

**Unconfirmed Minutes of the Governing Body Meetings in Common Held in Public
on Thursday, 8th March 2018, 1.30pm**

Venue: Endeavour / Serendipity / Synergy Meeting Rooms, Heron House, Nuneaton

Present:	
Dr Deryth Stevens	Chair - WNCCG
Mr Ludlow Johnson	Lay Member for Patient and Public Involvement and Equality – CRCCG (Acting as Chair – CRCCG)
Ms Andrea Green	Chief Officer
Dr Arshad Khan	Clinical Lead - WNCCG
Dr Godwin Igodo	Clinical Lead - WNCCG
Dr Chris Pycock	Secondary Care Doctor - WNCCG
Ms Sue Turner	Practice Network Lead: North Warwickshire - WNCCG
Mr Derek Pickard	Lay Member – Patient and Public Involvement - WNCCG
Dr Peter O'Brien	Clinical Locality Lead, Inspires - CRCCG
Dr Steve Allen	Clinical Director
Dr Prashant Kokodkar	Secondary Care Specialist Consultant - CRCCG
Mrs Clare Hollingworth	Chief Finance Officer
Ms Jo Galloway	Chief Nurse
Ms Jane Fowles	Deputising for Ms Liz Gaulton
Apologies:	
Dr Adrian Canale-Parola	Chair - CRCCG
Dr John Linnane	Director of Public Health, Warwickshire
Dr Inayat Ullah	Practice Network Lead: Nuneaton and Bedworth - WNCCG
Mr David Allcock	Lay Member for Audit and Governance - WNCCG
Mr Graham Nuttall	Lay Member - Primary Care - WNCCG
Mr Peter Maddock	Lay Member for Governance - CRCCG
Dr Deepika Yadav	Rugby Locality Lead - CRCCG
Dr Sarah Raistrick	Clinical Locality Lead (Godiva) - CRCCG
Ms Liz Gaulton	Director of Public Health, Coventry - CRCCG
In Attendance:	
Mrs Maria Maltby	Deputy Director of Corporate Affairs
Ms Rachel Robinson	Consultant in Public Health Medicine – WNCCG
Mr Stan Orton	Public and Patient Group Representative
Mr Steven Jarman-Davies	Director of Acute Contracting and Performance (From 14:02 until 14:49)
Ms Jenni Northcote	Chief Strategy and Primary Care Officer (From 14:14)
Miss Victoria Watts	Governance Officer
Visitors:	
Michelle Yeomons	Tillotts Pharma
Ms Kondakor	Nuneaton and District Green Party

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1. 1.1	<p><u>Standing Items:</u></p> <p>Welcome and Apologies</p> <p>Dr Stevens welcomed Members of both NHS Coventry and Rugby CCG (CRCCG) and NHS Warwickshire North (WNCCG) Governing Bodies and public attendees to the meetings in common. Apologies were noted as indicated above.</p> <p>Dr Stevens explained that Dr Canale-Parola had sent apologies for the meeting, which would have been his last as Chair of CRCCG Governing Body. Dr Stevens wanted to recognise the significant contribution that Dr Canale-Parola made and wished him the best for the future.</p> <p>Dr Stevens confirmed that Dr Sarah Raistrick had been elected as the new Chair of the CRCCG Governing Body.</p> <p>Dr Stevens explained that given the Chair and Deputy Chair of the CRCCG Governing Body were not present Mr Johnson agreed to act as Deputy Chair to enable the CRCCG Governing Body to be quorate. Members supported this proposal.</p>	
1.2	<p><u>Declarations of Interest:</u></p> <p>Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making.</p> <p>Dr Stevens explained that some potential conflicts of interest had been highlighted for the GPs present in relation to the Procurement Update report and the Transformation Report. However, no commercially advantageous information was contained within the reports and no action was therefore required.</p> <p>No other declarations of interest were raised.</p>	
1.3	<p><u>Minutes of the Last Meeting: 10th January 2019</u></p> <p>The minutes of the meeting held on 10th January 2017 were approved as a correct record of the meeting.</p>	
1.4	<p><u>Matters Arising And Action Schedule:</u></p> <p>Matters Arising</p> <p>In relation to issues previously raised regarding the Specsavers audiology service, Mr Orton reported that he had attended a branch in Tamworth and the service appeared to be flowing well for NHS patients.</p> <p>Action Schedule</p> <p>Members agreed to remove Action Refs: 36, 43, 44, 48, 49, 50, 51 and 52 from the schedule as completed.</p> <p>Members noted that Action Ref 17 was 'not yet due'.</p> <p>Members also considered the following:</p> <p>Action Ref 29: 11th May 2017 meeting, Agenda Item 6 - Public Health session for GPs to be organised: Ms Robinson confirmed that a session focused on cancer was planned for the 21st</p>	

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	<p>March, and a session had been arranged for September 2018 that would focus on suicide. To be removed from the Action Schedule.</p> <p>Action Ref 35: 13th July 2017 meeting, Agenda Item 8 – Blood tests: Dr Stevens reported that the topic was due to be discussed at a recent Patient Group Forum, however, the meeting was postponed. She explained that patients were required to book an appointment at George Eliot Hospital (GEH) for blood tests requested from a GP. However, patients were not required to book an appointment for blood tests requested from within the hospital. To be removed from the Action Schedule.</p>	
1.5	<p><u>Chair's Report:</u></p> <p>(A) Coventry and Rugby CCG:</p> <p>Dr Stevens presented the report in Dr Canale-Parola's absence.</p> <p>The report highlighted the following:</p> <ul style="list-style-type: none"> • Succession Planning: As previously stated, Dr Sarah Raistrick had been elected as the new Chair of the CRCCG Governing Body. • Health and Wellbeing Boards: The report urged the CCG to continue its support of both the Coventry and Warwickshire Boards, and to ensure that they continued to be seen as meaningful and relevant as the CCG moved towards integrated care. <p>The Governing Body NOTED the report.</p> <p>(B) Warwickshire North CCG:</p> <p>Dr Stevens' report included the following:</p> <ul style="list-style-type: none"> • Result of Election: Dr Stevens had been re-elected as Chair from the 1 April 2018. Dr Imogen Staveley had been elected as a Clinical Lead (North Warwickshire Practice Network) from 1 April 2018. • Members Meetings: Dr Stevens felt that the Members meetings had been received more enthusiastically by members since they had been clinically driven. • Health and Wellbeing Board: Dr Stevens reported that she had attended a Health and Wellbeing Board subcommittee meeting related to General Practice - The GP Services Group. She advised Members that this was a useful meeting to attend. <p>The Governing Body NOTED the report.</p>	
1.6	<p><u>Chief Officer's Report</u></p> <p>Ms Green summarised the main points from her report as follows:</p> <ul style="list-style-type: none"> • Strategic Commissioning Activities: <ul style="list-style-type: none"> ○ Significant progress had been made in relation to the pre-consultation business case for the Stroke Improvements. The findings from Integrated Impact Assessment (IIA) of the proposals and the proposed actions to respond to and mitigate impacts were considered at the Strategic Commissioning Joint Committee. It was agreed that there was adequate action planned to address the IIA and patient and public comments. The business case was forwarded for consideration by the Better Health, Better Care, Better Value Board Partnership Board (BHBCBV), who have considered and agreed their support for the it to be presented to NHS England (NHSE). ○ The Collaborative Commissioning Board met in February to discuss the Arden and Solihull Transforming Care Programme, as the Inpatient trajectories were not being met 	

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	<p>and it was not possible to recover the trajectory in 2017/18. The Board also discussed the refresh of the Proactive and Preventative BHBCBV work programme to include specific elements of the Upscaling Prevention work, and the Terms of reference for the Strategic Partnership Board for Children and Young People's emotional Well-being and Mental Health.</p> <ul style="list-style-type: none"> ○ NHSE guidance "Refreshing NHS Plans 18/19" published in February set out the planning parameters and financial framework for 18/19 and greater clarity on the voluntary evolution of STPs into effective Integrated Systems. The aim was for commissioners, NHS providers, GP networks, local authorities and other partners to agree to take shared responsibility for how they operate the collective resources for the benefit of the local population. Ms Green explained that the CCGs would need to continue strategic commissioning activity and build primary care networks. <ul style="list-style-type: none"> ● CCG Governing Body matters: CRCCG had recruited a Lay Member for Patient and Public Involvement and made an offer to a Lay Member for Audit and Governance. <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies NOTED the report.</p> <p><u>Patient Story</u></p> <p>Ms Green introduced a video in relation to Agenda Item 3.1, Patient Story. The video, entitled 'Improving stroke services in Coventry and Warwickshire,' detailed a family's experience of the stroke services.</p>	
<p>2.</p> <p>2.1</p>	<p><u>Strategy and Planning:</u></p> <p><u>Local Maternity System Transformation Plan</u></p> <p>Ms Green presented the report, offering her apologies that the lead for maternity services was not available to attend the meeting.</p> <p>Ms Green explained that NHSE had produced 'Better Births', the Five Year Forward View for Maternity Care, which detailed the national vision for maternity services of the future. The aim was for maternity services to become safer, more personalised, kinder, professional and more family friendly; and for every woman to have access to information. Staff would also be supported to deliver women centred care.</p> <p>Ms Green reported that the Coventry and Warwickshire Local Maternity System (LMS) has been set up to specifically develop and implement a plan to transform and sustain improvements in maternity and neonatal services.</p> <p>Ms Green detailed population growth, stillbirth rates, increase in complexity of births, smoking during pregnancy, mental health, and availability of specialist staff as some of the drivers for change.</p> <p>Ms Green highlighted the 'plan on a page' on page 7 of the report to Members.</p> <p>Ms Green directed Members to Figure 1 on page 11 of the report, which detailed the critical interdependencies between maternity, neonatal and acute paediatric services. These related to medical workforce, estates and IT in particular.</p> <p>Ms Green directed Members to figure 3 on page 13 of the report, and explained that Coventry and Warwickshire's local maternity system was a formal subgroup of the Maternity and Paediatrics work-stream of the Coventry and Warwickshire STP, and reported through that work-stream to the STP Board.</p> <p>Ms Green reported that the LMS Transformation Plan had been submitted to NHSE, and the CCGs were awaiting assurance from NHSE that the plan met the requirements. She asked Members whether they would support the plan.</p>	

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	<p>Mr Orton highlighted that Figure 9 on page 22 of the report stated that the change in numbers of live births between 2014 and 2039 would be 8 for North Warwickshire. Ms Green confirmed that Ms Robinson would review the figure and provide an update to Members.</p> <p>In response to a query from Mr Kokodkar, Ms Green suggested that an update report was presented to the Governing Body meeting every 6 months, with the next report scheduled for the September 2018 meeting.</p> <p>In response to a query from Mr Pickard, Ms Green confirmed that the plan on a page could be made available on the CCGs' websites. Mr Orton highlighted that an acronym glossary had not been included in order to help to general public to understand the report.</p> <p><i>Mr Jarman-Davies arrived the meeting at 14:02.</i></p> <p>In response to a query from Dr Khan, Ms Green confirmed that there was a training and workforce development plan in place. Ms Green suggested that the performance report to the September 2018 Governing Body meeting contained a specific update on workforce.</p> <p>The Governing Body NOTED and ENDORSED the LMS transformation plan.</p>	<p>RR</p> <p>AG</p> <p>AG</p> <p>JG/SJD</p>
2.2	<p><u>Public Health Report</u></p> <p>Coventry and Rugby</p> <p>Ms Fowles presented the report in the absence of Ms Gaulton, explaining that the report was themed on family, children and young people.</p> <p>Ms Fowles briefed Members on Family Hub development, explaining that there would be 8 Family Hub buildings covering the city of Coventry. She reported that the Hubs would comprise the following:</p> <ul style="list-style-type: none"> • Children's Centre Offer, such as delivering parenting interventions; • Child / young person targeted work; • Parent focused work; • Supporting schools; • Public Health Services, including the newly developed 0-19 family health and lifestyles Service; and • Other partners' offer, for example the police and other partners including the community and voluntary sector. <p>Ms Fowles confirmed that the focus over the next quarter would be on the communications strategy, stakeholder engagement, extension of the integrated child case meeting to schools, extension of the 'acting early' secondary school work, and working with Warwick University to evaluate the success</p> <p>Ms Fowles explained that Family Hub development was supported by the Parent Strategy Steering Group, which had been established to develop a new Parenting Strategy for Coventry. The group would be reviewing the current provision for parenting support and making comparisons to the national evidence base. Engagement work had commenced in September 2017 with a survey to capture the views of parents and carers in Coventry.</p> <p>Ms Fowles detailed the recommendations from the strategy development as follows:</p> <ul style="list-style-type: none"> • To strengthen availability and accessibility of general information and advice to parents; • To harness technology and the developing digital systems across agencies; • Ensure there is a systematic approach; • Ensure the offer is delivered in a way which progressively provides more support across the social gradient and level of need; • To improve cohesiveness; and • To build parenting capacity in specific areas where gaps have been identified. <p>Ms Fowles confirmed that multi-agency task and finish groups had been set up to take forward the first four recommendations, and Public Health were in the process of commissioning</p>	

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	<p>evidence based parenting training to support delivery of the strategy recommendations.</p> <p>In response to a query from Mr Johnson, Ms Fowles confirmed that existing services were not being replaced, but current services would be working together in a different way.</p> <p>In response to a query from Dr Khan regarding referrals to services, Ms Fowles explained that a number of intelligence sources would be working in partnership to identify need, including health visitors, school nurses, primary care and social workers.</p> <p>Ms Green and Dr Stevens requested that information regarding any process changes that would affect GPs and real life examples were circulated to Members. Ms Fowles confirmed that she would feed this back.</p> <p><i>Ms Northcote arrived at the meeting at 14:14.</i></p> <p>The Coventry and Rugby CCG Governing Body:</p> <ul style="list-style-type: none"> • NOTED the two work areas outlined: Family Hubs and the Coventry Parenting Strategy; and • Contributed any comments or suggestions for further work to strengthen parenting provision in the city across partners. <p>Warwickshire</p> <p>Ms Robinson presented the public health update report, highlighting the following:</p> <ul style="list-style-type: none"> • Drug and Alcohol Service Redesign & Re-commissioning Process: The Drug and Alcohol Service had been re-tendered and there was a new provider for the adult service. RR agreed to ensure that GPs were made aware via the communications team of the new referral route. • Director of Public Health Annual Report 2018: The theme for the report would be social media and how it impacts on young people's health and wellbeing. An online survey had been launched to collate the views of young people aged 10-18 in Warwickshire. • Flu Vaccine Uptake: Ms Robinson confirmed that she would provide an update on the figures to be circulated to Members. Dr Stevens felt that the CCGs needed to think about how to improve the vaccine uptake for future years, and Ms Green suggested that the CCGs may be able learn from other areas with similar populations. Ms Robinson confirmed that she would look into this. Mr Johnson requested that information was also provided regarding the reasons for lower uptake. <p>Ms Robinson added that all place based programs were now starting to take place across the 22 geographies in Warwickshire. A profiling tool had been completed and the Joint Strategic Needs Assessment was being implemented to understand the issues in the local geographies. Stakeholder events would also be taking place.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies NOTED the report.</p>	<p>JF</p> <p>RR</p> <p>RR</p> <p>RR</p>
2.3	<p><u>Communications and Engagement Report</u></p> <p>Ms Northcote presented the report. She confirmed that there had been a focus on market engagement and patient feedback for Extended Access.</p> <p>Ms Northcote directed Members to page 5 of the report on which there were a number of methods for promoting and publicising public involvement. She added that the annual Ipsos MORI 360 stakeholder survey fieldwork was underway, and a key focus was improved communications with GP practices.</p> <p>In response to a query from Mr Orton, Ms Northcote confirmed that TAF was an acronym for Task and Finish Group.</p>	

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	The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies NOTED the report.	
3.	<p><u>Quality, Safety and Performance:</u></p> <p>3.1 <u>Patient Story</u></p> <p>As detailed in section 1.6 above.</p>	
3.2	<p><u>Integrated Safety, Quality and Performance Report</u></p> <p><u>Safety and Quality</u></p> <p>Ms Galloway presented the report. She directed Members to the information regarding Items on Escalation on page 19 of the report. Ms Galloway explained that the Quality team was monitoring implications associated with delays with urgent clinic letters not being sent within 10 days at University Hospitals Coventry and Warwickshire (UHCW). The Trust had therefore been asked to provide a recovery plan by March 1st in order to avoid a further performance notice being issued.</p> <p>Ms Galloway explained that the CCG had identified a theme in relation to the partial booking system at UHCW. The Trust was scoping administrative processes and exploring models to standardise the booking system.</p> <p>Ms Galloway reported that there was one risk currently on level 3 escalation relating to Dermatology and delays in patients at UHCW receiving their first clinic appointment. The Trust was undertaking a number of actions, including a capacity and demand exercise; work to ensure effective clinic utilisation and a review to ensure consultants time is utilised effectively. The CCG Clinical GP Lead and CCG Quality Lead were due to meet with the Trust's Dermatology Clinical Consultant Lead and Director of Operations, and the Trust had been informed that a performance notice may be issued depending on the level of assurance provided.</p> <p>Ms Galloway confirmed that Coventry and Warwickshire Partnership Trust (CWPT) had presented the action plan in response to their Care Quality Commission (CQC) inspection at the January 2018 Clinical Quality Review Group (CQRG).</p> <p>Ms Galloway explained that the June 2017 CQC inspection at CWPT had found that there were long waiting times for children and young people to access treatment for mental health problems. Ms Galloway explained that in total there were nineteen recommendations made by the CQC that were linked to the Child and Adolescent Mental Health Services (CAMHS), with nine identified as "must do" recommendations. The backlog of referrals and long waiting lists were two of the must do issues to be addressed. The Trust had developed an action plan to address the concerns raised, and this was presented to the CCGs at the January CQRG, and will be a standing agenda item for future CQRG meetings. The CCG had also been invited to join the Trust's internal quality assurance clinical visits to areas highlighted by the CQC including the CAMHS service. The CCG had undertaken a site visit in January 2018 to the CAMHS Hub, and a second site visit was planned for the 6th July 2018 to follow up the progress highlighted during the first visit and the anticipated delivery of the CAMHS actions.</p> <p>In response to a request from DS, Ms Galloway confirmed that information would be provided to the Governing Body meeting in September 2018 following the July site visit to the CAMHS Hub.</p> <p>Ms Galloway reported that a CQC inspection had taken place at George Eliot Hospital (GEH) during October 2017, and the final report was published on the 25th January 2018. The Trust was rated as requiring improvement overall, with End of Life Care being rated as inadequate. It had been agreed that the Trust would present the service improvement / action plan at a future Clinical Quality Review Meeting (CQRM).</p> <p>Ms Galloway confirmed that GEH had presented a report on safer staffing to the February 2018 CQRM. Both the staff turnover and vacancy rates had decreased with the turnover rate</p>	<p style="text-align: right;">JG</p>

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	<p>now being below the Trust's target.</p> <p>Ms Galloway explained that Cygnet was a private provider of bedded specialist mental health services that was based within Coventry city centre. A CQC inspection of Cygnet took place during October 2017 and the service was rated as requiring improvement overall. The CCG had planned a meeting with the provider to review the report.</p> <p>Ms Galloway reported that the Pears, a registered home with the Royal National Institute for the Blind, had been rated Inadequate and requiring improvement following a recent review from OFSTED that was published in January 2018. There were no CRCCG or WNCCG residents placed within the home; however the CCGs were working collaboratively with Warwickshire County Council (WCC) to review and monitor the required improvements.</p> <p>Dr Stevens reported that WNCCG and CRCCG had held the first Clinical Quality and Governance (CQG) Committee in Common. She felt that the meeting had provided her with a greater insight into the services at UHCW and CWPT.</p> <p><u>Performance</u></p> <p>Mr Jarman-Davies presented the report. He explained that the Referral to Treatment Times (RTT) in December had worsened and were impacted by Christmas. They were also expected to worsen in January due to the national decision to cease routine elective work. The latest figures showed that GEH would end the year at 85% and UHCW at 84%.</p> <p>Mr Jarman-Davies reported that there were 35 CRCCG patients waiting over 52 weeks and 9 WNCCG patients waiting over 52 weeks. All patients that reached a 52 week wait had a harm review.</p> <p>Mr Jarman-Davies explained that neither UHCW or GEH were meeting the constitutional targets for A&E. He confirmed that visits were undertaken to ensure that the quality of care was adequate. My Jarman-Davies also explained the impact of the building work in the A&E department at GEH, and confirmed that the work had been completed.</p> <p>My Jarman-Davies reported that CRCCG had achieved against all Cancer waits targets during quarter 3. WNCCG achieved all targets except for Cancer 62 day wait from urgent GP referral to first definitive treatment, with performance at 81.4% against a target of 85%. Mr Jarman-Davies explained that this was due to one breach.</p> <p>Mr Jarman-Davies explained that CRCCG underachieved against the Improving Access to Psychological Therapies (IAPT) recovery rate target with performance at 46.7% against a target of 50%. Both CCGs continued to underachieve against the 67% dementia diagnosis target, with 59.6% of the estimated dementia cases diagnosed for CRCCG and 60.1% for WNCCG. Plans including support for nursing homes had been identified.</p> <p>In response to a query from Ms Green, Mr Jarman-Davies explained that delayed transfers of care (DTOCs) had reduced to around 1% at GEH, and CRCCG had been below 3% for the previous 3 weeks. Ms Green highlighted that the A&E departments were still struggling despite this, and felt that a deep dive report to identify the issues may be useful. She felt that the CCGs needed a robust recovery plan in place for A&E and actions needed to be identified.</p> <p>Dr Allen highlighted that Acute Trusts would not be able to accept paper referrals from the end of September 2018. Mr Jarman-Davies agreed that the CCGs needed to ensure that UHCW and GEH were able to communicate effectively with primary care. Dr Stevens felt that the deadline needed to be communicated to Members and GP practices. Ms Green felt that the CCGs needed to be assured that GP practices were able to appropriately refer patients from September 2018.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies NOTED the report.</p>	<p>JN</p>

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3.3	<p><u>Warwickshire Safeguarding Adults and Children Annual Reports</u></p> <p>Ms Galloway presented the reports, confirming that both had been reviewed by the CCGs' respective CQG Committees.</p> <p>Ms Galloway explained that the reports provided assurance that the CCGs were delivering all elements of their statutory responsibilities to the safeguarding boards as outlined in the Children Act (2004), Care Act (2014) and in line with the NHS England Safeguarding Accountability Framework.</p> <p><i>Mr Jarman-Davies left the meeting at 14:49.</i></p> <p>Ms Galloway confirmed that significant progress has been made by both boards in relation to key priorities including self-neglect, making safeguarding personal, child sexual exploitation, neglect and children missing. She added that the CCGs had commissioned the health decision maker into the Warwickshire Multi Agency Safeguarding Hub (MASH) in 2017. This addressed the issues outlined in the children's board report about delays in progressing the work in the MASH.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED the Warwickshire Safeguarding Adults Board Report 2016 to 2017 • NOTED the Warwickshire Safeguarding Children Board Report 2016 to 2017 	
4. 4.1	<p><u>Financial Performance</u></p> <p><u>Finance and Contract Report:</u></p> <p>Ms Hollingworth presented the reports for both CCGs, confirming that she would discuss them concurrently.</p> <p>Ms Hollingworth explained that the level of quarter 4 activity in the Acute providers and the success of contract challenges were some of the main risks to the final positions. The suspension of elective activity had not had a major impact on expenditure as the providers were still undertaking cancer and high priority activity. Ms Hollingworth reported that WNCCG was close to agreeing the year end position with GEH.</p> <p>Ms Hollingworth reported that Continuing Healthcare (CHC) spend was also a risk to the final positions. Issues remained in relation to data completeness and quality, and the CCGs were working hard to ensure that the year end position data was accurate. Ms Hollingworth added that further variation in prescribing expenditure was also a risk to the final positions.</p> <p>Ms Hollingworth explained that the CCGs had been reporting to the Governing Body for a number of months that the risks to the financial positions were beginning to outweigh the mitigations, and that there was a major cost pressure in relation to NCSO ('no cheaper stock obtainable'). As a result of this pressure, she confirmed that it was unlikely that either CCG would deliver the planned control total. WNCCG was forecasting an in-year deficit of £4.3m plus £0.9m for NCSO drugs at month 10, and CRCCG was forecasting an in-year surplus of £1.1m plus £2.0m unmitigated cost pressure for NCSO drugs resulting in a net £0.9m deficit. Ms Hollingworth clarified that the changes to the forecasts were less than the unmitigated NCSO risk that was reported at month 9. She added that the release of the 0.5% risk reserve had not been included in the year end position.</p> <p>Ms Hollingworth offered assurance to Members that the CCGs were taking all available actions to manage the remaining risks and ensure that the positions did not deteriorate from month 10.</p> <p>Ms Hollingworth explained that QIPP delivery had been disappointing, with QIPP achievement forecast at 58% for WNCCG. CRCCG had a combined achievement of 95% against the savings required for the year, however, this was impacted by non-recurrent schemes. Ms Hollingworth provided a caveat that urgent care spend had not reduced as there had been an overall increase in activity.</p> <p>Ms Hollingworth confirmed that there had been a deterioration in the underlying positions for</p>	

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	<p>both CCGs and the scale of the challenge for the next financial year had increased.</p> <p>Ms Hollingworth explained that the planning guidance for CCGs had been released by NHSE at a later date than expected, and with agreement from Ms Green and the Chairs of each CCG she had requested an additional Governing Body meeting on the 29th March 2018 to present the final financial plans.</p> <p>Mr Kokodkar felt that the funding provided to the CCGs was not adequate to provide services to the populations in the current way they were provided. He highlighted that the CCGs had never been able to achieve 100% QIPP savings, and increasing demands in urgent care made it difficult to analyse the impact of QIPP.</p> <p>In response to a query from Mr Kokodkar regarding the reasons for the £2.0m adverse variance compared to the agreed control total for CRCCG, Ms Hollingworth confirmed that the NCSO pressure and the risk around contract challenges had impacted. She explained that the CCGs were expected to report the worse likely position.</p> <p>Mr Kokodkar queried whether Governing Body Members could be provided with best and worst case scenarios in relation to QIPP achievement, and Ms Hollingworth confirmed that this could be done.</p> <p>Ms Green explained that the CCGs had identified some weaknesses in relation to the governance and tracking of QIPP schemes, and a specialist had therefore been employed to help to address the issues. She felt that clinical ownership and buy in from Acute providers was key to QIPP achievement, and hoped that a strategic event would demonstrate to clinicians that QIPP involved the improvement of quality and value for patients while removing inefficiencies from the system.</p> <p>Dr Allen highlighted that DETOCs at UHCW had improved but A&E performance had deteriorated, and queried whether there was a rational understanding for this. He felt that a detailed analysis on the reasons for non-elective activity would be useful for the Finance and Performance Committee in Common. Ms Hollingworth explained that a clinical audit involving a review of patient notes and the pathways followed was planned.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED the position for Month 10; and • NOTED the risk to the position from contract performance and QIPP under delivery. 	
4.2	<p><u>Procurement Update Report</u></p> <p>Ms Hollingworth presented the report. She directed CRCCG Members to section 2.4, which detailed the procurement for the GP Out of Hours Service. CWPT had served notice on both the Rugby and Coventry Out of Hours services effective from 1st April 2018. The CCG had been working closely with the Integrated Urgent Care Team (IUCT) at Sandwell and West Birmingham CCG to ensure alignment of the replacement provision with other related services across the West Midlands. It was agreed for the IUCT to seek costed proposals from its Alliance of NHS 111/OOH providers, and a bid had been received. The evaluation process had been completed and the award report had been received, however the report was received too late to share at the Governing Body meeting. To enable a contract award decision to be taken and allow mobilisation by the required start date of 15th May 2018, the CRCCG Governing Body was asked to delegate authority to the Chief Officer and Chief Finance officer acting jointly. Ms Hollingworth confirmed that Dr Allen had been involved in the bid evaluation, and the provider had agreed to deliver the service within the cost envelope.</p> <p>Mr Johnson explained that he had received a query from Mr Maddock in relation to the GP Out of Hours procurement. Mr Maddock felt that the timescale was tight that that there were likely cost implications. Ms Hollingworth explained that the ability to mobilise the service was a key part of the evaluation of the new service provider, and reiterated that the provider had agreed to deliver the service within the cost envelope.</p> <p>Ms Hollingworth directed WNCCG Members to the information regarding Community Dermatology outlined in section 2.5 of the report. She explained that two alternative service</p>	

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	<p>providers had been approached following the failure of the current contracted provider to deliver the commissioned community clinics. Ms Hollingworth explained that a formal award report had not been produced, however, she offered assurance that the correct process had been followed and was led by the procurement team. The Governing Body were asked to approve a direct award to Health Harmonie for a period of eighteen months to deliver community clinics at three sites across Warwickshire North (as per the previous GPSI service). The provision was affordable within the existing budget and the pricing structure represented a significant discount compared to the National Tariff. In response to a query from Ms Green, Ms Hollingworth confirmed that the provider was reputable. Dr Stevens added that the provider had undertaken work for neighbouring CCGs and WNCCG had received feedback from them.</p> <p>Ms Hollingworth directed both CCG Members to the information regarding Non-Surgical Vasectomy Services detailed in section 2.7 of the report. The (Commissioning), Finance & Performance Committees of both CCGs had agreed to recommend to the Governing Body that the contracts with the three current providers of Non-Surgical Vasectomy Services be extended by a further two years as permissible under the terms of the original procurement. The Committees also agreed that potential new service providers should be invited to apply for Any Qualified Provider status with a view to having an extended range of service providers in place by April 2018.</p> <p>Dr Igodo asked who the 3 current providers were for non-surgical vasectomy. Ms Hollingworth agreed to confirm this outside of the meeting.</p> <p>Ms Hollingworth directed both CCG Members to the information regarding Extended Access in Primary Care outlined in section 2.9. She explained that Extended Access was a national initiative intended to provide the public with greater choice of appointment time whilst helping address workload pressures within General Practice. The recently published national planning guidance for 2018/19 brought forward the target date for achieving 100% coverage for Extended Access from March 2019 to 1st October 2018. The CCGs had received expert procurement advice that it was not feasible to undertake a full procurement within the timescale. The (Commissioning), Finance & Performance Committees of both CCGs therefore recommended securing provision by 1st October through a direct award process. The Governing Bodies were also asked to delegate authority to make contract awards to the (Commissioning), Finance & Performance Committees, as deferring a decision to their July meeting would significantly reduce the mobilisation period.</p> <p>Ms Hollingworth directed Members to the Flu Outbreak response information detailed in section 2.14. The CCGs had been asked to ensure that appropriate arrangements were in place to respond appropriately to out of season flu outbreaks. Given that any contracts were likely to be low value and for a relatively short period, the Governing Bodies were asked to delegate authority to award to the Chief Strategy & Primary Care Officer.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED and were ASSURED as to the progress of the current procurements; • NOTED the procurement pipeline and the decisions that would be required over the next few months; • APPROVED the permitted extension (for a further two years) of the three existing contracts for Non Surgical Vasectomy Services; • APPROVED the use of direct awards to secure Extended Access coverage for 18/19 and into 19/20; • DELEGATED authority to make contract awards for Extended Access to the (Commissioning), Finance & Performance Committees; and • DELEGATED authority to the Chief Strategy & Primary Care Officer to make contract awards to secure Out of Season Flu Response coverage. <p>The Coventry and Rugby CCG Governing Body DELEGATED authority to the Chief Officer and Chief Finance Officer acting jointly to make a contract award decision in relation to the replacement GP Out of Hours provision.</p> <p>The Warwickshire North CCG Governing Body APPROVED the direct award of an eighteen month contract to Health Harmonie to secure community dermatology clinics thereby improving access for the local population.</p>	CH

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4.3	<p><u>Financial Plans and High Level Budgets</u></p> <p>Ms Hollingworth explained that the Financial Plans and High Level Budgets had been included on the agenda, however, they were intended for the Closed meeting and had been discussed as such.</p>	
4.4	<p><u>Transformation Funding</u></p> <p>Ms Northcote presented the report, explaining that the Transformation Fund was allocated to CCGs as part of the core CCG budget and ring fenced for investment in line with national requirements set out in the NHS Operating Planning Guidance and in line with the General Practice Forward View (GPFV). The report outlined the proposed approach to allocation of the Fund, which was consistent with the Primary Care Strategies agreed by both CCGs.</p> <p>Ms Northcote explained that the CCGs were committed to utilising the Transformation Fund to invest in proposals that achieve primary care at scale as well as proposals at a CCG, City or Town foot print; where added benefit and value for patients can be achieved.</p> <p>Ms Northcote confirmed that the CCGs were keen to work with groups of practices to agree Transformation Investment Plans by the end of April 2018, as transformation funding was non-recurrently available in 2017/2018 and 2018/2019.</p> <p>Ms Northcote explained that the report was proposing that groups of practices submit Transformation Plans to the Clinical Executive Group in CRCCG and the Executive Group in WNCCG. These groups would oversee the review and approval of Transformation Plans. A quarterly report on the delivery of Transformation Plans would be provided at the Finance and Performance Committees, and an annual report to the CCG Governing Body.</p> <p>Dr Allen highlighted a typo on page 1 as the report as the funds were available over a two year period covering 2017/2018 and 2018/2019.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies:</p> <ul style="list-style-type: none"> • APPROVED the proposed approach to utilisation of the Transformation Funds. • APPROVED the proposed governance, which is oversight of implementation by the Clinical Executive and Executive Groups, quarterly reporting to the Finance and Performance Committee and an annual report to the Governing Body as one element of a progress report on delivering the Primary Care Strategy, subject to JN confirming with MM conflicts of interest would be appropriately managed. 	
5. 5.1	<p><u>Assurance and Governance:</u></p> <p><u>Information Governance Toolkit – Delegation Arrangements</u></p> <p>Mrs Maltby presented the report, explaining that NHS Digital had developed a set of information governance requirements known as the Information Governance Toolkit to enable CCGs to demonstrate compliance with information governance legislation, policies and best practice.</p> <p>Mrs Maltby explained that there was some outstanding evidence in relation to IT policies and staff training. The Governing Bodies were required to approve the self-assessed compliance status prior to submission by the deadline of 31 March 2018. Given that this was prior to the next Governing Body meeting in common, the Governing Bodies were asked to delegate authority to the Chief Officer and respective Governing Body Chairs to confirm the final compliance status and approve the submission of the Information Governance Toolkit by the deadline.</p> <p>Mrs Maltby explained that the Governing Bodies would usually delegate authority to the Clinical Quality and Governance Committees, however, this was not possible as the Committees were taking place bi-monthly. The Committees would therefore be presented with the full toolkit for scrutiny at the April 2018 meetings.</p>	

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	<p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies DELEGATED authority to the Chief Officer and respective Governing Body Chairs to confirm the final compliance status and approve the submission of the Information Governance Toolkit by the required deadline.</p>	
<p>5.2</p>	<p><u>Equality and Diversity Delivery System – Delegation Arrangements</u></p> <p>Mrs Maltby presented the report, explaining that the Equality Act 2010 required CCGs to implement the refreshed Equality Delivery System (EDS2) to ensure its compliance with the relevant equalities legislation.</p> <p>Mrs Maltby explained that the Governing Bodies were required to approve the EDS2 for publication by the deadline of 31 March 2018. Given there was some outstanding evidence and publication was required prior to the next Governing Body meeting in common, the Governing Bodies were asked to delegate authority to the Chief Officer and Clinical Quality and Governance Committee Chairs to approve the EDS2 for publication.</p> <p>Mrs Maltby explained that the Governing Bodies would usually delegate authority to the Clinical Quality and Governance Committees, however, this was not possible as the Committees were taking place bi-monthly.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies DELEGATED authority to the Chief Officer and respective Clinical Quality and Governance Committee Chairs to approve the EDS2 for publication by 31 March 2018.</p>	
<p>5.3</p>	<p><u>Annual Report and Accounts – Delegation Arrangements</u></p> <p>Ms Hollingworth presented the report, explaining that the timetable for the production and audit of the CCG Annual Report and Accounts was incredibly challenging. The audit of the financial statements would commence immediately after submission of the draft annual report and accounts on 20 April 2018 and would last up until the submission date of audited statements to NHSE on 29 May 2018.</p> <p>Ms Hollingworth explained that delegation to the Audit Committees for approval was requested due to the challenging timetable and in line with previous financial years. It had been proposed that the Audit Committees for both CCGs would be held on 24 May 2018.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies APPROVED the delegation of the final annual report and accounts to the respective CCG Audit Committees.</p>	
<p>6</p> <p>6.1</p>	<p><u>Policies for Ratification</u></p> <p><u>Care (Education) and Treatment Review Policy – Arden and Solihull TCP</u></p> <p>Ms Galloway presented the policy, confirming that it had been reviewed by the Clinical Quality and Governance Committees of each CCG and the Transforming Care Partnership Board. All Transforming Care Partnerships were required to have a local version of national Care (Education) and Treatment Review Policy to support implementation of policy requirements.</p> <p>Mr Orton felt that the following sentence on page 1 of the policy was grammatically confusing: 'This local guidance should be used with reference <i>in with</i> the National Care and Treatment Reviews; Policy and Guidance Including policy and guidance on Care, Education and Treatment Reviews for children and young people, March 2017.'</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies APPROVED the Arden and Solihull Care (Education) and Treatment Review Policy.</p>	

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7.	<p><u>Committee Reports for Information:</u></p> <p>Coventry and Rugby CCG Coventry and Rugby CCG Governing Body Members NOTED the following Committee reports:</p> <ul style="list-style-type: none"> • Clinical Quality and Governance Committee: 20th December 2017; • Audit Committee: 12th December 2017; and • Finance and Performance: 18th December 2017 and 29th January 2018. <p>Warwickshire North CCG Warwickshire North CCG Governing Body Members NOTED the following Committee reports:</p> <ul style="list-style-type: none"> • Commissioning Finance and Performance Committee: 21st December 2017 and 25th January 2018; and • Clinical Quality and Governance Committee: 21st December 2017. <p>Other Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members NOTED the following minutes:</p> <ul style="list-style-type: none"> • Health and Wellbeing Board – Warwickshire: 10th January 2018; and • Health and Wellbeing Board – Coventry: 27th November 2017 and 5th February 2017. 	
8.	<p><u>Questions From Visitors:</u></p> <p>Ms Kondakor asked how the CCGs promoted public health messages regarding calorie intake and obesity. Dr Stevens explained that all work streams that the CCGs were involved with were written with the preventative healthcare agenda in mind. Ms Green added that posters related to obesity and cancer were in place across Coventry and Warwickshire. She also explained that the CCG was involved in a Coventry and Warwickshire program entitled Upscaling Prevention, working alongside the Local Authority and healthcare providers.</p> <p>Ms Kondakor highlighted the effect of loss of green space on health, and mental health in particular. Dr Stevens agreed that there were wider determinants of health.</p>	
9.	<p><u>Any Other Business:</u></p> <ul style="list-style-type: none"> • Mr Orton reported that he and Dr Stevens had attended an Extended Access conference in Birmingham. He found the conference very helpful, although there was little information regarding the regional areas. • Ms Galloway reported that the CCGs had successfully in-housed the CHC service. 	
10.	<p><u>Date of the Next Meeting Held in Public:</u></p> <p>Date: 29th March 2018 (extraordinary) Venue: Heron House, Nuneaton Time: 12pm – 1pm</p>	

Signature:

(Chair CRCCG)

Date:

Signature:

(Chair WNCCG)

Date:

**Unconfirmed Minutes of the Governing Body Meetings in Common Held in Public
on Thursday, 29th March 2018, 12.00pm**

Venue: Heron House, Nuneaton

Present:	
Dr Adrian Canale-Parola	Chair – CRCCG (remotely by telephone)
Dr Deryth Stevens	Chair - WNCCG
Ms Andrea Green	Chief Officer
Dr Godwin Igodo	Clinical Lead - WNCCG
Dr Arshad Khan	Clinical Lead - WNCCG
Dr Chris Pycock	Secondary Care Doctor - WNCCG
Mr Peter Maddock	Lay Member for Governance - CRCCG
Dr Deepika Yadav	Rugby Locality Lead - CRCCG
Dr Peter O'Brien	Clinical Locality Lead, Inspires - CRCCG
Dr Sarah Raistrick	Clinical Locality Lead (Godiva) - CRCCG
Mr Graham Nuttall	Lay Member - Primary Care - WNCCG
Mr Derek Pickard	Lay Member – Patient and Public Involvement - WNCCG
Mr David Allcock	Lay Member for Audit and Governance - WNCCG
Mrs Clare Hollingworth	Chief Finance Officer
Ms Jo Galloway	Chief Nurse
Apologies:	
Dr Steve Allen	Clinical Director
Dr Prashant Kokodkar	Secondary Care Specialist Consultant - CRCCG
Mr Ludlow Johnson	Lay Member for Patient and Public Involvement and Equality - CRCCG
Dr John Linnane	Director of Public Health, Warwickshire
Dr Inayat Ullah	Practice Network Lead: Nuneaton and Bedworth - WNCCG
Ms Liz Gaulton	Director of Public Health, Coventry - CRCCG
Ms Sue Turner	Practice Network Lead: North Warwickshire - WNCCG
In Attendance:	
Julie Seaborne	Governance and Corporate Officer
Laura Whiteley	Governance Manager

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1.	<p><u>Standing Items:</u></p> <p>1.1 Welcome and Apologies Dr Stevens welcomed members of both NHS Coventry and Rugby CCG and NHS Warwickshire North Governing Bodies and public attendees to the meetings in common. Apologies were noted as indicated above.</p> <p>Dr Stevens thanked Dr Canale-Parola for his valued contribution over the last few years as Chair of Coventry and Rugby CCG and also the same to Mr Maddock as Coventry and Rugby CCG Lay Member and Audit Committee Chair.</p>	
1.2	<p><u>Declarations of Interest:</u></p> <p>Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making.</p>	
2.	<p>2.1 Financial Performance</p> <p>2.1 Financial Plans and High Level Budgets</p> <p>Mrs Hollingworth presented the Coventry and Rugby CCG and Warwickshire North CCG financial plans and high level budget reports to seek approval for the opening revenue budget for 2018/19, to summarise planned QIPP cost reductions and to highlight the key financial risks for 2018/19 and beyond. Mrs Hollingworth noted that many of the issues and challenges highlighted were common to both CCGs. She advised that whilst the level of revenue growth available to CCGs in 2018/19 was boosted by additional resources announced in the 2017 Autumn budget statement, the financial outlook remained challenging and a continued focus on activity and cost reduction measures was required. Locally, the scale of the 2018/19 financial challenge had been exacerbated by under delivery against 2017/18 savings plans.</p> <p><u>Coventry and Rugby CCG</u> For Coventry and Rugby CCG the following key points were noted within the report:</p> <ul style="list-style-type: none"> • The CCG had a statutory duty to set an annual budget that contains expenditure within its notified revenue resource limit. • The CCG had been set a £0m control total surplus for 2018/19; this reflected that CRCCG was expected to end 2017/18 in cumulative surplus. • The Plan presented delivers this control total and achieves other NHS England (NHSE) business rules: 0.5% committed non-recurrently, 0.5% general contingency held, mental health investment increased in line with overall allocation. • The CCG faces a financially challenging year, requiring a collective responsibility for the use of resources to be acknowledged and robust financial management applied across all areas. Delivery of QIPP cost reduction and demand management schemes would be critical to the achievement of financial balance. • With this caveat, the Budget Plan assumes that the CCG will identify and deliver in-year QIPP savings of £23.0m in 2018/19. Plans to deliver this level of QIPP were not yet fully assured and £3.0m currently remains Unidentified. • The CCG is carrying a significant net risk and must focus throughout the year on identifying and securing further mitigations. • The proposed Capital Programme is subject to the CCG receiving confirmation of funding from the NHS England. <p>Coventry and Rugby CCG Governing Body Members:</p> <ul style="list-style-type: none"> • APPROVED the 2018/19 revenue Budget Plan as presented on the understanding that: <ul style="list-style-type: none"> - NHS Coventry and Rugby CCG would complete further work on the identified QIPP schemes to update and agree the risk assessed value. - NHS Coventry and Rugby CCG would work to identify additional QIPP schemes to 	

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2.2	<p>eliminate the £3m Unidentified savings gap</p> <ul style="list-style-type: none"> - NHS Coventry and Rugby CCG would identify further sources of Mitigation to more closely match the levels of Risk identified. <p>The three actions above are expected to be completed by the end of April 2018</p> <ul style="list-style-type: none"> • NOTED the significant QIPP challenge and the additional processes being put in place to reduce the acknowledged risk around delivery of the required target. • NOTED the other risks inherent within this Plan • NOTED the position with regards to Capital funding for 2018/19. <p><u>Warwickshire North CCG</u></p> <p>For Warwickshire North CCG the following key points were noted within the report:</p> <ul style="list-style-type: none"> • The CCG had a statutory duty to set an annual budget that contains expenditure within its notified revenue resource limit. • The CCG had been set a £1.0m control total deficit for 2018/19; this represents a required improvement compared to the £4.3m deficit control total agreed for 2017/18. • The Plan presented delivers this control total and achieved other NHSE business rules: 0.5% committed non-recurrently, 0.5% general contingency held, mental health investment increases in line with overall allocation. • The CCG faces a financially challenging year, requiring a collective responsibility for the use of resources to be acknowledged and robust financial management applied across all areas. Delivery of QIPP cost reduction and demand management schemes would be critical to the achievement of financial balance. • With this caveat, the Budget Plan assumed that the CCG will identify and deliver in-year QIPP savings of £11.1m (net) in 2018/19. Plans to deliver this level of QIPP were not yet fully assured and £2.1m currently remained unidentified. • The CCG is carrying a significant net risk and must focus throughout the year on identifying and securing further mitigations. • The proposed Capital Programme was subject to the CCG receiving confirmation of funding from the NHSE. <p>Warwickshire North Governing Body Members:</p> <ul style="list-style-type: none"> • APPROVED the 18/19 revenue Budget Plan as presented on the understanding that there would be further work on the QIPP schemes as follows: <ul style="list-style-type: none"> - NHS Warwickshire North CCG would complete further work on the identified QIPP schemes to update and agree the risk assessed value. - NHS Warwickshire North CCG would work to identify additional QIPP schemes to eliminate the £3m Unidentified savings gap - NHS Warwickshire North CCG would identify further sources of Mitigation to more closely match the levels of Risk identified. • NOTED the significant QIPP challenge and the additional processes being put in place to reduce the acknowledged risk around delivery of the required target. • NOTED the other risks inherent within this Plan • NOTED the position with regards to Capital funding for 2018/19. 	
2.3	<p><u>Warwickshire North CCG Going Concern Statement</u></p> <p>Mrs Hollingworth presented this report and confirmed that the purpose was to enable the Governing Body to assess the financial standing of Warwickshire North CCG to determine whether it was appropriate to prepare the accounts on a going concern basis.</p> <p>With the CCG still being in an in-year and overall deficit position it continued to be best practice to assess the appropriateness of preparing the accounts on a going concern basis</p> <p>Mrs Hollingworth drew Members attention to section 3 of the report and advised that the financial statements should be prepared on a going concern basis unless management intends</p>	

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	<p>to apply to NHS England for the dissolution of the CCG without the transfer of the services to another entity, or has no realistic alternative but to do so. This is clearly not the case for Warwickshire North CCG which is not subject to any special measures, intervention nor any NHS England regional escalation process.</p> <p>Warwickshire North CCG Governing Body Members RESO AGREED AND APPROVED that the CCG was clearly a going concern and it was appropriate for the accounts to be prepared on the going concern basis.</p>	
<p>3.</p> <p>3.1</p> <p>3.2</p>	<p><u>Policies for Ratification</u></p> <p>Commissioning Policies</p> <p><u>Consistent with good clinical pathways. Managing Patients Through Low Intervention Pathways Policy</u></p> <p>Dr Stevens presented this report to propose ratification of a policy for managing patients through low intervention pathways.</p> <p>The policy aimed to ensure that patients were:</p> <ul style="list-style-type: none"> • Seen and treated in the most appropriate setting in the right place and at the right time; • Managed through a lowest possible intervention pathway consistent with good clinical practice. <p>The policy outlined the CCGs expectation that:</p> <ul style="list-style-type: none"> • Pathways for surgical procedures should be optimised and aligned to the definitions of length of stay and proportions detailed in the BADS Directory (5th Edition); • For those patients deemed of low clinical risk, the provider manages the patients follow-up on a patient initiated follow-up pathway or virtual clinic pathway. <p>It was noted that the policy was branded for Coventry and Rugby CCG but that the content was the same for both CCGs and the branding would be amended when the policy was published.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members AGREED to ratify the policy.</p> <p><u>Cataracts in Adults: Management Policy</u></p> <p>Dr Stevens presented this report to update the Governing Body on the recently published NICE guidance and the impact for the CCG if implemented.</p> <p>Key pointed noted were:</p> <ul style="list-style-type: none"> • The guidance whilst not mandatory aimed to improve care before, during and after cataract surgery by optimising service organisation, referral and surgical management, and reducing complications; • This report focused on the recommendations from the NICE guideline that were thought to have the greatest resource impact, these were: <ul style="list-style-type: none"> ✓ Do not restrict access to cataract surgery on the basis of visual acuity; ✓ Offer second-eye cataract surgery using the same criteria as for first-eye surgery; ✓ Postoperative assessment pathway redesign. • The CCG Commissioning policy commissions surgery for patients who after correction had a visual acuity of 6/12 or worse, in their cataract affected eye. It also supported surgery for patients with a visual acuity of better than 6/12 where there were issues associated with glare or multiple vision and where there was binocular disparity/imbalance (anisometropia); • In 2016/17 Warwickshire North CCG funded 1,587 cataract operations, which, at 4.31% of the Warwickshire North population aged 65 years and over, was slightly more than the expected rate of 3.82%. • In 2016/17 Coventry and Rugby CCG funded 2,605 cataract operations, which, at 3.75% of the Coventry and Rugby population aged 65 years and over, was slightly less than the expected rate of 3.82%. 	

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3.3	<p>It was noted that the attached policy was branded for Coventry and Rugby CCG but that the consent was the same for Warwickshire North CCG as developed by the Arden Wide Policy Development Group.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies:</p> <ol style="list-style-type: none"> 1. NOTED the NICE recommendations; 2. SUPPORTED the review of the post-operative pathway through the on-going specialty review work; 3. SUPPORTED the recommendation that the Clinical Commissioning Policy was not changed at this time. <p><u>Collagenase Clostridium Histolyticum for Dupuytren's Contracture</u> Dr Stevens presented this policy to propose ratification of a revision to the Dupuytren's Disease policy to include NICE guidance regarding use of Collagenase Clostridium Histolyticum (Xiapex®) (CCH).</p> <p>Key points noted were:</p> <ul style="list-style-type: none"> • In July 2017 NICE published Technical Appraisal (TA) guidance relating to the use of CCH for Dupuytren's Contracture; • TA guidance was mandatory and should be implemented within 3 months; • The guidance recommended CCH as a treatment option under very specific conditions for a group of adults with moderate Dupuytren's contracture; • It was not thought that this guidance would have a significant impact on NHS resources, because CCH was an alternative to surgery and was marginally less expensive. • The CCG low priority procedure policy for Dupuytren's has been updated in line with the TA guidance. <p>It was noted that the attached policy was branded for Coventry and Rugby CCG but that the content was the same for Warwickshire North and the branding would be amended when the policy was published.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies APPROVED the policy.</p>	
3.4	<p><u>Hernia Repair Policy</u> Dr Stevens presented this policy to propose ratification of revisions to the Inguinal Hernia policy to include criteria for all hernias.</p> <p>Key points noted were:</p> <ul style="list-style-type: none"> • The revised policy would replace existing LPP Inguinal Hernia policy; • Umbilical, para-umbilical, incisional and femoral hernias had been included in revised policy; • Criteria to be met in order for surgery to take place clarified; • Inclusion of guidance for laparoscopic repair; • Requirement for prior approval stated in policy; • Considered at Policy Development Group meetings to arrive at agreed final version of policy; <p>It was noted that the attached policy was branded for Coventry and Rugby CCG but that the content was the same for Warwickshire North and the branding would be amended when the policy was published.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies APPROVED the policy.</p>	
	<p><u>Questions from Visitors</u></p> <p>There were no visitors in attendance.</p>	

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4.	<p><u>Any Other Business:</u></p> <p>There was no additional business to discuss.</p>	
5.	<p><u>Date of the Next Meeting Held in Public:</u></p> <p>1.30pm, Wednesday, 9th May 2018 at Friarsgate, Council Offices, Coventry</p>	

Signature:
Signature:

(Chair CRCCG)
(Chair WNCCG)

Date:
Date:

DRAFT