

**Coventry and Rugby
Clinical Commissioning Group**

**MINUTES OF COVENTRY AND RUGBY CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING HELD IN PUBLIC ON 13TH NOVEMBER 2013,
CHRISTCHURCH HOUSE, GREYFRIARS LANE, COVENTRY CV1 2GQ**

142. PRESENT: Mr Peter Maddock (Chair), Dr Steven Allen, Mrs Juliet Hancox, Mrs Esther Peapell, Dr Peter O'Brien, Mrs Clare Hollingworth, Mrs Jacqueline Barnes, Mrs Pamela Sampson, Mr Charles Holmes, Dr Prashant Kadodkar, Dr Jeff Cotterill, Dr Tony Feltbower, Dr Jane Moore (from minute 157).

143. IN ATTENDANCE: Mrs Clare Weston (minute taker).
Mrs Rebecca Blyth.

144. APOLOGIES: Dr Adrian Canale-Parola, Dr John Linnane. Mr Maddock advised the Governing Body members that Dr Jane Moore would be slightly delayed.

145. DECLARATIONS OF INTEREST: There were no interests declared.

146. MINUTES OF THE PREVIOUS MEETING: The minutes of the last meeting on 9th September 2013 were approved as a correct record.

147. MATTERS ARISING: There were no matters arising.

148. ACTION SCHEDULE: All of the items on the Action Schedule were being addressed on the agenda of this meeting.

Testing Business Continuity Plans

Further to the previous Chief Operating Officer's report last month, it was noted that there was no update on the testing of Business Continuity Plans for this meeting. And that this would remain on the Action Schedule for a future update.

149. CHAIRMAN'S Mr Maddock introduced Dr Prashant Kakodkar, Secondary Care Specialist to the Public Governing Body meeting and

REPORT:

welcomed members of the public, including Jane Cryer and Sue Lacey Bryant from Capita who had been asked to observe how the Governing Body worked as a team and provide feedback on how business was conducted. Mr Maddock highlighted the busy agenda which followed and requested that members kept to the timeslots allocated.

**150.
CHIEF OPERATING
OFFICER'S REPORT:**

Call to Action Workshops:

Mrs Hancox advised that as part of the Government's new initiative, Call to Action, workshops with practices had been held to discuss how we may need to change the way in which the NHS was currently working. Mrs Hancox advised that Primary Care access was being looked into due to the increased pressure on Accident & Emergency Services. It was noted that consultation processes with Locality Groups were taking place. Mrs Hancox confirmed that Call to Action was a medium term piece of work which would shape the future of general practice.

Mrs Hancox advised that GPs within Coventry were looking at possibilities of extension of opening times within practices for evenings and weekends. Mrs Hancox confirmed that a general sense of the conversations being held within local practice would be available after Christmas 2013.

Dr Feltbower confirmed that assurance would need to be sought from a GP access point of view to ensure that additional resource is in place to provide extra Primary Care access.

National Planning Guidance:

Work has commenced on the NHS England timetable for 2-year plans for local Integration Transformation Funds for Coventry and Warwickshire which has a first initial draft submission date of February 2014. It was noted that the 5-year plan for the local system would also need to be worked upon and this had a submission date of June 2014. Mrs Hancox reported that Coventry and Rugby Clinical Commissioning Group (CCG) were currently working with other CCG organisations and the four main providers to achieve this. It was noted that a first meeting had been held to kick-start this process and that plans would need to be ambitious in order to deliver the services within financial balance.

Requirement Transformation Fund:

Mrs Hancox reported that Coventry and Rugby Clinical Commissioning Group were currently working with Local Authority colleagues from both Coventry and Warwickshire

on the pooling budgets which was a huge piece of work.

Visioning Workshop:

Mrs Hancox confirmed that following the Governing Body Visioning Workshop Transformation Programme meetings were currently being held which would be concentrating on the Quality, Innovation, Productivity and Prevention (QIPP) Programmes for next year. It was noted that this would be a busy time with provider colleagues going into 2014.

Winter Plans

Mrs Hancox confirmed that plans were being implemented to ensure that money was being spent to get services up and running. It was noted that these plans were live and were being monitored to full effect.

Dr Feltbower made reference to the Early Discharge – Hospital at Home Service and advised that it would be interesting to see an evaluation and lessons learnt being taken throughout the country. Dr Allen advised that that there had been significant analysis undertaken over the year and that good schemes could be cost effective and high quality.

Mr Holmes expressed concern regarding how the uncertainty of the 5-year NHS Finance plan would be managed. Mrs Hollingworth confirmed that allocation would be shared before the Christmas period.

Mr Maddock resolved that all of these processes and plans would dovetail together which would be an opportune topic for a future Development session.

The Governing Body RESOLVED to note the Chief Operating Officer's Report.

**151.
NURSING REPORT:**

Mrs Barnes updated the Governing Body members on relevant topics relating to Professional Nursing and actions being taken to improve patient experience, quality of care and outcome.

The Nursing Report provided information and updates on the following topics relating to:

- Patient Experience
- Friends and Family Testing
- Quality of Commissioned Services
- Reducing Harm
- Primary Care Nursing
- Care Homes

- Coventry and Warwickshire Safeguarding for Children and Adults
- HCA/infection control

Patient Experience

Mrs Barnes made reference to the Patient Experience Matrix appended within the report and explained that this was a new toolkit which had been developed to allow for the systematic assessment of patient experience information to enable commissioners to better both hard and soft intelligence to improve the patients experience across the whole pathway of care.

It was noted that this evidence-based approach would allow the Clinical Commissioning Group to build an understanding of how the service functioned from a patient and carer perspective and would ensure that the wider care context was taken into account to ensure feedback to providers was robust.

Friends and Family Test

Mrs Barnes said that with regard to the Friends and Family test the Inpatient Friends and Family score and response rates for each Provider from April to August 2013 were presented combined with scores for Inpatients and A&E. Mrs Barnes reported that UHCW rates had maintained good response rates for A&E and that work was ongoing in other Trusts to increase the rates within their A&E departments.

Falls

Mrs Barnes confirmed that an Arden-wide workshop had been held on 18 September which was very well attended by local providers across health and social care (including care homes). Key actions were agreed and a follow up meeting would take place in the new year.

Safeguarding Vulnerable Adults:

Mrs Barnes confirmed that there was currently one serious case review underway in Coventry.

Mrs Barnes reported that a further case in Coventry had met the criteria for a Serious Safeguarding Review (May

2013) and was currently being scoped by the Serious Case Review Sub-committee.

It was noted that there were no serious case reviews for Warwickshire with the exception on one on-going domestic homicide review.

Safeguarding Children and Young People - Coventry

Mrs Barnes confirmed that there were currently 3 serious case reviews and 1 domestic homicide reviews underway in Coventry.

Safeguarding Training:

In respect of Safeguarding training especially for adults (for GP practices) 29 were still outstanding. The Governing Body expressed their concern at this poor uptake. Mrs Barnes asked for the support of the Clinical Chairs for the Localities to help improve uptake.

Mr Maddock expressed his disappointment regarding the outstanding training sessions which had not been booked for Children and Adult Safeguarding and requested that this information be shared with locality practices as this is an important area.

Mrs Barnes advised the Governing Body members that conversation were currently being held with the Local Medical Committee (LMC) regarding training as it was the responsibility of individual practices to ensure that they were undertaking regular training. Mrs Barnes also advised that she was currently working with Dr Madeleine Wells , Medical Director who would be visiting practices.

Dr Kakodkar asked whether there was an e-learning option for Safeguarding training. It was noted that this was available from Level 3 training.

It was RESOLVED that Area Team should be notified of the outcome of the incomplete training by the end of December 2013.

HCA/Infection Control

Mrs Barnes confirmed that two new infection control nurses

had been appointed to the Clinical Commissioning Group in September 2013 and would lead in the management of healthcare associated infections across the local health economy.

Mrs Barnes advised that preparation for winter and the management of the norovirus and flu had begun. Mrs Barnes confirmed that work to develop a joint communications plan with Warwickshire County Council and Coventry City Council to develop winter message to the public and advice on how to stay warm had commenced.

Mrs Barnes reported that the Clinical Commissioning Group was working jointly with University Hospitals Coventry & Warwickshire Trust to fund an additional Infection Prevention & Control Nurse to support the prevention of norovirus during the winter months within care homes in Coventry.

Mrs Barnes confirmed that the flu campaign had commenced and that Clinical Commissioning Group staff have had opportunities to receive their annual flu vaccination. Mrs Blyth asked what the percentage of staff uptake was for the flu campaign. Mrs Barnes advised that she would need to source information from Occupational Health and would circulate.

Mr Maddock expressed thanks to Mrs Barnes for the Nursing Report.

The Governing Body RESOLVED to note the information held in this report.

**152.
COVENTRY
SAFEGUARDING
ADULT BOARD
ANNUAL REPORT
2012/13:**

Mrs Barnes provided the Governing Body with an update following the publication of the Coventry Safeguarding Adults Board - Annual Report 2012/13.

Mrs Barnes highlighted the key points within the Coventry Safeguarding Adults Board - Annual Report 2012/13:-

- Current position on the legal and national framework for Safeguarding Adults.
- Information on the Coventry Safeguarding Adults Board (CSAB).
- Summary of Board priorities for 2013-14.

- The work of the Board Sub Groups.
- Summary of the Board achievement during 2012/13.

Mrs Barnes advised the Governing Body that there was a lot of work being undertaken to re-launch this campaign and that significant links were being made across the Safeguarding Adults/Children agenda.

Mr Maddock queried whether a similar report which had been provided by Coventry City Council had been provided for Warwickshire. Mrs Barnes advised that the annual report was yet to be received. Mr Maddock requested it be pursued.

Leaflets had been circulated within the Governing Body meeting which were entitled "Worried that you or Someone you Know is being Harmed or Neglected?" for information. It was noted that these leaflets had been circulated for information.

The Governing Body Members RESOLVED to note the update on the Coventry Safeguarding Adults Board - Annual Report 2012/13.

**153.
FINANCE REPORT -
MONTH 6:**

Mrs Hollingworth advised Governing Body members of the financial position of Coventry and Rugby CCG up to the 30th September 2013 (Month 06 - 2013/14) and to advise of any other financial issues likely to impact in the current financial year.

Mrs Hollingworth highlighted the two working papers that had been inadvertently circulated alongside the appendices. It was noted that the report had since been amended on the CCG's intranet site.

The following points were made:

- Coventry and Rugby CCG had reported a year to date revenue surplus of £2.87m compared to a plan of £3.08m.
- The outcome of the Specialised Services review allocated to Coventry and Rugby Clinical Commissioning Group was significantly less (£0.5) than the anticipated £7.7m. The remaining balance of 2.0% monies (£2.8m) and a sizeable portion of the remaining reserves have been utilised to ensure that Clinical Commissioning Group delivers the 1.0% surplus

required by NHS England planning guidance. The CCG has accepted the outcome of the regional review but asked that actual activity transfers remain under review through 2013/14 and that further allocation adjustments be approved if significant differences are evidenced.

- Due to ongoing issues with regard to contract reconciliation processes, the reported Acute position still needs to continue to be treated with a degree of caution as activity related spend may change as further retrospective validation is completed. The information provision has improved, but not all queries are yet resolved.
- In relation to the CCG's commissioning portfolio, the immediate concern is the year to date overspend relating to Continuing Healthcare. This is offset to a degree by under-spends on the other services lines. Some data is now available to assess the financial impact of many QIPP initiatives; however there are some issues still to be resolved on information provision. Given the surety secured via contract settlements, it is currently anticipated that the majority of net savings will be achieved for 13/14, with under-achievement offset by lower than planned investments, but that savings will not be achieved recurrently. This is a significant concern for 2014/15.
- It was currently anticipated that the Coventry and Rugby CCG would be able to achieve its running costs target.

Mrs Hollingworth reported that Coventry and Rugby CCG was on track to deliver its statutory targets for this year but that a number of potential financial risks remained. One of the most significant risks was the adequacy of the provision held for inherited Continuing Healthcare claims. Work was ongoing to re-assess the requirement based on the more complete claim submissions now available.

QIPP Programme

- A majority of net savings will be achieved for 13/14, with under-achievement offset by lower than planned investments and contractual risk share arrangements but Urgent Care schemes would not be achieved recurrently. This is a financial concern for 2014/15.

Mrs Hancox noted the current problems with receiving activity and data and queried whether this was being received for all providers. Mrs Hollingworth confirmed that all providers were providing data, although the level of detail being received was not necessarily as it should be for some Trusts.

Mr Maddock queried what plans had been put in place to work through the QIPP issues. Mrs Hollingworth reported that there were Confirm and Challenge sessions scheduled and was also engaging with Coventry & Warwickshire Partnership Trust and University Hospitals Coventry & Warwickshire Trust to understand pathway issues and agree how diversion services could be made more effective.

Governing Body members RESOLVED to:

- Note the reported £2.87m surplus after half of the financial year compared to a plan of £3.08m.
- Note that Coventry and Rugby CCG currently anticipated being able to achieve all of its statutory financial duties in 2013/14 and is now forecasting to deliver the full 1.0% control total surplus set by NHS England, although with an impact on reserves.
- Note that the regional allocations review work with the Area Team and Specialised Services has been concluded.
- Note the position with regard to 2013/14 capital allocations.

**154.
2014-16
COMMISSIONING
INTENTIONS:**

Mrs Hollingworth sought Governing Body approval for the proposed 2014-16 Commissioning Intentions.

Mrs Hollingworth highlighted the priorities for action which had been identified by patients and members of the public in respect of the five strategic priorities of the Clinical Commissioning Group:

- Best practice in acute hospital care.
- Wellbeing of people with mental health needs.
- Health of (frail) older people
- Health living and lifestyle choices
- High quality, safe GP practices

The following selected priority work programmes were as follows:

- Diabetes
- End of Life
- Dementia
- 24/7 Urgent Care
- Stroke Care
- Vulnerable Children (a change from the Children 0-5 stated within the original draft)

Core commissioning principles were confirmed as:-

- Quality & Safety
- Integration
- Best Value

Mrs Hollingworth reported that the Commissioning Intentions 2014-16 document had been shared with GP members (via the Locality structures), Local Authority partners, Providers and the two Health & Well-Being Board. It was noted as a result of this consultation, it was proposed to change the focus of work stream 6 from “Children 0-5” to “Vulnerable Children” and that timely access to Child & Adolescent Mental Health Services would be incorporated as one of the areas for improvement.

Dr O'Brien highlighted that the Clinical Commissioning Group would need to be realistic with the timeframe, as some of the priorities would take time to develop. Mr Maddock agreed this point and advised that the intentions would need to be clear with a realistic timeframe.

The Governing Body RESOLVED to approve the 2014-16 Commissioning Intentions, with the amendment outlined above, and requested that detailed work programmes were developed and presented to a future meeting.

**155.
WEST MIDLANDS
NHS 111 UPDATE
FOR CCG BOARDS:**

Mrs Hancox sought to inform the Governing Body of a change in the NHS 111 procurement timetable resulting in a change to the report agreed at the last Governing Body meeting.

Mrs Hancox reported the key points noted regarding NHS England who had recently announced that the re-procurement of NHS 111 would start from April 2014 with a new service starting from April 2015 at the earliest.

The paper covered:

- Operational Progress
- Assurance process
- Finance
- Clinical Blueprint for future service specification
- Procurement
- Communications
- CCG decisions required

The Governing Body RESOLVED to:

**156.
CORPORATE
PERFORMANCE
DASHBOARD:**

- Note the change to the procurement timetable for NHS 11.

Dr Allen informed the Governing Body of the key corporate performance risk areas. Actions to address areas of improvement.

Key points noted were:

Key Performance Indicators:

- University Hospitals Coventry & Warwickshire Trust breached against the 62 day cancer waits target in August, the Clinical Commissioning Group met the target as only five of its fifteen breaches related to Coventry and Rugby Clinical Commissioning Group patients.
- Year-to-date performance against the A & E 4 hour waits remains below 95%.
- Delayed transfers of care are on an upward trend.
- The Clinical Commissioning Group met the 18 week referral to treatment time targets in August.

Performance against outcome-related Quality Premium indicators.

Unplanned hospitalisation for chronic ambulatory care sensitive conditions in the April to July period was lower than for the same period in 2012/13, but there was a slight rise in emergency admissions for conditions that should not usually need hospital admission. April to August alcohol-related admissions show a year-on-year reduction for the Rugby and InSpire localities, but a slight increase for Godiva locality.

Secondary Care Demand Trends by Locality.

Both GP-initiated new outpatient attendance data and referrals figures from the Referral Support Service for Coventry indicate that demand is higher than the same period in 2012, with significant increases for InSpire locality practices across the main specialty areas. However, the rate of increase appears to be slowing. Figures for Rugby locality suggest that demand from GP referrals remains at similar levels to 2012/13.

Urgent Care Demand

UHCW have introduced a system called 'Getting emergency care right' in the past 6 weeks which has seen them delivering almost 99% consistently on the A&E 4 hour

target. The CCG has been helping them to develop the processes involved in this initiative over the past 18 months and will continue to work with the trust to continue this performance which is now among the top 3 performing trusts in the country.

Whilst the number of A & E attendances remains lower than the same period in 2012, only 91.6% were seen within 4 hours in the first half of the year, with an average of 1,200 breaches a month. Breaches must remain below an average of 261 a month for the remainder of the year, for the 95% Quality Premium target to be met for 2013/14.

Emergency admissions are 1% higher than 2012/13, suggesting that an increase in illness acuity rather than demand is giving rise to the bottlenecks in A & E.

Dr Feltbower queried whether the improvement in upward trend on the Delayed Discharge of Care was due to the Trust managing beds more efficiently or were there fewer patients going into hospital. Dr Allen confirmed that attendance rates were down and that hospital systems had changed.

Mr Maddock commended the good progress which had been made and stipulated the need to ensure that this trend was sustainable going forward.

The Governing Body RESOLVED to note the Corporate Dashboard report.

**157:
LAY MEMBERS
REPORTS:**

Mrs Sampson confirmed that positive comments had been received with regard to the new 585 transport services which had commenced and advised that the next conference had been scheduled for 3 December 2013 and that this would be widely publicised in advance.

Mrs Peapell advised that this process was a robust timeframe for Coventry and Rugby and confirmed that Patient Reference Groups would be held on a monthly basis.

**158:
LOCALITY LEADS
UPDATE :**

Dr O'Brien gave a brief update for InSpire on an initiative which was taking place within Medicines Management.

Dr O'Brien reported that there had been big culture changes and changed attitudes with an increase awareness in exercise.

Dr Moore reported that approximately 24% of people

worked out for less than 10 minutes within a day and that people were sitting for longer periods.

Dr Cotterill gave a brief update on the Rugby locality and reported that Rugby was integrating well with Coventry which was a pleasing result.

Dr Cotterill reported that Mrs Peapell was currently working hard to improve the timetable for the 585 transport service.

It was noted that the CQUIN quality schedule for Outpatients was delivering a 'green' rating.

Dr Cotterill advised that the Macular Unit at Rugby St Cross Hospital was progressing well and that an update would be provided on this as soon as possible.

Dr Feltbower gave a brief update for Godiva and confirmed that they were engaging well with QIPP schemes.

Dr Feltbower confirmed that urgent care for Winter was currently being looked at within the Godiva Practice Leads meetings.

Dr Feltbower confirmed that work was in progress for nurse training. It was noted that Mrs Barnes and Madeleine Wells were working on this.

**159:
SUITE OF THREE
EQUALITY AND
DIVERSITY
DOCUMENTS:**

Mrs Peapell sought the approval of the suite of three Equality and Diversity document which would contribute to the Clinical Commissioning Group's compliance with their responsibilities under the Equality Act 2010. Specifically, their duties as a public sector organisation under Section 149 of the Act.

Mrs Peapell highlighted the key points within the Equality and Diversity documents:

- Equality, Diversity and Human Rights Strategy which lays down the rationale for the Clinical Commissioning Groups work in this area.
- Equality Objectives, developed from the Clinical Commissioning Group's values and commissioning intentions (NHS England must do)
- Equality Delivery System Action Plan (NHS England must do) which gives SMART objectives around equality deliverables that are derived from the Clinical Commissioning Group's commissioning intentions.

Mrs Peapell confirmed that the Equality Delivery System Action Plan was still work in progress and would be brought back to a future Governing Body meeting after consultation. Mrs Peapell reported that she was working closely with Helen Bunter, Arden Commissioning Support Services on this.

Mrs Barnes requested that these policies are submitted to the Quality & Safety Sub-Committee for the development of objectives in order for a further Action Plan to then be developed with clear, measurable outcomes. It was noted that the Action Plan would need to come back to a future meeting of the Public Governing Body meeting.

The Governing Body RESOLVED:

- That the Strategy was approved.
- That the Equality Objectives were adopted.
- That the Equality Delivery System Action Plan was agreed and would be taken out for public involvement and Healthwatch RAG rating.

**160:
COUNTER FRAUD
AND BRIBERY ACT:**

Mrs Blyth sought Governing Body approval for the Counter Fraud and Bribery Policy and advised that hard copies of the policy were available for inspection by Members.

Mrs Blyth highlighted the key points within the Counter Fraud and Bribery Policy:

- The Clinical Commissioning Group had produced a new Counter Fraud and Bribery Policy, which was discussed and approved through the Clinical, Quality and Governance committee held on 16th October 2013.
- The Policy had been developed with the assistance of the Internal Audit Department.
- The Policy takes into account the requirements and obligations for the Clinical Commissioning Group as laid out in the Health and Social Care Act (2010).

The Governing Body RESOLVED to note and approve the Counter Fraud and Bribery policy.

**161:
HOSPITALITY AND
GIFTS POLICY:**

Mrs Blyth sought the Governing Body approval of the Hospitality and Gifts Policy and advised that the hard copies of the policy were available for inspection by Members.

Mrs Blyth highlighted the keys points within the Hospitality and gifts Policy.

- The Clinical Commissioning Group had produced a revised Hospital and Gifts Policy which was discussed and approved through the Clinical, Quality and Governance Committee held on 16th October 2013.
- The Policy had been developed with the assistance of the Internal Audit Department.
- The Policy had taken into account the requirements and obligations for the Clinical Commissioning Group as laid out in the Health and Social Care Act (2010) and the Bribery Act (2010). The latter of which revised the legal framework for combating bribery and corruption in the public and private sectors.

Governing Body Members RESOLVED to note and approve the Hospitality and Gifts Policy.

**162:
COMMISSIONING
POLICIES:**

Mrs Hancox sought formal ratification from the Governing Body on the Commissioning Policies hereby listed below:

- Assisted Conception
- Hallux Valgus (Bunions)
- Hip Replacement Surgery
- Knee Replacement Surgery
- Total Prosthetic Replacement of the Temporomandibular (TMJ).

Mrs Hancox confirmed that the Clinical Commissioning Group had already adopted a number of previous Primary Care Trust policies but the following policies were outstanding and required formal ratification.

It was noted that there would be a full and comprehensive review of the policies in line with the Primary Care Trust's original review dates. Mrs Hollingworth advised that the Clinical Commissioning Group would be exposed if the aforementioned policies were not adopted.

Mr Maddock stated that it would be useful for a timeframe to be developed in order for sub-committees to identify when the reviewed would take place and requested that a schedule of dates be brought back to the Governing Body for review as soon as possible.

The Governing Body RESOLVED to ratify the policies to formalised current arrangements.

**163:
COMMISSIONING**

Dr Allen sought approval from the Governing Body members of the following four commissioning policies

POLICIES: DRUGS: following formal sign off at Clinical Development Group held in February 2013:-

These included:

- Commissioning Policy - Ozurdex® (dexamethasone intravitreal implant) in the management of uveitis
- Infliximab dose escalation in Crohn's Disease
- Rituximab in Rheumatoid Arthritis if anti-TNF therapy contraindicated
- Rituximab in Rheumatoid Arthritis without methotrexate.

Dr Allen highlighted the key points of each policy as follows:-

1. On the use of Ozurdex® for uveitis
2. Use of Infliximab 5mg/kg for every 6 weeks in patients who require dose escalation
3. Use of Rituximab outside of NICE in patients unable to take methotrexate
4. Use of Rituximab outside of NICE in patients with underlying conditions which mean that anti-TNFs cannot be used.

Dr Allen advised that commissioning policies were available for review by Members.

The Governing Body RESOLVED to note and approve the policies for inclusion in Acute NHS Contracts.

**164:
CORPORATE RISK
REGISTER:**

Mrs Blyth presented to the Governing Body the Corporate Risk Register for the Coventry and Rugby Clinical Commissioning Group covering updates for the period August - October 2013.

Mrs Blyth highlighted the key points which included all changes and additions which had been highlighted within the Risk Register:-

- There were currently 13 risks noted on the Register of which 7 were red
- 2 risks had been removed during the period specified:
 - Issues with Patient Transport Services. Significant progress had been made with Arden Commissioning Support on this issue and it no longer posed the reputational risk which was described previously.
 - Communication with the public - Healthwatch Coventry became operational from 1st

October 2013.

- 1 risk had been downgraded during the specified period:
 - Issue relating to issues with Payroll Services, processes were in place to address the outstanding issues but the numbers of staff raising queries had diminished dramatically - from 70% now down to 6%.
- 1 new risk had been added during the period specified:
 - This related to the disengagement due to the lack of clarity on the way forward and where responsibilities sat regarding mandatory or enhanced nursing training.

It was noted that Mrs Barnes and Madeleine Wells were working with the officers responsible regarding mandatory nursing training issues.

It was noted that the A & E Performance for University Hospitals Coventry & Warwickshire Trust risk summary - Failure of 4 hour target 11/12 Quarter 3 and Quarter 4, and 2012/13 for Quarter 1 with a review date of 1st June 2013 was reporting as a 'red' residential risk rating. Dr Allen agreed that he would chase the progress of this current risk.

The Governing Body RESOLVED to note the Corporate Risk Register.

**165:
ORGANISATIONAL
DEVELOPMENT
PLAN:**

Mrs Hancox provided the Governing Body with information regarding the proposal for the provision of Organisational Development Consultancy Support received from Capita Business Services Ltd.

Mrs Hancox highlighted the key points to the Governing Body members:

- Coventry and Rugby Clinical Commissioning Group recognised the important for a structured top down and bottom up approach to organisational development.
- Capita Business Service Ltd has proposed a wide ranging development programme which would provide a firm basis for the organisation.

The Governing Body RESOLVED to note the proposal.

**166:
DIRECTOR OF
PUBLIC HEALTH
ANNUAL REPORTS
2012/13 AND
2013/14:**

Dr Moore presented the Director of Public Health Annual Report to the Governing Body members.

Dr Moore highlighted the key points within the Director of Public Health Annual Report:

- As this was the first year that the City Council had legal responsibility for health and well-being, two reports were presented for consideration. The first of these reviews looked back to when public health was last in local government in 1974 and considered how health had changed since then. These second looked forward to the major challenges that needed to be tackled to improve health in the 21st Century.
- The findings of the report were to be used by the City Council and other key partners in the NHS and voluntary sector to focus action on the particular health needs of Coventry and the needs of Coventry and the groups in the city with the lowers life expectancy. It showed the need for continued effort to improve issues that affected people's health including education and employment which, in Coventry were being tackled through the City's status as Marmot City. It also highlighted the need to focus on lifestyle issues such as smoking, alcohol, poor diet and physical activity which were the biggest health challenges for the 21st Century.

Dr Moore confirmed that health had improved throughout the years although there had been slower progress throughout Coventry which had identified as being below the national average.

Dr Moore reported that reduction in cardiovascular and cancers was showing a reduction, although deaths in dementia, liver diseases and respiratory diseases were showing signs of increasing.

Dr Moore reported that over the last 5 years (2007-2012) there had been a reduction in of multiple unhealthy behaviours. It was noted that the ethnic population had shown an increase, whereby resident white population were showing a decrease.

Dr Moore emphasised the need for ensuring partnership with people is be undertaken.

Mrs Hancox queried whether appropriate messages were being cascaded to practitioners. Dr Moore advised on the following:

- To ensure early identification, conversations with patients were vital ensuring early intervention on alcohol behaviours.
- Correct signposting and messages around exercise - ensuring that GP practices were being used as a starting point.
- Conversation was changed with people regarding how they struggled to changes and appropriate testing out of ideas with the correct use of media coverage.

Dr Cotterill queried whether the Warwickshire website could be used for the progression on Sexual Health Services. Dr Moore confirmed that this idea was currently being looked at and that consultation was currently being sought in this area.

Dr Moore confirmed that Fuel Poverty was still work in progress and that food grants was not something that the City Council would be pursuing. It was noted that feedback on this would be provided in due course.

Mr Holmes raised the profile on Food Poverty and promoted the synergy around "Guerrilla Gardening Scheme" which was taking place within other areas. Dr Moore confirmed that a Healthy Weight Review in order to reduce Obesity and better diets was still being looked at. It was noted that the key issue would be to discuss this issue with Coventry and Rugby Clinical Commissioning Group for the biggest impact.

Dr O'Brien advised the Governing Body members that the importance of this was about working in a different way whilst undertaking the day job and ensuring that radical work was being undertaken to ensure that the route of behaviour was being addressed.

Dr Moore advised that she would be writing to Coventry and Rugby Clinical Commissioning Group formally for engagement on the forthcoming agenda.

In the absence of Dr Linnane, Mr Maddock highlighted the tabled reports which had been submitted for information to the Governing Body member's attention.

Members RESOLVED to endorse the findings of the Director of Public Health Annual Report 2012/13 and 2013/14.

**167:
CLINICAL QUALITY
AND GOVERNANCE
COMMITTEE:**

Members RESOLVED to note the minutes of the Coventry and Rugby CCG Clinical Quality and Governance Committee held on 21st August 2013.

**168:
CLINICAL
DEVELOPMENT
GROUP:**

Members RESOLVED to note the minutes of the Coventry and Rugby CCG Clinical Development Group meeting held on 24th September 2013.

**169:
PERFORMANCE
COMMITTEE**

Members RESOLVED to note the minutes of the Coventry and Rugby CCG Performance Committee meeting held on 22nd July 2013.

**170:
QUESTIONS OR
COMMENTS FROM
MEMBERS OF THE
PUBLIC:**

A member of the public queried the location was where the Guerrilla Gardening scheme was taking place.

Mr Holmes confirmed that this was currently taking place within the Yorkshire location of Todmorden. Dr Moore confirmed that Birmingham were doing very well on an apprenticeship scheme

**171:
ANY OTHER
BUSINESS:**

There was no other business.

**172:
DATE OF NEXT
MEETING:**

The next public meeting will be held on 8th January 2014 at 2pm at Christchurch House, Greyfriars Lane, Coventry.

It was RESOLVED that the public will now be excluded from the meeting in the public interest, by reason of the confidential nature of the business about to be transacted. Coventry.