

<b>Meeting: Governing Body</b>			
<b>Meeting Date</b>	23 January 2019	<b>Action</b>	Approve
<b>Item No.</b>	3	<b>Confidential</b>	Yes
<b>Title</b>	Minutes and Action Log		
<b>Presented By</b>	Dr Jeff Schryer, CCG Chair		
<b>Author</b>	Emma Kennett, Corporate Affairs and Governance Manager		
<b>Clinical Lead</b>	-		

<b>Executive Summary</b>
<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>
<b>Recommendations</b>
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> <li>• Approve the minutes as an accurate record; and</li> <li>• Note the updates provided against the actions</li> </ul>

<b>Links to CCG Strategic Objectives</b>	
To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<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:	
GBAF <i>n/a</i>	

<b>Implications</b>						
Are there any quality, safeguarding or	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

patient experience implications?						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	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 a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a 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 including Conflicts of Interest?	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"/>
N/A						

Governance and Reporting		
Meeting	Date	Outcome
N/A		

<b>Title</b>	<b>Minutes of the Governing Body (Public) held on the 28<sup>th</sup> November 2018</b>		
<b>Author</b>	Emma Kennett, Corporate Affairs and Governance Manager		
<b>Version</b>	0.1		
<b>Target Audience</b>	Public Members/Governing Body Members		
<b>Date Created</b>	29 <sup>th</sup> November 2018		
<b>Date of Issue</b>	November 2018		
<b>To be Agreed</b>	23 <sup>rd</sup> January 2019		
<b>Document Status</b> (Draft/Final)	Draft		
<b>Description</b>	Minutes of the Governing Body meeting in Public 28 <sup>th</sup> November 2018		
<b>Document History:</b>			
<b>Date</b>	<b>Version</b>	<b>Author</b>	<b>Notes</b>
12/12/18	0.1	Emma Kennett	Forwarded to the CCG Chair for review.
<b>Approved:</b>			
<b>Signature:</b>			
			..... <b>Dr Jeff Schryer, CCG Chair</b>

# Governing Body

## Meeting in Public

### MINUTES OF MEETING

Governing Body, 28<sup>th</sup> November 2018 15:00-17:00

Chair – Dr Jeff Schryer, CCG Vice Chair

## ATTENDANCE

### Members

Dr Jeff Schryer, CCG Chair (Chair)  
Dr Cathy Fines, Clinical Director (for part)  
Dr Daniel Cooke, Clinical Director  
Mr David McCann, Lay Member  
Mr Peter Bury, Lay Member  
Mr Geoff Little, Chief Officer  
Ms Margaret O'Dwyer, Director of Commissioning and Business Delivery  
Mr Mike Woodhead, Chief Finance Officer

### Others in attendance

Mrs Lesley Jones, Director of Public Health, Bury MBC  
Mrs Emma Kennett, Corporate Affairs and Governance Manager, Bury CCG - minutes

### Public Members/Officers

Mrs Carrie Dearden, Communications and Engagement Manager. Bury CCG  
Mr D Parker, Public Member  
Ms A Warburton, Public Member  
Ms M Naylor, Bury Times  
Ms Barbara Barlow, Public Member  
Mr Owen Dykes, Military Veteran (for item 5)

## MEETING NARRATIVE & OUTCOMES

### 1 Welcome, Apologies And Quoracy

1.1 Dr Schryer welcomed those present to the meeting and noted apologies had been received from: -

- Mr Howard Hughes, Clinical Director
- Mrs Fiona Boyd, Registered Lay Nurse of the Governing Body
- Mr Chris Wild, Lay Member for Finance and Governance
- Mrs Catherine Jackson, Executive Nurse
- Mr Paul Horrocks, Communications Advisor

1.2 Dr Schryer advised that the quoracy requirements had not been satisfied, however in accordance with the CCG's constitution, at paragraph 6.10.6, the meeting would proceed and all decisions made would be in good faith and will remain valid. As this was outside the scheme of delegation, the Audit Committee would be notified in accordance with the Standing Orders.

<b>2 Declarations Of Interest</b>			
2.1	The Chair 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 <a href="#">here</a> .		
	<b>Declarations of interest from today's meeting</b>		
2.3	There were no declarations of interest from today's meeting raised.		
	<b>Declarations of Interest from the previous meeting</b>		
2.4	There were no declarations of interest from the previous meeting raised.		
ID	Type	The Governing Body:	Owner
D/11/01	Decision	Noted the published register of interests.	

<b>3 Minutes Of The Last Meeting And Action Log</b>			
3.1	<ul style="list-style-type: none"> <li><b>minutes</b></li> </ul> <p>The minutes of the Governing Body meeting held on 26<sup>th</sup> September 2018 were considered and agreed as a correct record.</p> <ul style="list-style-type: none"> <li><b>action log</b></li> </ul> <p>The Action Log was discussed and following comments were made: -</p> <ul style="list-style-type: none"> <li>07/04 - A more detailed contracting update to be provided to the Governing Body in September 2018. It was noted that this report was included on today's meeting agenda and could therefore be removed from the Action Log.</li> <li>09/06 - Ms O'Dwyer to liaise with Mrs Featherstone regarding the CCG's Risk Matrix. It was reported that this action should remain open on the action log until the next meeting.</li> </ul>		
ID	Type	The Governing Body:	Owner
D/11/02	Decision	approved the minutes of the meetings held on 26 <sup>th</sup> September 2018 as a true and correct record.	
D/11/03	Decision	closed the completed actions on the action log.	

<b>4 CCG Chair and Chief Officer Update</b>	
4.1	Mr Little presented a report to provide the Governing Body with an update on the Emergency Preparedness Resilience and Response (EPRR) Core Standards and Workforce Race Equality Standard.
4.2	Mr Little reported that in terms of the EPRR, this paper described the outcome of the self-assessment process for Bury CCG against the Core Standards Self-assessment and Health Economy Summary. It was noted that Self-assessment of Bury CCG's compliance against the EPRR Core Standards was undertaken by the GM Shared Services Resilience Team.

4.3	The outcome of the Self-assessment was included within the report and the Governing Body was requested to note the findings in relation to the overall level of CCG compliance which was one of Substantial compliance.
4.4	It was reported that of the 68 EPRR Core Standards within scope of the GM LHRP assurance process, there were 43 standards applicable to CCGs and 8 'deep dive' questions on Incident Co-ordination Centres and Command Structures which were all rated green.
4.5	<p>For Bury CCG, the breakdown of the Self-assessment was as follows:</p> <ul style="list-style-type: none"> <li>• Number of Core Standards assessed as 'Green' 42</li> <li>• Number of Core Standards assessed as 'Amber' 1</li> <li>• Number of Core Standards assessed as 'Red' 0</li> </ul>
4.6	Mr Little referred to section 2 of the report which provided further information in respect of the Workforce Race Equality Standard (WRES) for 2018.
4.7	It was reported that the CCG is required to demonstrate progress against a number of indicators of Workforce Race Equality Standard (WRES), including a specific indicator to address the low national levels of BME Board representation.
4.8	<p>It was highlighted that the WRES consists of nine metrics including: -</p> <ul style="list-style-type: none"> <li>• Four metrics specifically relating to workforce data.</li> <li>• Four metrics relating to national staff survey indicators.</li> <li>• The final metric relating to board representation.</li> </ul>
4.9	<p>In terms of the Greater Manchester position, organisations across Greater Manchester have committed to tackling race equality collectively because: -</p> <ul style="list-style-type: none"> <li>• Organisations with a more diverse workforce deliver better and more sustainable services.</li> <li>• A greater impact will be achieved, as the largest collective employer of Greater Manchester people, to provide good quality jobs which improve people's lives.</li> <li>• There is a moral and legal responsibility to do so.</li> </ul>
4.10	Mr Little referred to Appendix 1 of the Bury CCG WRES Report which highlighted that the Bury position was more favourable compared to the overall Greater Manchester position as the relative likelihood of white staff being appointed from shortlisting compared to BME staff is almost the same. It is also positive to note that there have been no formal disciplinarys recorded at the CCG during the WRES reporting period. It was highlighted that despite this good work, there was still further work required in terms of improving BME at Board level and in terms of areas of deprivation within the borough. It was suggested that a more detailed action plan be brought back to the Governing Body outlining the next steps that were required within this area from both a CCG and Local Authority perspective adopting a public sector wide approach.
4.11	It was reported that at Greater Manchester level, there was a steering group which was overseeing the work and is in the process of securing a 'lead provider' for this work from the participating organisations. The main aim for the lead provider will be to work

	with all organisations across Greater Manchester on data, culture, senior leadership, recruitment, supporting talent and sharing best practice.
4.12	Mr Bury commented that due to the small size of the organisation, one person leaving could adversely impact on the figures within this area.
4.13	<p>Mr Little provided a verbal update on a number of other key areas that were not covered as part of the written report. It was reported that: -</p> <ul style="list-style-type: none"> <li>• In terms of 'Bury the Place' there was a future possible consultation around the allocation of land for employment and housing and the importance for looking at this through a health improvement lens was emphasised. The Council also needs to submit plans as part of the Greater Manchester plan around improving air quality in the future.</li> <li>• An assurance meeting the Greater Manchester Health and Social Care Partnership had taken place on the 5<sup>th</sup> November 2018.</li> <li>• Work was underway at Greater Manchester level as part of the Devolution process.</li> <li>• The Greater Manchester Healthy Care Board had considered Bury's Red Bag scheme which has been rolled out in care homes in Bury. It was noted that other areas in Greater Manchester were keen to implement this scheme within their localities which was an extremely positive step for Bury.</li> <li>• Andy Burnham would be holding a meeting in Bury on the 29<sup>th</sup> November 2018 where members of the public would have the opportunity to ask any questions. These type of events were taking place in each Greater Manchester locality.</li> </ul>
4.14	Mr McCann requested some further information regarding the purpose of the Andy Burnham meeting scheduled to take place on the 29 <sup>th</sup> November 2018. Mr Little explained the purpose of these meetings and the need for particular services being retained at locality level. Dr Schryer emphasised the importance for monitoring health inequalities at locality level to ensure that no changes being made at Greater Manchester level were having an adverse effect within this regard.
4.15	Mr Little stated that the Council has just finished a peer review of its core functions with a team of experts from across the country involved to highlight both strengths and areas for improvement across the Council. It was noted that this would inform the development of a new Corporate Plan for the Council in terms of workforce, training and development. It was reported that the Joint Executive Team of the CCG and Council would be exploring opportunities for potentially joining up some support services and this would be brought back to a future Governing Body Meeting.

ID	Type	The Governing Body:	Owner
D/11/04	Decision	Noted the CCG's substantial compliance with the EPRR Assessment which the Accountable Emergency Officer has signed off accordingly.	
D/11/05	Decision	Approved the Workforce Race Equality Standard (WRES) 2018 for publication on the CCG website noting the position of Bury CCG and within the context of the Greater Manchester WRES findings.	
A/11/01	Action	A joint Race Equality Action Plan to be developed between the CCG and Council and brought back to a	Mr Little

		future Governing Body Meeting.	
A/11/02	Action	A further update in respect of CCG and Council Support Services to be provided at a future Governing Body meeting.	Mr Little

<b>5</b>	<b>Patient Story</b>
5.1	<p>Mr Owen Dykes, Military Veteran was in attendance to tell his personal story to the Governing Body. In summary, it was reported that Mr Dykes: -</p> <ul style="list-style-type: none"> <li>• Currently lives in Bury with his wife and two daughters.</li> <li>• On the 26<sup>th</sup> June 1990, just before his 16<sup>th</sup> birthday reported to Gamecock barracks in Nuneaton for training, this was to be the start of 24 years service in the Royal Regiment of Artillery. Mr Dykes went on to serve in Germany, all over the UK and also served in America, Canada, Cyprus</li> <li>• Supported the fireman's strike as well as completed several operational tours in Northern Ireland, Afghanistan and Iraq and along his journey buried 16 brothers in arms.</li> <li>• On the 15<sup>th</sup> July 2014 after 24 years service, Mr Dykes deked and handed his ID card in, Mr Dykes had stepped foot outside those gates and felt like his identity had been robbed from him.</li> <li>• Had problems with crowded public places, and was constantly assessing people to work out if they were a threat,</li> <li>• Could not socialise with civilian people, as mentioned because of the above and it prevented him from visiting places such as pubs and didn't feel like he was on the same wave length as civilians.</li> <li>• Felt very out of place and would rather socialise with other veterans or be by himself or try and avoid conversation.</li> <li>• Would get angry very easily especially over the simple little things</li> <li>• Had problems with sleeping about eight months after discharge and started to experience flashbacks, guilt and was unable to sleep properly or sleep at all</li> <li>• started to drink coffee and energy drinks so he didn't have to sleep, his diet also started to suffer and he put weight on, he also had problems concentrating on simple things which made him angry.</li> <li>• That not a day went by when he didn't think about taking his own life, he was one step away from completing a suicide plan, why he didn't was for two reasons. He felt it was a cowards way out and against his values and standards also had a wife and two daughters.</li> <li>• There were two things that sent him down the road to get help, the first was a friend of his wife's who works in the medical profession who had said he needed help, he then went to see his GP and broke down in front of him in his office. The GP then referred him to the Bury Military Veterans service.</li> <li>• Had his first appointment at the beginning of December 2016 and at the end of two hours was diagnosed with PTSD, social isolation, survivors' guilt and depression. It was also mentioned about Bury Veterans club so the next day he attended his first Bury Veterans club and as soon as he walked through the doors, he was back with his force's family.</li> <li>• Started to receive regular counselling to cope.</li> <li>• Has been out of counselling for less than 12 months, he still practises mindfulness and is able to lead a close to normal life.</li> <li>• Has took control of his life, and started to lose weight by joining slimming world, not only did this help him with weight lose but he also used it to help tackle his social isolation issues, he managed to lose five stone.</li> </ul>



	<ul style="list-style-type: none"> <li>• Is the Army secretary for the Borough of Bury Veterans Association, the group meets regularly as well as going on trips and events together.</li> <li>• Tries to attend the Bury Veterans breakfast club.</li> <li>• Still has low points, anger management problems however he now has the coping mechanisms to deal with them.</li> </ul>		
5.2	Mr Dykes commented that military veterans often feel left out of society and therefore targeted support for this group of individuals is required. It was reported that the Bury Veterans Breakfast club meetings every Friday, 9.30am-12.30pm at the Mosses Centre and welcomed attendance from Governing Body members at this session.		
5.3	Mr Little thanked Mr Dykes for his service to the country and for attending today's Governing Body meeting to tell his story.		
5.4	Mr Little enquired whether there was any advice that Mr Dykes could offer in terms of additional support that may be required during the period after leaving the army. Mr Dykes reported that further improvements were required in relation to the resettlement process which could include regular mental health checkups for veterans.		
5.5	Ms O'Dwyer reported that Bury CCG commissioned the Military Veterans service for the North West and would welcome Mr Dykes input as part of the Procurement Process which was due to commence in 2019.		
5.6	Mr Dykes suggested that further publicity be undertaken in respect of the Military Veterans Service to ensure that all GPs and veterans were aware of the service.		
5.7	Dr Schryer thanked Mr Dykes for telling his story and for attending today's meeting.		
ID	Type	The Governing Body:	Owner
D/11/06	Decision	Noted the Patient Story and thanked Mr Dykes for attending the meeting.	

6	Good News Stories
6.1	Members received copies of a report which provided an update on the improvements in residents with a mental health condition having a delayed discharge from hospital and details of the quality of nursing and residential care in Bury.
6.2	It was reported that in terms of delayed transfers of care, it was reported that Collaborative working with all partners across the system had been led by the Local Authority and has had a huge impact on the numbers of people with an enduring mental health condition waiting to be discharged from the three Pennine Care Foundation Trust wards based at Fairfield General Hospital; North Ward, South Ward and Ramsbottom Ward (Older People's Services). It was noted that prior to April 2018, the processes for discharging people in a timely way were not joined up and streamlined; people could wait many weeks for arrangements to be made to support their on-going needs after discharge.
6.3	It was highlighted that there had been improvements in all aspects of discharges, for example: - <ul style="list-style-type: none"> <li>• Accurate reporting on DTOC status</li> <li>• Discharge planning through multi-disciplinary meetings and more timely decision</li> </ul>

	<ul style="list-style-type: none"> <li>making</li> <li>• Active case management</li> <li>• System flow co-ordination</li> <li>• Improved co-ordination and prioritisation with other agencies; for example there are no longer delays due to housing.</li> </ul>		
6.4	It was reported that there continued to be delays in the system impacting on local people but there was a commitment by partners to continue with and develop further quality improvement initiatives to address this issue.		
6.5	In terms of the quality of care, people who live in Bury's Nursing and Residential Care Homes are in the main receiving excellent standards of care when compared with other areas of Greater Manchester. Bury homes participate in a range of activities which ensure that residents are receiving up to date, evidenced based and safe care.		
6.6	The table within the report compared the Care Quality Commission (CQC) ratings for Bury with Greater Manchester.		
6.7	Mr Bury referred to the good work detailed as part of this report which had significantly improved patient care for the individuals concerned. This had been discussed via the Quality and Performance Committee.		
<b>ID</b>	<b>Type</b>	<b>The Governing Body:</b>	<b>Owner</b>
D/11/07	Decision	Noted the report.	

<b>7</b>	<b>Future of Pennine Care Foundation Trust Community Services</b>
7.1	Ms O'Dwyer provided a verbal update in relation to the future of Pennine Care Foundation Trust Community Services.
7.2	Ms O'Dwyer provided an update on the work undertaken to date by Pennine Care Foundation Trust in refreshing their Operating Model. It was highlighted that the proposed direction of travel for the Trust would focus solely on the delivery of Mental Health and Well-being and not Community Services. A final decision on these proposals would be submitted to the Pennine Care Trust Board in December 2018.
7.3	It was reported that the CCG and Local Authority recognised Pennine Care's intended direction of travel regarding Community Services and as such would work with the Trust and the North East Sector Commissioning partners to transition to a new host Provider as quickly and safely as possible and in accordance with the appropriate procurement rules.
7.4	It was reported that the CCG and Local Authority had written to the Locality Care Alliance (LCA) in Bury inviting their consideration of who was best placed to be the host provider of Community Services in Bury going forward. It was highlighted that there was potential for the host being one of the LCA partners which consisted of the Northern Care Alliance, GP Federation, BARDOC, Bury Council and Pennine Care.
7.5	Ms O'Dwyer commented that discussions had been taking place at NES level in relation to the host provider arrangements and the associated timescales and was suggested that a 2 year host provider arrangement be sought. It was noted that the LCA had considered these proposals at their meeting last week and had indicated the criteria used to consider which organisation may be best placed, with the Northern Care Alliance being deemed the preferred partner to host Community Services.

7.6	Ms O'Dwyer informed members that there would need to be a process undertaken in respect of Community Services in order to progress the future hosting arrangements. It was noted that there were risks associated with this process in terms of the implementation of the new integrated community teams and the out of hospital offer. This linked to the existing discussions around staff being deployed into the LCA from April 2019. It was highlighted that communicating with Bury Community Staff would be pivotal to ensure their ongoing engagement in Transformation and to alleviate any nervousness around future changes and employment.
7.7	Mr McCann referred to the current contract with Pennine Care which ended on the 31st March 2019 and the plans for securing a 2 year contract with the Northern Care Alliance as per the recommendation of the LCA. It was noted that despite this 2 year period providing some stability in the system there was a need to be mindful of the timescales associated with any procurement process and potential redesign of pathways which in essence would not leave much slippage in terms of timescales. Mr McCann emphasised that this proposed direction of travel signalled by Pennine Care could provide some opportunities for future Community Services in Bury in terms of redesign. It was highlighted that there was a need for the Governing Body to be assured that there would be a robust process in place as part of any transition arrangements to maintain the quality and safety of Community Services in Bury.
7.8	Ms O'Dwyer highlighted that all NHS contracts would come to an end in March 2019 which formed part of the CCG's Contracting and Procurement process. In terms of the Pennine Care arrangements, there was a need to develop a full project plan to support the transfer arrangements. It was reported that the NES commissioner would be providing some dedicated resource to support this process and there would be an opportunity in relation to developing the Community Service specification in terms of the agreed outputs.
7.9	Mr McCann emphasised that the importance for public members continuing to receive a robust service as part of any two year hosting arrangement from April 2019. Mr Little highlighted that there were also opportunities for the locality in terms of the delivery of mental health services given this was the direction of travel for Pennine Care and the benefits within this area should not be underestimated as part of the transformation.
7.10	Mrs Jones sought clarification in relation to the transactional elements of the proposals as to whether there may be an impact of services that cut across different geographical footprints in terms of ensuring the best services are being secured for the population of Bury. Mrs Jones reminded colleagues that NHS England also commissions some Community Services from Pennine Care Foundation Trust and that they would need to be part of the transition.
7.11	Ms O'Dwyer commented that there were a number of devolved services from NHS England that needed to be taken into account with some of these being of a discrete nature with others cutting across boundaries. Mrs Jones enquired about the impact of the changes on the delivery of these services. Ms O'Dwyer commented that this level of detail would come out of the review process. It was noted that there would also be a need for Pennine Care to review their back office functions in the context of the proposed changes.

ID	Type	The Governing Body:	Owner
D/11/08	Decision	Noted the 2019/2020 intentions in respect of Pennine Care Foundation Trust for Community Services and	

		actions being taken locally and across the North East Sector in order to mobilise the process.	
D/11/09	Decision	Noted that the LCA had identified the Northern Care Alliance as the preferred partner to take on responsibility for Community Services from PCFT.	
D/11/10	Decision	Noted actions being taken to work collaboratively across the NES in respect of developing an implementation plan to support the transition.	

<b>8</b>	<b>Public Questions</b>		
8.1	There were no questions raised.		
<b>ID</b>	<b>Type</b>	<b>The Governing Body:</b>	<b>Owner</b>
D/11/11	Decision	Noted that there were no questions from members of the public.	

<b>9</b>	<b>Transformation Agenda update</b>		
9.1	<p>Mr Little provided an update on the latest Transformation developments. It was reported that: -</p> <ul style="list-style-type: none"> <li>• The OCO continued to benefit from the strong partnership working between the CCG and Council.</li> <li>• The Joint Executive Team of the CCG and Local Authority was now meeting on a fortnightly basis to consider areas where the CCG could work jointly.</li> <li>• Interviews would be taking place on the 29<sup>th</sup> November 2018 for an interim Transformation Director role for a period of 6 months to drive forward the OCO developments and support some of the next steps around the governance. In terms of further next steps required, this would include the development of a single commissioning board, single financial processes and single Performance Management Framework.</li> <li>• There was a need to ensure that staff was fully engaged as part of the transformation process going forward.</li> <li>• A joint Head of Communications role would soon be advertised which would further strengthen the existing joint working being undertaken between the CCG and Local Authority</li> <li>• The CCG Chief Finance Officer would be focusing on some of the finance arrangements around adult care services from a joint perspective.</li> <li>• A review of existing HR and OD arrangements would be undertaken.</li> <li>• Further work was required in respect of digital capacity however that would form part of the next phase of transformation.</li> <li>• There would be requirement for the CCG to make efficiencies in the region of 20% in respect of running costs which needed to be taken into account as part of future plans.</li> <li>• Discussions were taking place regarding the neighbourhood teams in terms of the premises they would operate from. This would involve single line management arrangements.</li> <li>• The role of Primary Care as part of the transformation programme needed to be explored further and discussions were being undertaken in this regard.</li> <li>• There was a need to ensure that there were Voluntary and Community Services at neighbourhood level.</li> <li>• As discussed at agenda item number 7, Pennine Care Foundation Trust would</li> </ul>		

	<p>be shifting focus from Community Services to Mental Health Services.</p> <ul style="list-style-type: none"> <li>• There was a need to re-write the Mutually Binding Agreement between the LCA partners in order to meet the specific organisational requirements and ensure all practical elements were covered. It was anticipated that the draft document would be available by the end of December 2018 and would link to the investment agreements as part of the transformation programme and movement of resources as required supporting the delivery of services.</li> </ul>
9.2	<p>Mr McCann highlighted that it would be useful for the Governing Body to receive a further update on the progress made in respect of the Mutually Binding Agreement at its meeting in January 2019 and would be helpful to understand at that point whether there are any issues in terms of progress being made and whether any further discussions are required with the LCA. Ms O'Dwyer commented that the refresh of the Mutually Binding Agreement should be viewed in the context of the increased pace and key milestones being reached as part of the transformation journey. It was highlighted that there was a need for the appropriate assurances being sought to ensure that schemes are delivering in line with the original plans/projections.</p>
9.3	<p>Dr Schryer summarised the main transformation points covered as part of this item and commented that there was a need for the Governing Body to receive a further update in respect of the Mutually Binding Agreement at their meeting in January 2019. There was also a need to closely monitor the delivery of services and that the Investment Agreements support the transfer of funding around the Health and Social Care system.</p>

ID	Type	The Governing Body:	Owner
D/11/12	Decision	Noted the Transformation update.	
A/11/03	Action	A further discussion in relation to the Mutually Binding Agreement to be provided to the Governing Body in January 2019 as part of the Transformation update	Mr Little

<b>10</b>	<b>Quality and Performance Committee Chair's Report</b>
10.1	<ul style="list-style-type: none"> <li>• Quality and Performance Committee Chair's Report</li> </ul> <p>Mr Bury presented the latest Quality and Committee Chair's report to the Governing Body. The report provided a summary of the Quality and Performance Committee meeting held on the 14<sup>th</sup> November 2018. In summary, it was reported that: -</p> <ul style="list-style-type: none"> <li>• There was a question raised in relation to Paediatric ENT in terms of hearing aids being used as an interim measure as there was evidence to show using hearing aids was more beneficial than using grommets. The assessment of patients within this area was discussed and whether the wider social determinants of health were taken into account. It was agreed that this issue would be picked up separately outside of the Committee meeting.</li> <li>• In relation to Cancer performance, it was noted that 2 week waits, 2 week wait breast and 62 days performance remained a concern and the current trajectory will remain in place. The 2 week waits are expected to recover by November; the 62 day waits by March 2019. It was highlighted that breaches in lower GI, gynaecology had reduced since the previous month; provisional PAHT data shows improved breast performance during August with further improvement expected in September, however this is expected to deteriorate in October due to staffing issues and family history rates. Endoscopy capacity would have an impact on gastroenterology performance. Late referrals were picked up by the</li> </ul>

	<p>GM Cancer Board as this is seen as a wider GM issue in terms of meeting the pathway for 62 days. Members discussed the recruitment plans and the confidence in trajectories / recovery plans in relation to cancer. It was noted that the Quality Premium was on the risk register which is reviewed by the Quality and Performance Committee and the 62 day cancer pathway formed part of this. It was highlighted that the cancer workstream should have oversight of the cancer trajectories/recovery plans to review, the output from that workstream could then be submitted to the Quality and Performance Committee in December 2018 /January 2019 to provide assurance.</p>
10.2	<p>Dr Fines referred to section 1.7 of the report and commented that this performance referenced in respect of Maternity and Children’s was specific to Mental Health services.</p> <ul style="list-style-type: none"> <li>• Quality Dashboard</li> </ul>
10.3	<p>Members received copies of the latest Quality Dashboard. It was highlighted that the Quality Dashboard provides an overview of: -</p> <ul style="list-style-type: none"> <li>• Major incident at Fairfield General Hospital on 7<sup>th</sup> November</li> <li>• Provider quality updates</li> <li>• General Practice update</li> <li>• Nursing Home update</li> <li>• Performance Report</li> </ul>
10.4	<p>Ms O’Dwyer presented the latest Performance report to the Governing Body. The purpose of this report is 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. It was reported that: -</p> <ul style="list-style-type: none"> <li>• In terms of Urgent Care, Fairfield General Hospital continued to fair well in terms of performance however the winter period was on the horizon which could impact on planned activity should there be pressures encountered. It was noted that some mitigations could be put in place in terms of particular orthopaedic procedures being carried out on a day case basis.</li> <li>• In relation to Cancer Performance, further information was available to the CCG since the production of this report to suggest that the agreed recovery plan with Pennine Acute in relation to the 2 week waits would not be met and the likely timescales for these improvements would be December 2018 or January 2019 and not November 2018 as projected.</li> </ul>
10.5	<p>Dr Fines enquired whether any communication was required with GPs in relation to the current 2 week wait position. Dr Cooke updated on the current work being undertaken within this area in an attempt to improve upon this position and agreed to coordinate an appropriate communication to General Practices in this regard. Dr Schryer highlighted that there may need to be a different strategy in respect of Cancer Performance and suggested some dedicated time be set aside at the Closed Governing Body/Development Session in December 2018.</p> <ul style="list-style-type: none"> <li>• Bury Adults and Children’s Safeguarding Reports</li> </ul>

10.6	Dr Fines presented the Bury Safeguarding Adults Board (BSAB) Annual Report and the Local Children's Safeguarding Board (LSCB) Annual Reports to the Governing Body.
10.7	It was reported that the Safeguarding Adults report had been produced as per the statutory requirements set out in the Care Act 2014. The report provides an opportunity to look back on the achievements of the previous year and plan for the challenges of the forthcoming year.
10.8	It was noted that the Local Children's Safeguarding Board (LSCB) Annual Report had been produced as per statutory requirements set out in Working Together.
10.9	Dr Fines updated members on the impending changes in relation to safeguarding which would involve a move towards combining the adults and children's functions with a 'thinking with families' approach adopted. <ul style="list-style-type: none"> <li>Briefing following the Children Looked After and Safeguarding inspection by CQC</li> </ul>
10.10	Dr Fines submitted a briefing note following the Children Looked After and Safeguarding inspection undertaken by the CQC in September 2018. The key aspects of the visit were outlined including next steps and actions planning.

ID	Type	The Governing Body:	Owner
D/11/13	Decision	Noted the Quality and Performance Chair's report	
D/11/14	Decision	Noted the Quality Dashboard	
D/11/15	Decision	Noted the Performance Report	
D/11/16	Decision	Noted the Bury Adults and Children's Safeguarding Reports	
A/11/04	Action	A communication to be produced for GP practices in relation to the current position surround the Cancer 2 week performance.	Dr Cooke
A/11/05	Action	A further discussion on Cancer Performance to be undertaken at the Governing Body meeting in December 2018.	Ms O'Dwyer

<b>11</b>	<b>Finance, Contracting and Procurement Committee Chair's Report</b>
	a) Finance, Contracting and Procurement Committee Chair's Report
11.1	It was noted that in the absence of Mr Wild this item would be picked up as part of the Finance report for Month 7 at item 11b on the agenda.
	b) Finance Report Month 7
11.2	Mr Woodhead presented the CCG's Finance Report for Month 7. It was reported that the CCG's financial plan for 2018/19 delivered the control total set by NHS England (NHSE), which was a breakeven position prior to the addition of historic surpluses (£6.95m). The CCG was not able to utilise historic surpluses without approval from NHSE.
11.3	It was noted that the CCG financial position to month 7 was on plan with the key points in the month 7 forecast outturn position being as follows: -

<p>11.4</p> <p>11.5</p> <p>11.6</p> <p>11.7</p> <p>11.8</p>	<ul style="list-style-type: none"> <li>• The Pennine Acute Hospitals Trust (PAHT) contract showed a forecast underspend of £0.8m predominantly related to reduced activity in scheduled care (previously £1.1m in M6). Although non-elective activity was above the contracted cap the forecasted over performance has reduced in month 7.</li> <li>• Mental health services were forecast to be overspent by £1m, which largely related to the cost of additional beds required for Bury service users.</li> <li>• Primary care services were forecast to be overspent by £243k primarily due to prescribing costs within GP surgeries.</li> <li>• The forecast position assumed delivery of the £8.5m QIPP (£4.3m identified schemes, £2.2m crystallised non-recurrent mitigations and £2.4m anticipated non-recurrent mitigations). The assessed risk to the delivery of the £8.5m target is £3.4m. Work was ongoing to crystallise and identify mitigating items.</li> <li>• The CCG was reporting a net risk of delivering the forecast financial position of £2m. Work was ongoing through the accelerated savings group to expedite savings plans and where possible to reduce this net risk position.</li> </ul> <p>It was highlighted that the underlying position reported to NHSE at month 7 was a forecast deficit of £5.7m. This represented the position excluding benefits and pressures that are non-recurrent, therefore showed the impact to the recurrent (2019/20) financial position.</p> <p>Mr McCann referred to the constructive discussions that had taken place at the Accelerated Savings Group which meets on the same day ahead of the Finance, Contracting and Procurement Committee meetings. It was highlighted that the group strived towards achieving better outputs for better costs with a matrix working style approach adopted between different Departments at the CCG including finance.</p> <p>c) Contract Tracker</p> <p>Mr Woodhead submitted the latest Contract Tracker to the Governing Body as per action A/07/04 on the Action Log from July 2018.</p> <p>It was reported that the CCG contract tracker had been established to ensure that CCG contracts were put in place and renewed in a timely manner with actions to ensure adequate due diligence checks were undertaken to support a more robust contract management function.</p> <p>This paper provided an update on contracts and grants currently out of contract or with an expiry date of 31<sup>st</sup> March 2019. The CCG had now established a Contract Planning Group led by the Chief Finance Officer to be held fortnightly with representation from each CCG department namely Commissioning, Finance, Business Intelligence, Quality, Safeguarding and Contracts to update collectively on contract status and set up project groups for any service reviews aligned to the Commissioning Intentions.</p>
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ID	Type	The Governing Body:	Owner
D/11/17	Decision	Noted the CCG financial position at month 7, which is on plan;	
D/11/18	Decision	Noted that the forecast outturn position remains in line with plan subject to the net risk position;	
D/11/19	Decision	Took assurance from the Finance, Contract and	



		Procurement Committee's scrutiny of the financial position.	
D/11/20	Decision	Received the Contract Tracker report	

12 Committee Chair Reports			
		<ul style="list-style-type: none"> <li>Clinical Cabinet</li> </ul>	
12.1		Dr Fines submitted a report that provided an update from the Clinical Cabinet meeting that had taken place on the 3 <sup>rd</sup> October 2018. It was reported that there had been a further meeting of the Cabinet which took place in November 2018 where Palliative care had discussed.	
		<ul style="list-style-type: none"> <li>Primary Care Commissioning Committee</li> </ul>	
12.2		Mr Bury provided a verbal update on the key outputs from the Primary Care Commissioning Committee that had taken place earlier today (28 <sup>th</sup> November 2018). The key items considered at the meeting had included: - <ul style="list-style-type: none"> <li>A discussion around the provision of NHS dentistry.</li> <li>A discussion in relation to the Greater Manchester Performance report.</li> <li>An item in relation to the development of the Uplands site. A further report in this regard would be submitted to the meeting in January 2019.</li> </ul>	
ID	Type	The Governing Body:	Owner
D/11/21	Decision	Noted the Clinical Cabinet report from October 2018.	
D/11/22	Decision	Noted the Primary Care Commissioning Committee update.	

13 Closing Matters			
13.1		Dr Schryer summarised the main points from today's meeting and thanked members for their contributions to the meeting.	
ID	Type	The Governing Body:	Owner
D/11/23	Decision	Noted the information	

<b>Next Meeting</b>	Wednesday, 23 <sup>rd</sup> January 2019, 15.00-17.00 at Townside Primary Care Centre
<b>Enquiries</b>	Emma Kennett, Corporate Affairs and Governance Manager <a href="mailto:Emma.kennett@nhs.net">Emma.kennett@nhs.net</a>

## 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.	Ms O'Dwyer		TBC	<p>A formal presentation in relation to the Urgent Care developments/pilot would be provided to the Governing Body in September 2018</p> <ul style="list-style-type: none"> <li>It was reported that a presentation in relation to Urgent Care would be provided to a future Governing Body meeting at the appropriate time.</li> </ul>
A/07/02	A formal presentation in relation to the Urgent Care developments/pilot would be provided to the Governing Body in September 2018.	Mr North		TBC	As per action A/03/01
A/09/06	Ms O'Dwyer to liaise with Mrs Featherstone regarding the CCG's Risk Matrix.	Ms O'Dwyer		23 <sup>rd</sup> January 2019	
A/11/01	A joint Race Equality Action Plan to be developed between the CCG and Council and brought back to a future Governing Body Meeting.	Mr Little		TBC	
A/11/02	A further update in respect of CCG and Council Support Services to be provided at a future Governing Body meeting.	Mr Little		TBC	
A/11/03	A further discussion in relation to the Mutually Binding Agreement to be	Mr Little		23 <sup>rd</sup> January	

Title	Action	Lead	Status	Due Date	Update
	provided to the Governing Body in January 2019 as part of the Transformation update			2019	
A/11/04	A communication to be produced for GP practices in relation to the current position surrounding the Cancer 2 week performance.	Dr Cooke		23 <sup>rd</sup> January 2019	
A/11/05	A further discussion on Cancer Performance to be undertaken at the Governing Body meeting in December 2018.	Ms O'Dwyer		19 <sup>th</sup> December 2018	Discussion held at Governing Body Meeting on the 19 <sup>th</sup> December 2018.