

**Unconfirmed Minutes of the Governing Body Meetings in Common Held in Public  
on Wednesday, 22<sup>nd</sup> May 2019 at 2.45pm**

**Venue: Dame Ellen Terry Suite, Coventry City Council, Coventry**

<b>Present:</b>	
Dr Sarah Raistrick	Chair – CRCCG
Mr David Allcock	Chair – WNCCG
Ms Andrea Green	Chief Officer
Mrs Clare Hollingworth	Chief Finance Officer
Ms Sue Turner	Practice Network Lead: North Warwickshire - WNCCG
Dr Steve Allen	Clinical Director
Dr Prashant Kokodkar	Secondary Care Specialist Consultant - CRCCG
Ms Jo Galloway	Chief Nurse
Dr Jonathan Timperley	Secondary Care Doctor – WNCCG
Mr Chris Stainforth	Lay Member – Audit and Governance - CRCCG/WNCCG
Dr Arshad Khan	Clinical Lead – WNCCG
Dr Godwin Igodo	Clinical Lead – WNCCG
Mr Ludlow Johnson	Lay Member for Patient and Public Involvement and Equality - CRCCG
Dr Deepika Yadav	Rugby Locality Lead – CRCCG
Ms Liz Gaulton	Director of Public Health, Coventry City Council
Ms Sharon Beamish	Lay Member – Patient and Public Involvement - WNCCG
<b>Apologies:</b>	
Mr Graham Nuttall	Lay Member - Primary Care – WNCCG
Ms Claire Forkes	Lay Member – Patient and Public Involvement - CRCCG
Dr Helen King	Director of Public Health, Warwickshire County Council
<b>In Attendance:</b>	
Mr Andrew Harkness	Chief Transformation Officer
Mrs Anita Wilson	Associate Director of Governance and Corporate Affairs
Mrs Tricia Lowe	Senior Independent Advisor for Patient Engagement - WNCCG
Ms Jenni Northcote	Chief Strategy and Primary Care Officer
Mr Steven Jarman-Davies	Director of Acute Contracting and Performance (from 14:37)
Mr Stan Orton	Public and Patient Group Representative
Mrs Julie Seaborne	Governance Officer (Minutes)

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1.	<b><u>Standing Items:</u></b>	
1.1	<b>Welcome and Apologies</b>  Dr Raistrick welcomed Members of both NHS Coventry and Rugby CCG (CRCCG) and NHS Warwickshire North CCG (WNCCG) Governing Bodies and members of the public to the meetings in common. Apologies were noted as indicated above.	

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1.2	<p><b><u>Declarations of Interest:</u></b></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>No other declarations of interest were made.</p> <p>Dr Raistrick welcomed Ms Sharon Beamish (WNCCG Lay Member – Patient and Public Involvement) and Dr Jonathan Timperley (WNCCG Secondary Care Doctor) to their first meeting of the Governing Bodies.</p>	
1.3	<p><b><u>Minutes of the Last Meeting: 20<sup>th</sup> and 28<sup>th</sup> May 2019</u></b></p> <p>The minutes of the meeting held on 20<sup>th</sup> and 28<sup>th</sup> March 2019 were approved as a correct record of the meeting.</p>	
1.4	<p><b><u>Matters Arising And Action Schedule:</u></b></p> <p><b>Matters Arising:</b></p> <p>There were no matters arising from the 20<sup>th</sup> and 28<sup>th</sup> March 2019 meetings.</p> <p><b>Action Schedule:</b></p> <p>Members noted that all actions were either complete or not yet due.</p>	
1.5	<p><b><u>Chair's Report:</u></b></p> <p><b>(A) WNCCG:</b></p> <p>Mr Allcock presented his WNCCG's Chair's report which confirmed that the recruitment of a Clinical Chair in March 2019 had been unsuccessful and therefore an emergency Members Council meeting was called to see a vote from Members on options for securing a CCG Chair in this circumstance. Members voted that in the absence of an appropriate nomination for Clinical Chair, to ask Dr Allcock to continue as Chair and to recruit a Clinical Leader to work with him, the Accountable Officer and other Governing Body Members. This process was underway and would aim to conclude by June 2019.</p> <p>WNCCG Members <b>NOTED</b> the WNCCG Chair's report.</p> <p><b>(B) CRCCG:</b></p> <p>Dr Raistrick presented her CRCCG's Chair's report and said that she was pleased that the CCG had appointed Dr Ali Bryce and Dr Mark Lawton, both GP's practicing in Coventry, to the CRCCG Governing Body filling the vacancies for Locality Leads. She reported that the member practices had worked cohesively and maturely to form into Networks, building on the work of Primary Care Home, and formal submissions had been made to facilitate the population being covered by a Primary Care Network. CRCCG Members as well as key stakeholders and wider public had been involved in early engagement about the future shape of commissioning locally</p> <p>CRCCG Members <b>NOTED</b> the CRCCG Chair's report.</p>	
1.6	<p><b><u>Accountable Officer's Report</u></b></p> <p>Ms Green presented her Accountable Officer's report and drew attention to item 7 in her report around the Better Care Fund priorities and budget in which she requested delegated authority to agree sign off, in order to ensure that national submission timelines could be achieved. Ms Green reported that it was not anticipated that budget contributions would differ significantly from 2018/19 nor the amounts set aside within the approved CCG budgets for 2019/20.</p> <p>Ms Green asked Ms Northcote to update members on the Primary Care Networks and the good progress which had been made. Ms Northcote confirmed that the Primary Care Networks were groups of GP practices which would come together to support delivery of services and would work with providers to deliver a range of services around their community. The deadline</p>	

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	<p>to receive registrations for the Primary Care Networks had been 15<sup>th</sup> May 2019. Ms Northcote said that she was very pleased to report that for both Governing Bodies they had achieved 100% coverage of their patient population consisting of seven Primary Care Networks in Coventry, one in Rugby and four in Warwickshire North.</p> <p>Ms Green said that there had been a very good response from Primary Care and it was positive that Accountable Directors had put themselves forward for the Networks and she thanked Ms Northcote and her team for their hard work. Dr Raistrick added her endorsement and also thanked the CCG team, the Primary Care Committee and the Members</p> <p>CRCCG and WNCCG Governing Body both <b>AGREED</b> to delegate authority to approve the Section 75 work programme and budget contributions to their Finance and Performance Committee or, if necessary because of dates, to the CCG Accountable Officer and Chair.</p>	
2.0	<p><b><u>Strategy and Planning</u></b></p> <p><b><u>Proposal for Health Commissioning in Coventry and Warwickshire – Transition Case for Change</u></b></p> <p>Dr Raistrick introduced the Transition Case asking Members to note that the Governing Body had been informing and discussing the future direction for the CCGs over the last 6 months.</p> <p>Mr Johnson asked in relation to engagement, how the CCGs had involved Healthwatch. Ms Green confirmed that there had been engagement and a formal response from Healthwatch was expected to be received shortly. Representatives from both Coventry and Warwickshire Healthwatch had attended engagement sessions where a range of stakeholders and members of the public had been invited to hear and discuss potential scenarios going forward.</p> <p>Mr Allcock and Mr Stainforth stressed the need for good sound due diligence on this piece of work particularly where finance was concerned. Mr Stainforth agreed and asked that greater details of the benefits and risks will be required before any final decisions for change could be supported. Dr Raistrick agreed and said that although the report makes reference to this, she would like this to be made more explicit. Ms Green said that through some of the engagement with both representatives of patients, voluntary groups and GP Members, it has been made very clear that they want to make sure that the positioning of the development of Place was foremost and central to any decisions. She said that this was also a requirement from NHS England and was a further detailed piece of work to do.</p> <p>Ms Lowe asked about the approach that South Warwickshire CCG were taking. Ms Green confirmed that they were taking a report through their Governing Body which would have met this morning</p> <p>Ms Gaulton suggested that in respect of “Place” and any firm proposals for changes a report could go to the Health and Social Care Overview Scrutiny Committee (HOSC) (for both Coventry and Warwickshire). Ms Green agreed and said that as work evolved in respect of the decision and recommended way forward involvement of HOSC was fundamental.</p> <p>Dr Yadav confirmed that the Governing Body Clinical Leads all held the view that although there were discussions about CCGs becoming larger organisations, we must ensure that we do not leave behind the interests of the local populations in doing so. She said that different geographical areas have very different population demands and that any decisions must be taken based on population need. Members confirmed their support for the evidence of this in any final decisions.</p> <p>Dr Raistrick asked Governing Body Members to agree the recommended options for the strategic direction of the CCGs advising that this would be for both CRCCG and WNCCG separately.</p> <p>CRCCG voted unanimously for Option 3 with the following caveat:  WNCCG voted unanimously for Option 3 with the following caveat:  <u>Option 3:</u>  A single commissioning voice, management team, constitution, and governance arrangements</p>	

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	<p>following merger; with a single, joint management team established following the immediate appointment of a single Accountable Officer for the three CCGs up to the date of merger</p> <p>Recommended subject to:</p> <ul style="list-style-type: none"> <li>• A fully worked up case for change with clear benefits, risks etc</li> <li>• Much more detailed future governance arrangements for each Place</li> <li>• Appropriate due diligence to be undertaken</li> <li>• Clarity as to the proposed timescales for change</li> </ul> <p>Dr Raistrick confirmed that the Options would be taken out to the Membership with a summary of the rationale for the Governing Body recommendation of Option 3.</p>	
2.1	<p><b><u>Summary Operating Plan 2019/20</u></b></p> <p>Mr Harkness presented this report and confirmed that this summary version introduced the goals and priorities of the CCG in 2019/20 and outlined how it was anticipated that the structure of the system will change. It identified the key priorities for the CCGs and how these will enable the delivery of great care for our patients. Ms Green added that this was a more accessible document for the CCGs population to see the CCGs plan for this year and suggested the CCGs' engagement team be asked to obtain some views through the Patient Group Forums. Ms Gaulton suggested it is also shared with Council Members. Mr Harkness confirmed that he would do this before it was finalised.</p> <p>CRCCG and WNCCG Governing Bodies <b>NOTED</b> the Summary Operating Plan 2019/20.</p>	
2.2	<p><b><u>Coventry, Rugby and Warwickshire Public Health Report</u></b></p> <p>Ms Gaulton presented this report to provide the Governing Body with an update on the Proactive and Preventative work stream of the Better Health, Better Care, Better Value programme.</p> <p>CRCCG and WNCCG Governing Body Members NOTED the Coventry, Rugby and Warwickshire Public Health Report which was provided for assurance and information.</p>	
2.3	<p><b><u>Communications and Engagement Report</u></b></p> <p>Ms Northcote presented this report to provide an overview of communications and engagement activities undertaken during April – May 2019. The report outlined how both CCGs have met their statutory obligations for communications, engagement and involvement in this reporting period.</p> <p>Ms Beamish drew attention to the 360 degree feedback results within the report which had come back for both CCGs as demonstrating many improvements and congratulated the team for the huge amount of work which had taken place.</p> <p>CRCCG and WNCCG Governing Body Members NOTED the Communications and Engagement Report which was provided for assurance and information.</p>	
3.	<p><b><u>Quality, Safety and Performance</u></b> <b><u>Integrated Safety, Quality and Performance</u></b></p> <p><b><u>Performance</u></b></p> <p>Mr Jarman-Davies said that since writing the report he was pleased to confirm that at the end of March 2019 , figures for dementia were showing improvement and that IAPT (Early Intervention in Psychosis) figures were now on target.</p> <p>Mr Jarman-Davies referred to the following within the report:</p> <p>Referral to Treatment Times (RTT): 85.4% of CRCCG patients had been waiting less than 18 weeks from their GP referral date to be seen or treated by a hospital specialist against a target of 92%. The figure for WNCCG was 85.1%. There were no WNCCG or CRCCG patients waiting over 52 weeks.</p>	

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	<p><u>Wheelchair Access</u> In the second quarter 50% of WNCCG children requiring wheelchairs received the equipment within 18 weeks against a target of 92%. The figure for CRCCG was 67%.</p> <p><u>A&amp;E 4 hours waits</u> A &amp; E hour performance continued to waiver for both Trusts and the focus remained on managing minors to deliver 100% of minors seen within 4 hours.</p> <p><u>Cancer waiting times</u> The 62-day wait from urgent GP referral to first definitive treatment for cancer was not sustained and a more detailed report is being taken to the CCGs' Finance and Performance Committee.</p> <p>Ms Green said that the A&amp;E wait performance was disappointing as there had previously been better performance but she understood some of this was in line with national trends. Mr Jarman-Davies said that in terms of delays of transfer for younger people, the reduction in respiratory issues had not reduced in April and May as had been seen in previous years. Ms Green said that there was now focus on respiratory disease in the NHS Long Term Plan and being reviewed for the CCG as part of the Operating Plan and Ms Green said that local issues around this should be considered.</p> <p><u>Quality</u> Ms Galloway highlighted the following within her report :</p> <p><u>Coventry and Warwickshire Partnership Trust (CWPT):</u> There were no additional concerns added to the Quality Assurance Framework, seven areas of concern at level two and no reported concerns at level three.</p> <p>In respect of the Care Quality Commission (CQC) Inspection the action plan from the final report was taken to the CCG's Clinical Quality Review meeting and will continue to be reviewed at each meeting.</p> <p>For Child and Adolescent Mental Health Service (CAMHS) follow up waiting times, CWPT was invited to the CCG's Clinical Quality and Governance Committee where they provided assurance on waiting times</p> <p>There has been sustained focus for CWPT on recruitment and retention of staff and a recruitment fayre for medical staff was held in March 2019. A recruitment fayre for nursing staff is scheduled to take place in May 2019.</p> <p>In respect of identified performance issues for looked after children, there had been an improvement in performance associated with a recovery plan and recovery trajectory that is in place to ensure that more assessments are completed within statutory timescales. Compliance is expected to be achieved and the backlog addressed by the end of August 2019.</p> <p><u>George Eliot Hospital (GEH)</u> GEH has one concern at level three of the Quality Assurance Framework (QAF) relating to mortality which had escalated following three consecutive data reporting periods of within the 'higher than expected range' for Hospital Standardised Mortality Ratios (HSMR) and two consecutive data reporting periods for Summary Hospital-level Mortality Indicator (SHMI). GEH has developed a Mortality and Deteriorating Patients Improvement plan which has been shared and monitored. GEH continues to attend the UHCW SHMI group and has contacted the CCG to request a joint local SHMI meeting with GPs to review and focus on local pathways and to share best practice.</p> <p>The CCGs are represented within the membership at the GEH Mortality and Deteriorating Patients Group.</p> <p>GEH has one concern at level three of the Quality Assurance Framework which is. Mortality</p>	

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	<p>and four areas of concern remain at level two:</p> <ul style="list-style-type: none"> <li>• Serious Incidents – recognition of the deteriorating patient</li> <li>• Care Quality Commission (CQC) inspection</li> <li>• Workshop to Raise Awareness of Prevent (WRAP) training</li> <li>• Emergency Department</li> </ul> <p><u>University Hospitals Coventry and Warwickshire NHS Trust (UHCW)</u> UHCW has two concerns at level three and six concerns at level two of the Quality Assurance Framework. Mortality and CQC inspection have reduced to level two, and the Emergency Department has increased to a level three.</p> <p>The Emergency Department escalated to level three following triangulation of a range of data. The CCGs identified an increase in reported ED Serious Incidents for sub-optimal care and sepsis. UHCW is working with the CCGs to review the ED serious incidents that have been reported over the last two years to identify themes and trends.</p> <p>In relation to mortality this concern has been de-escalated to level two following three data reporting periods of 'within expected range' for the HSMR.</p> <p>Children and Young People in Crisis, over recent months there has been an increase in the number and severity of behaviours of children and young people presenting in crisis at Accident and Emergency Departments across the system and requiring admission. There are a number of actions that are in place to manage and mitigate the identified risk.</p> <p>All GP practices are now rated overall as either 'Good' or 'Outstanding'.</p> <p>In respect to Care Homes it has been reported in the press that Four Seasons Healthcare has entered an administration process. The CCGs are working closely with Coventry City Council regarding the care homes that are within this group within our locality.</p> <p>In Coventry there are two nursing homes and one residential home that are on escalation and working to improvement plans. For Warwickshire North, there are currently three nursing homes and one residential on escalation and working to an improvement plan.</p> <p>Dr Kokodkar said that in respect of mortality he had been involved in mortality reviews with UHCW for the last 9 months and there have been high SHMIs but these should be seen as a 'smoke alarm' rather than increased mortality. There are robust processes in place and he feels assured that they look at each area where there is increased mortality in great detail and this work is ongoing and will include GEH.</p> <p>Mr Allcock asked about safer staffing at CWPT and does the total vacancy rate include clinical vacancies. Ms Galloway said that she would find out and let Mr Allcock know,</p> <p>CRCCG and WNCCG Governing Body Members NOTED the Integrated Safety, Quality and Performance report which was provided for assurance and information.</p>	
4.	<p><b><u>Assurance and Governance</u></b></p> <p>4.1 <b><u>Assurance Framework and Corporate Risk Register</u></b> Mrs Wilson presented the Assurance Framework and Corporate Risk Register which outlined the 2018-19 year end position with regards to managing risks to the CCGs achieving its principle objectives. Ms Beamish made an observation on the 4 hour waits within the report in light of the discussions earlier within the Performance Report. She noted that all controls are in place along with assurances, but results are not coming through in terms of experience of the patients and results. She questioned whether there needed to be a review on the controls in place and investigation of what is potentially changing. Ms Green suggested that this could be a timing issue but that it would be helpful as evidence is being received she agreed we should go back and reassess the programme.</p> <p>Dr Raistrick confirmed that she had asked Mrs Wilson to include Assurance Framework and</p>	

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4.2	<p>Corporate Risk Register at a future Governing Body Development session.</p> <p>CRCCG and WNCCG Governing Bodies agreed to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Assurance Framework and Corporate Risk Register; and were <b>ASSURED</b> that adequate actions are being taken by risk owners to mitigate the risks and that the assurances provided are satisfactory.</li> </ul> <p><b>Information Governance Year-end Report - March 2019</b></p> <p>Mrs Wilson confirmed that the purpose of this report is to inform the Governing Body in relation to year end submission of the Data Security and Protection Toolkit (DSPT) and to provide relevant assurance to the Governing Body around all aspects of the Information Governance agenda. Mrs Wilson confirmed that the Year-end submission status was “<b>all standards met</b>”</p> <p>In terms of mandatory training for the CCGs, Mrs Wilson reported that Coventry and Rugby CCG had achieved 96.3% and Warwickshire North CCG 94.4% which was in line with the DSPT requirements.</p> <p>In terms of incidents across the year Mrs Wilson confirmed there were no significant incidents for the CCG in 2018/19 which would require reporting to the Information Commissioners Office.</p> <p>CRCCG and WNCCG Governing Bodies <b>APPROVED</b> the Information Governance year-end report at March 2019.</p>	
5.1	<p><b>Financial Performance</b></p> <p><b>Finance and Contract Reports: Month 12</b></p> <p>Mrs Hollingworth confirmed that subject to the outcome of the CCGs statutory audit both CCGs had met their required control totals for 2018/19, this was a break even position for CRCCG and a £1.0m deficit for WNCCG. As WNCCG had delivered their control total this secured £1.0m from the Commissioning Sustainability Fund which enabled the CCG to report a break-even position.</p> <p>The audited accounts must be submitted by 29<sup>th</sup> May 2019. The CCGs Audit Committee met yesterday and there are two outstanding issues which are being worked through with the auditors. One related to the Expert Determination process in relation to the UHCW contract. The CCGs are providing further assurance that their assessment of the likely outcome is reasonable. A second issue is one around Continuing Healthcare invoices where another CCG is seeking backdated payments to 2013/14.</p> <p>The outcome of the Expert Determination, which is expected to report on the 31<sup>st</sup> May 2019, will inform whether the accruals made by the CCGs are adequate or whether a cost pressure is carried into 2019/20.</p> <p>The failure to manage activity planned levels during 2018/19 which is reflected in the current QIPP achievement levels (acute activity and CHC activity) does mean a volume of growth has had to be used to recover that underlying position and that the challenge for 2019/20 is that much greater and those plans do remain high risk and we are still needing to work through mitigation to secure the budget plan which was approved.</p> <p>Ms Beamish asked about the longer term financial plan over the next 5 years. Mrs Hollingworth said that targets for recovering the WNCCG cumulative were proposed by NHS England about 12 months ago but the focus is now shifting towards a trajectory for returning the Coventry and Warwickshire system to financial balance. All areas are working to agree 5 year plans by the Autumn and as part of this, the STP must challenge itself in terms of how it addresses rising demand and take real costs out of the system. Mr Stainforth observed that the CCGs Finance and Performance Committee go into great detail and that it would ensure, given the significance of Warwickshire North CCG’s position, that it reports adequately into the Governing Body meetings. Mr Allcock observed that in terms of due diligence and of the 3</p>	

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	<p>CCGs potentially merging, the underlying positions are very important. Ms Green suggested that Members who do not normally attend as Members of the CCG's Finance and Performance Committee be invited to attend a meeting going forward to gain assurance and scrutiny of the finance issues in more detail.</p> <p>Mr Allcock thanked Mrs Hollingworth and her team.</p> <p>CRCCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> that an overall balanced position is reported at Month 12 but with a reliance on securing contractual challenges;</li> <li>• <b>NOTED</b> that subject to the statutory audit, the CCG has delivered the 2018/19 control total (i.e. break-even) by NHSE; and</li> <li>• <b>NOTED</b> that the Finance and Performance Committee has asked that concerns re the CCG's underlying position is highlighted to the Governing Body.</li> </ul> <p>WNCCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> that an overall balanced position is reported for Month 12;</li> <li>• <b>NOTED</b> that subject to the statutory audit, the CCG has delivered the 2018/19 control total required by NHSE (£1.0m deficit pre Commissioner Sustainability Fund allocation); and</li> <li>• <b>NOTED</b> that the Finance &amp; Performance Committee is particularly concerned about the deteriorating recurrent underlying position and has asked for this to be escalated to the Governing Body.</li> </ul>	
<p>6.</p> <p>6.1</p> <p>6.2</p> <p>6.3</p>	<p><b><u>Policies for Ratification</u></b></p> <p><b>Approval of Information Technology Policies</b> Mrs Wilson confirmed that CWPT provide IT services to both Coventry and Rugby CCG and Warwickshire North CCG. The policies below were recommended to the Governing Body for approval:</p> <ul style="list-style-type: none"> <li>○ Email Usage</li> <li>○ Home and Teleworking</li> <li>○ Internet Use</li> <li>○ Information Security</li> <li>○ Removable Media and Devices</li> <li>○ IT Asset Management</li> </ul> <p>CRCCG and WNCCG Governing Body <b>APPROVED</b> these policies for adoption by both Coventry and Rugby, and Warwickshire North CCGs.</p> <p><b>HR Policies</b> Mrs Wilson presented the following HR Policies to the Governing Body and confirmed that they had been considered by the CCG's Senior Management Team and Clinical Quality and Governance Committee and were brought to the Governing Body approval.</p> <ul style="list-style-type: none"> <li>• Absence Management policy</li> <li>• Dignity at Work policy</li> <li>• Learning and Development policy</li> <li>• Management of Work Performance policy</li> <li>• Personal Development Review policy</li> </ul> <p>CRCCG and WNCCG Governing Body Members <b>APPROVED</b> these policies for adoption by both Coventry &amp; Rugby, and Warwickshire North CCGs.</p> <p><b><u>Policy for Conditions which over the counter (OTC) items should not routinely be prescribed</u></b> Mr Harkness presented to the Governing Bodies the policy on 'Conditions for which over the counter items (OTC) should not routinely be prescribed in primary care. He confirmed that NHS England partnered with NHS Clinical Commissioners after CCGs had asked for a nationally co-</p>	



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	<p>ordinated approach to the development of commissioning guidance in the area of OTCs to ensure consistency and address unwarranted variation. The resulting guidance 'Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs' was developed to provide a consistent, national framework for CCGs to use. The Policy presented to Governing Body members had been discussed in length at the CCG's Clinical Executive Group and recommended for Governing Body approval by the CCG's Clinical Quality and Governance Committee.</p> <p>Dr Yadav asked what engagement work had taken place with stakeholders. Mr Harkness confirmed that some engagement work had taken place and further work would be done if the policy was approved today. He confirmed that the CCG was working closely with local pharmacies and the Local Pharmaceutical Committee. Dr Yadav said she was aware that some care homes would not administer OTC items but only medication on prescription. Dr Raistrick said that this was an issue which had been discussed when looking at the policy and there was a similar issue with schools. She said that the CCG should investigate the issues around this.</p> <p>CRCCG and WNCCG Governing Body Members <b>APPROVED</b> the policy for ratification.</p>	
7.	<p><b><u>Committees in Common Reports</u></b></p> <p>Members of <b>BOTH</b> Governing Bodies <b>NOTED</b> the following Committee reports:</p> <ul style="list-style-type: none"> <li>• Clinical Quality and Governance Committees in Common: 23<sup>rd</sup> January 2019, 27<sup>th</sup> February 2019 and 27<sup>th</sup> March 2019</li> <li>• Finance and Performance Committees in Common: 28<sup>th</sup> February and 4<sup>th</sup> April 2019</li> <li>• Audit Committee in Common: 18<sup>th</sup> October 2018 and 31<sup>st</sup> January 2019</li> </ul>	
8.	<p><b><u>Committee Reports – Coventry and Rugby CCG</u></b></p> <p><b><u>Primary Care Commissioning Committee Report</u></b></p> <p><b>Committee Reports – Coventry and Rugby CCG</b></p> <p>CRCCG Governing Body Members <b>NOTED</b> the Primary Care Commissioning Committee Report</p>	
9.	<p><b><u>Committee Reports – Warwickshire North CCG</u></b></p> <p><b><u>Primary Care Commissioning Committee Report</u></b></p> <p>WNCCG Governing Body Members <b>NOTED</b> the Primary Care Commissioning Committee Report</p>	
10.	<p><b><u>Questions From Visitors:</u></b></p> <p>A representative from Coventry LPC asked for an update about engagement locally in respect of the Primary Care Networks. Dr Raistrick said that the Network Directors would be open to contact with them and they are most appropriate people to approach in respect of attendance as their meetings. She suggested to the representative that we put him in touch with them outside of this meeting. Dr Raistrick confirmed that the CCGs were ahead of the national trajectory and the networks are now in existence. Mrs Northcote said that the networks are meeting regularly and suggested an appropriate forum maybe the network leads meeting for the LPC to attend as an introduction.</p> <p>The LPC representative also mentioned that there had been little communication about the OTC Policy. Mrs Green said that we would take this back to CCG lead but that prior to today the focus had been internally while the policy was being drafted. Dr Raistrick confirmed that there is a comprehensive engagement plan but this policy needed to be approved at Governing Body in the first instance before this could take place.</p> <p>Dr Raistrick reported that this meeting was Dr Kokadhar's last as his Governing Body term had come to an end and she thanked him for all his service to CRCCG.</p>	

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10.	<p><b><u>Any Other Business</u></b></p> <p>There was no other business.</p> <p>The meeting was closed at 4pm.</p>	
	<p><b><u>Date of the Next Meeting Held in Public:</u></b></p> <p><b>Date:</b> Wednesday 17th July 2019.  <b>Venue:</b> Heron House, Nuneaton  <b>Time:</b> 2.45pm – 4 pm</p>	

Signature:

(Chair CRCCG)

Date:

Signature:

(Chair WNCCG)

Date:

DRAFT