services, reviewing pathways and delivery models for MH but with commitment to Parity of Esteem (PoE), so any efficiencies would be consumed by other MH pressures and investments.

5.49 Do not renew the minor Eye Conditions Service

5.50 *Dr Patel, Dr Schryer, Dr Fines and Mr Hughes declared an interest in relation to this item in light of the potential impact any prescribing decision may have for their respective GP Practices/Pharmacies. Mr Bury, Chair for this agenda item, agreed that these members could participate in discussions for this item.*

5.51 Dr Schryer enquired whether the proposal not to renew the minor eye conditions Service could be delegated to the Clinical Cabinet. Further data had been recently received which needs to be reviewed to determine whether or not to confirm the recommendation.

5.52 Members requested that the work around the minor Eye Conditions Services be delegated to the Clinical Cabinet for further review.

5.53 Consider the CCG's Policy on IVF

5.54 *There were no conflicts of interest identified.*

5.55 It was reported that this recommendation related to reconsidering the CCG's policy in relation to IVF. It was noted that Bury was one of only four CCGs in the country to be fully compliant with the National Institute for Health and Care Excellence (NICE) guidelines offering all three cycles. The CCG was keen to take part in a GM-wide review of provision in this area, however, it was agreed to review this provision locally, if a regional review was not timely. Bury CCG would decide at the May Governing Body the decision over IVF, in respect of the number of cycles to be offered.

5.56 Members agreed that Bury should aim to take part in a GM-wide review of provision in this area, however agreed to review this provision locally, if a regional review was not timely. Bury CCG would therefore decide at the May Governing Body the decision over IVF.

5.57 Mr Hughes commented that a number of the decisions made as part of this agenda item illustrated the importance for ensuring that pace in maintained as part of the Locality Plan and associated Transformation Programme. It was noted that there was a need for the Governing Body to be appropriately sighted on transformation developments going forward. Ms O'Dwyer commented that the CCG needed to look at different ways of delivering services to meet the various demands and pressures of maintaining business as usual and fulfilling transformation requirements.

5.58 Subject to Equality Impact Assessment not supporting from the review and requirements for public consultation/engagement, the following decisions were made: -

ID	Type	The Governing Body:	Owner
D/03/07	Decision	Agreed to end the Vulnerable Patient Scheme.	
D/03/08	Decision	Agreed to cease funding the Clinical Pharmacist Scheme.	
D/03/09	Decision	Agreed to reduce funding for GP Sector Lead Meetings.	
D/03/10	Decision	Supported the recommendation to stop the local prescribing of Liothyronine and Trimipramine.	
D/03/11	Decision	Agreed to defer the decision to no longer routinely prescribe nicotine replacement products pending further research	
D/03/12	Decision	Agreed to stop funding Orlistat in the local Prescribing for Clinical Need Policy.	
D/03/13	Decision	Supported the approach to treat wet age related macular degeneration with an alternative lower cost drugs subject to a joint approach across Greater Manchester being adopted.	
D/03/14	Decision	Requested that the work around the minor Eye Conditions Service be delegated to the Clinical Cabinet for further review.	
D/03/15	Decision	Agreed that Bury should aim to take part in a GM-wide review of provision of IVF, however agreed to review this provision locally, if a regional review was not timely. Bury CCG would therefore decide at the May Governing Body the decision over IVF.	

6	Public Questions
6.1	<i>The Public Questions specific to the Urgent Care and Closure of Financial Gap for 2018/19 items were considered as part of the discussions for each agenda item.</i>
6.2	Mr Brown, Public Member posed a question to the Governing Body to seek reassurance that there would not be cuts to the overall Mental Health Budgets in light of the changes to the Early Intervention initiative. Mr Woodhead reported that the overall Mental Health Budget was protected which linked to the CCG obligations around Parity of Esteem. Mr North stated that there would still be challenges in managing Mental Health budgets in terms of demand for services.

ID	Type	The Governing Body:	Owner
D/03/16	Decision	Noted the public questions raised as part of the meeting discussions.	

7	CCG Chair Update
7.1	Dr Patel informed members that Dr Schryer had been appointed as the new CCG Clinical Chair following a successful selection and ratification process. Members welcomed Dr Schryer's chairmanship for future meetings.

ID	Type	The Governing Body:	Owner
D/03/15	Decision	Noted the CCG Chair's Update	

8	Chief Officer's Update
8.1	Mr North reported that the CQC Inspection Report for Pennine Acute Trust had recently been issued which demonstrated a number of improvements across sites and services.

8.2	It was reported that Fairfield General Hospital had been rated as 'good' which was credit to all staff at Fairfield General Hospital and the system as a whole for their hard work and efforts.
8.3	Mrs Jackson suggested that Pennine Acute Trust be invited to provide a presentation to the May Governing Body meeting in relation to the CQC Report. It was agreed that this was a sensible way forward and that this would be coordinated for the May meeting.
8.4	Ms O'Dwyer highlighted that significant improvements at Pennine Acute Trust had been seen as a result of the new leadership arrangements in place. It was noted that from a Bury perspective, it was important that Bury patients are receiving a consistent service office regardless of site visited.

ID	Type	The Governing Body:	Owner
D/03/16	Decision	Noted the Chief Officer's Update	
A/03/02	Action	Pennine Acute Trust to be invited to provide a presentation to the May 2018 Governing Body meeting in relation to the CQC report.	Mrs Jackson

9	Committee Chair Reports
9.1	Clinical Cabinet Members received copies of the latest update reports from the Clinical Cabinet meetings held in February and March 2018.
9.2	Patient Cabinet Members received copies of the latest update report from the Patient Cabinet meeting held in February 2018.
9.3	Primary Care Commissioning Committee Mr Bury reported that no formal decisions had been taken at the Primary Care Commissioning Committee (PCCC) meeting held earlier today.

ID	Type	The Governing Body:	Owner
D/03/17	Decision	Noted the Clinical Cabinet Chair's Report.	
D/03/18	Decision	Noted the Patient Cabinet Chair's Report.	
D/03/19	Decision	Noted the Primary Care Commissioning Committee Chair's Report.	

10	Quality and Performance Committee Report
10.1	Quality and Performance Committee Report Members received copies of the latest update report from the Quality and Performance Committee meeting held in March 2018.
10.2	Quality Dashboard Members received copies of the latest Quality Dashboard which provided an overview of: - <ul style="list-style-type: none"> • Fairfield General Hospitals Perfect Fortnight • Pennine Acute and Pennine Care updates • General Practice update • Nursing Home update
10.3	Performance Report Members received copies of the latest Performance Report. The purpose of the report

was to provide an updated position on the CCG's performance against the national performance indicators set out in the NHS Constitution, as monitored by NHS England. The report detailed the CCG's performance position for December 2017 and detailed any proposed changes to performance at national level.

ID	Type	The Governing Body:	Owner
D/03/20	Decision	Noted the Quality and Performance Committee Report.	
D/03/21	Decision	Noted the Quality Dashboard Report.	
D/03/22	Decision	Received the Performance Report and updates provided.	

11	Finance, Contracting And Procurement Committee Report		
11.1	Finance, Contracting and Procurement Committee Report Mr Wilde commented that the CCG was endeavoring to meet its statutory financial duties for the 2017/18 Financial year and discussions at the Finance, Contracting and Procurement Committee had been discussing progress in this regard.		
11.2	QIPP Report Members received copies of the latest QIPP report which provided an update on the January 2018 position. Ms O'Dwyer commented that this trajectory was expected to continue up until the 31 st March 2018.		

ID	Type	The Governing Body:	Owner
D/03/23	Decision	Noted the Finance, Contracting and Procurement Committee report.	
D/03/24	Decision	Noted the QIPP Report.	

12	Audit Committee Report		
12.1	Audit Committee Report Mr Wild reported that a written report on the latest Audit Committee meeting had not been made available to the Governing Body on this occasion in light of the Audit Committee only having met on the 23 rd March 2018. It was noted that there were no specific areas of concern raised at this meeting that needed to be brought to the Governing Body's attention.		
12.2	Governing Body Assurance Framework Ms O'Dwyer presented the latest Governing Body Assurance Framework to the Governing Body to advise on the current levels of risk and continued actions to enable the delivery of the Strategic Objectives.		
12.3	It was reported that the GBAF report was considered at the Audit Committee meeting on the 23 rd March 2018 and the following comments/recommendations were made by members of the Committee: - <ul style="list-style-type: none"> In relation to 5.5 of the report, it was requested that the work around the principal risks identified for inclusion in future reports namely 'Development of the new governance arrangements to support the CCG and LA move towards its One Commissioning Organisation function' (SO4), 'Delivery of the Transformation Plan and associated best use of the transformation fund to deliver the required outcomes'(SO5) and 'Urgent Care System and Economy Risk' (SO2) be expedited and available for the Audit Committee to review at the June 2018 meeting. With reference to 5.11 of the report, the recent reduction from level 20 to a level 		

	<p>15 in relation to the risk 'GB1718_PR_4.2 Because of the need to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of clinical decision making' was challenged in light of the further work still required in respect of the OCO governance arrangements. Members requested further assurance regarding the reduction in this risk. It was noted that at the time of this report being produced for the original Audit Committee date on the 2nd March 2018, this was an accurate reflection of this position in line with the risk assessments undertaken during the month of February 2018. This risk would now be revisited in advance of the Audit Committee meeting in June 2018 in line with the risk review process.</p> <ul style="list-style-type: none"> With reference to 5.39 of the report, further assurance was requested as to whether this risk (GB1718_PR_4.1 CCG and Local Authority - Culture, Priorities and Drivers) remained at its current level of 15, against a target level of 10 to be achieved by March 2018. Again, at the time of this report being produced for the original Audit Committee date on the 2nd March 2018, this was an accurate reflection of this position in line with the risk assessments undertaken during the month of February 2018. This would also be addressed as part of the Risk review process for the June Audit Committee meeting.
12.5	Mr McCann referred to 5.11 at the report and clarified that this risk should remain static until the position is reviewed however acknowledged this was a changing environment and the report often provided a snapshot of a particular point in time.
12.6	<p>Corporate Risk Register</p> <p>Members received copies of the latest Corporate Risk Register which detailed that there were currently 5 risks being across the CCG excluding those reported through the Governing Body Assurance Framework.</p>

ID	Type	The Governing Body:	Owner
D/03/25	Decision	Noted the Audit Committee Chair's report	
D/03/26	Decision	Noted the Governing Body Assurance Framework presented.	
D/03/27	Decision	Noted the Corporate Risk Register and assurance therein.	

13	Health & Environmental Protection Annual Report 2016/17		
13.1	Ms Jones submitted a copy of the Health and environment Protection Annual Report for 2016/17.		
13.2	It was reported that this was the first Health and Environmental Protection Annual Report for Bury and aimed to provide a means of assurance for the Council in relation to its Health & Environmental Protection Duties. The report covered a wide range of work being done to safeguard the people of Bury from the hazards presented by communicable diseases and the environment. The report highlighted many areas of achievement and excellence in Bury and also provides recommendations for areas of focus in the coming year and beyond, to ensure we maintain a high standard.		

ID	Type	The Governing Body:	Owner
D/03/28	Decision	Noted the Health and environment Protection Annual Report for 2016/17.	

14	Closing Matters		
14.1	Mr North reported that this would be the last Governing Body Meeting for Dr Patel prior to him moving on to pastures new. Mr North reflected on today's Governing Body meeting and commented that the way challenge was received from Governing Body and Public Members was symbolic of Dr Patel's strong leadership. Dr Patel reported that he would miss working with everybody at the CCG and the Governing Body wished Dr Patel well for the future.		
ID	Type	The Governing Body:	Owner
D/03/29	Decision	Noted the concluding remarks.	

Governing Body Action Log

Status Rating



- In Progress



- Completed



- Not Yet Due



- Overdue

Title	Action	Lead	Status	Due Date	Update
A/03/01	Agreed that a further update on Urgent Care would be provided to the Governing Body in July 2018 which would be brought back at an earlier stage should this be deemed necessary from a governance perspective.	Mr North		25 th July 2018	Added to the forward plan for inclusion on the July agenda.
A/03/02	Pennine Acute Trust to be invited to provide a presentation to the May Governing Body meeting in relation to the CQC report.	Mrs Jackson		23 rd May 2018	Presentation included on the agenda for 23 rd May 2018.