

DRAFT

Minutes of the Public Section of the NHS Calderdale Clinical Commissioning Group Governing Body Meeting held on 12 February 2015, 2pm at The Threeways Centre, Nursery Lane, Halifax

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|----------------------|---------------------------------|--|
| Present | Dr Alan Brook | CCG Chair (and Chair of the meeting) |
| | David Longstaff | Lay Member and Deputy Chair |
| | Dr Majid Azeb | GP Member |
| | Dr Caroline Taylor | GP Member |
| | Dr Hazel Carsley | GP Member |
| | Dr Steven Cleasby | GP Member |
| | Kate Smyth | Lay Member (Patient and Public Involvement) |
| | Dr John Taylor | GP Member |
| | Dr Nigel Taylor | GP Member |
| | Julie Lawreniuk | Chief Finance Officer |
| | Dr Matt Walsh | Chief Officer |
| | Dr Rajesh Phatak | Secondary Care Specialist |
| | | |
| Invitees | Bev Maybury | Director of Adults, Health & Social Care (Calderdale MBC) |
| | John Mallalieu | Lay Advisor to the Governing Body |
| | Penny Woodhead | Head of Quality |
| | | |
| In attendance | Debbie Graham | Head of Service Improvement (<i>for item 7/15</i>) |
| | Debbie Robinson | Head of Primary Care Quality and Improvement (<i>for items 6/15 and 11/15</i>) |
| | Dawn Clisset | Senior Associate (OD), Yorkshire and Humber Commissioning Support |
| | Anne Dray | Transition Programme Director (<i>for item 8/15</i>) |
| | Sarah Dick | Senior Associate Risk and Governance, Yorkshire and Humber Commissioning Support (<i>for item 12/15</i>) |
| | Tim Shields | Performance Manager (<i>for item 15/15</i>) |
| | Judith Salter Helen Robinson | Corporate and Governance Manager Corporate and Governance Officer (minutes) |
| | Plus 11 members of the public. | |

1/15 APOLOGIES FOR ABSENCE

Apologies were received from Jackie Bird, Registered Nurse and Paul Butcher, Director of Public Health (Calderdale Council).

The newly appointed Secondary Care Specialist, Dr Rajesh Phatak, was welcomed onto the Governing Body.

2/15 DECLARATIONS OF INTEREST

There were no declarations of interest.

3/15 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on the 11 December 2014 were received and accepted as a correct record.

4/15 QUESTIONS FROM THE PUBLIC

The Chair addressed the questions that had been submitted.

Rosemary Hedges – Calderdale 38 degrees NHS Campaign:

A number of questions were received in relation to a King's Fund report which was published in November 2014.

The report looked at the evidence arising from reconfiguration of clinical services in other parts of England and identified key themes and outcomes. The series of questions related to whether the CCG would consider the report as part of its service reconfiguration programme and, more specifically, whether Calderdale CCG believed the targets set for Calderdale and Huddersfield NHS Foundation Trust (CHFT) could be achieved.

The Chair stated that through its engagement with the public over the last few years, the CCG had received a clear message that people wanted services delivered in the community wherever possible, with the right mix of skilled and dedicated staff who could meet their health needs. The CCG had used the King's Fund report to inform its approach. The CCG was continuing to work closely with CHFT to strength community services and ensure they were delivering high quality care.

The Chair further clarified that the Care Closer to Home proposals did not stand or fall on a reduction in current levels of hospital admissions. They were also about meeting unmet need in the community and in reducing future dependence on hospital care where appropriate.

The Chair said that the CCG always appreciated the interest shown in this programme of work and a fuller response would be put in writing to the questions raised.

ACTION

Olwen Edwards – member of the public:

The Chair reported that the Governing Body had also received a question about the CCG's responsibilities in connection with complementary and alternative therapy practitioners. As this question did not relate to an item on the agenda, a written response would be provided.

DECISION

Responses to questions raised to be provided within 20 working days.

ACTION

5/15 CHIEF OFFICER'S REPORT

The Chief Officer presented his report and highlighted several items within it.

Health Connexions

The Governing Body's attention was drawn to the different investments that had been made in the voluntary and third sector, the impact of which was beginning to be felt in the system. There was a good energy in that sector in terms of engaging with the CCG's strategic change programme.

The appendix referred to the Healthy Futures programme, established under the 10 West Yorkshire CCGs (10cc) with Harrogate and Rural District CCG. The programme, which was gaining momentum, consisted of 4 programmes of work:

1. Urgent/Emergency Care – CCG Chair is clinical lead for the programme
2. Stroke Project
3. Paediatrics Project
4. Cancer Services – the Chief Officer is senior responsible officer for this programme.

The CCG Chair clarified that the decision making for any proposals coming out of the programmes, would reside with the individual CCGs. The Chief Officer explained that the first programme that might have an impact on how services were shaped would be the Stroke programme.

A GP Member confirmed that he had been involved with the Stroke programme which was looking at atrial fibrillation and hyper-acute stroke units as the two-pronged approach to work across West Yorkshire. He felt that the final proposals, which were being supported by a sound methodology, would be pointing the CCG in the right direction of travel for Calderdale.

The Chief Officer confirmed that the overall aim was to deliver the best possible outcome for patients, so the CCG would need to look at how it could bring the system along with the proposals, which may involve

changes to community services or to the approach used for highly specialised care (in the Stroke example). The intention was to involve the Governing Body through regular updates on the programmes of work.

Feedback from December's workshop on the Strategic Review of Acute Paediatric Services would be shared with Governing Body members as soon as it was received.

ACTION

People's Commission Report

The Chief Officer explained that the People's Commission report was published last week, and had been circulated to the Governing Body. The Chief Officer welcomed the recommendations, but felt that clarification was required on the role and responsibility of the Health and Wellbeing Board in managing a way along the journey, and how that role related to the statutory duties of the CCG and the Local Authority.

Workforce

The CCG Chair referred to the flu campaign and the sickness levels reported in the Chief Officer's report. Sickness has risen from 1.2% in October to 3.1% in December. This was higher than previous reports but still lower than the 3.6% benchmark for Public Sector Organisations. Within the CCG the sickness reason with the highest number of episodes is flu. It was noted that it had recently emerged that the strains experienced this year were not those predicted. The CCG Chair questioned whether earlier alerting of the need for more people to be prescribed anti-viral drugs may have been beneficial this year. The Chief Officer agreed that there were lessons to be learnt on a national level around the effectiveness of this year's campaign.

DECISION:

That the Chief Officer's Report be noted.

6/15 CO-COMMISSIONING PRIMARY MEDICAL SERVICES

The Corporate and Governance Manager updated the Governing Body on the actions taken since the last meeting on 11th December 2014. An application for full delegation of co-commissioning responsibilities was made on the 9th January 2015. One of the associated risks to this decision concerned the management of conflicts of interest, with guidance on this provided by NHS England (NHSE).

A CCG Conflicts of Interest Policy had been produced as well as a review

of the existing governance arrangements to ensure they were fit for purpose given the new responsibilities.

NHS England had provided a clear steer that a new commissioning primary medical services committee needed to be established as a sub-committee of the Governing Body, in order to manage the business of co-commissioning. Terms of Reference for the new committee had been produced, in line with the model provided by NHSE.

Amendments had also been made to the CCG's Constitution and Scheme of Delegation to take account of the new arrangements.

It was reported that a decision had to be taken very quickly in order to meet NHSE's timescales for the application to be considered, hence an urgent Governing Body meeting was convened on the 5 February 2015 with 10 Governing Body Members present. Standing Orders were suspended in order to make the required decisions. A record of the decision to suspend Standing Orders would be taken to Audit Committee in March.

ACTION

The Chief Officer clarified that only a week's notice was given by NHSE of the need to make formal decisions on the above issues otherwise the application could not proceed, but stated that it was a less than ideal way for it to have happened as the CCG prefers to carry out such decisions in public.

The Chief Officer stated that the CCG would need to work through how it handled the financial planning and budget setting process for primary medical services' funding. . The Chief Finance Officer informed the Governing Body that NHSE were still unclear as to how the budget planning process would work in practice, although it was expected that the primary medical services delegated budget allocation would be approved at the same time as the CCG budgets for 2015/16.

It was noted that the budget allocated to the CCG would not meet the expenditure required to commit to in 2015/16, so there would be a Quality, Innovation, Productivity and Prevention (QIPP) target that would need to be met. A budget setting paper including this detail would be taken to the March Governing Body meeting.

ACTION

The CCG would have an NHSE 'Customer Relationship Manager' working with it. It was yet to be established how the NHSE team will continue to manage the work whilst the CCG took the decisions. A task and finish group had been set up within the CCG to work through the issues and understand the new relationship. The Head of Primary Care Quality and Improvement would be meeting with the Head of Primary Care Co-commissioning Lead (NHSE) in early March to discuss operational details.

The Head of Quality raised a question regarding the review of CCG governance structures in the light of the new co-commissioning responsibilities and the fit with the annual committee self-assessment and reporting process which was being undertaken at the time. The Corporate and Governance Manager recommended that the annual review continue

as planned and noted that there may need to be a further review later in the year once there was greater clarity on co-commissioning responsibilities.

It was noted that some Governing Body development work would be useful before formal approval of budgets in March. This might look at the primary care budgets and growth allocation, and to gain a better understanding of how the CCG might work with NHSE to deliver on QIPP.

GP Governing Body Members declared an interest in this item as the financial aspects of the new arrangements were being discussed.

DECISION

That the Governing Body:

- 1. Noted the steps being taken to ensure that robust and transparent governance arrangements were being put in place in support of the delegation of commissioning responsibilities from NHSE.**
- 2. Noted the approval of the Terms of Reference for the Commissioning Primary Medical Services Committee, the Conflicts of Interest Policy and the revision to the CCG's Constitution and Scheme of Delegation.**
- 3. Noted the reasons for the suspension of standing orders.**

7/15 COMMISSIONING CARE CLOSER TO HOME

The Head of Service Improvement updated the Governing Body on work undertaken on the programme since December.

The Care Closer to Home specification had been approved by the CCG's Quality Committee. The dashboard outlined in the paper illustrated the strategic direction of travel, and had been developed using various indicators looking at activity, finance, productivity and efficiency, and quality and safety. The dashboard had been refined since a Governing Body development session held in January 2015, and had also received input from CHFT. It would be finalised by the 1 April 2015. CHFT had worked closely with the CCG on the development of the Care Closer to Home specification and the dashboard.

The Governing Body was asked to consider the current draft of the dashboard, and to agree that it would receive a report at its August meeting which will lead to a decision on the future commissioning approach.

It was noted that the dashboard already demonstrated some positive trends over the last 12 months, such as work on QIPP schemes and the Better Care Fund leading to a trend in reducing admissions.

A discussion followed on what additional information could be included in the dashboard to reflect the 'heat' in the system, such as including information on 'green cross' patients, but it was agreed that the dashboard should not be overloaded.

It was acknowledged that clinicians had shown an interest in the detail behind some of the figures in certain clinical areas, such as Stroke. It was agreed that progress should be monitored regularly through the Finance and Performance Committee, and reported through the Performance Report to the Governing Body.

DECISION

That the Governing Body:

1. Noted contents of the report.

2. Approved the proposal that the output of work to measure the strategic shift be considered at the August 2015 meeting of the Governing Body.

8/15 BETTER CARE FUND UPDATE AND APPROVAL PROCESS FOR THE SECTION 75 PARTNERSHIP FRAMEWORK AGREEMENT

The Transition Programme Director provided the Governing Body with an update on the Better Care Fund (BCF) Plan, which had been approved by NHSE and was available on the CCG website.

The meeting was informed that the BCF consisted of 34 schemes, totalling £15.4m. The funding had been incorporated into a Section 75 Agreement which contained the full detail on the 34 schemes. The CCG had been working with Calderdale Council (CMBC) and legal teams for both organisations to ensure that the agreement addressed any potential challenges going forwards.

The Governing Body were asked to delegate responsibility for approving the final version of the Section 75 Agreement to the CCG Chair, Lay Advisor, Chief Officer and the Chief Finance Officer, as approval was required before the next planned Governing Body meeting. The Chief Officer stated that a report from the delegated group would then be required at the next Governing Body meeting.

ACTION

The Chief Officer stated that he would like to be formally informed of the governance arrangements at CMBC via a briefing paper.

ACTION

DECISION

The Governing Body:

1. Noted the approval by NHSE of the Better Care Fund Plan

submitted on 28 November 2014.

2. Noted the latest draft of the Section 75 Partnership Framework Agreement.

3. Confirmed delegation of responsibility to the Chair, Lay Advisor, Chief Officer and the Chief Finance Officer, for approving the final version of the Section 75 Agreement within the approved sum of £15,449,000.

9/15 DRAFT SUSTAINABLE DEVELOPMENT MANAGEMENT PLAN

The Corporate and Governance Manager introduced the covering paper and draft plan. The meeting was informed that this was the first Sustainability Plan for the CCG, which focused on achieving the right balance between financial, social and environmental priorities to enable the organisation to make the best use of resources. If this balance was to be achieved, significant short and long term benefits could be realised.

The meeting was informed of the three goals for achieving sustainable development set out in the NHS Sustainable Development Strategy, and the CCG plans to reach those goals: commissioning for sustainability, being a sustainable organisation; and promoting sustainability amongst the member practices.

It was agreed that a reference to video-conferencing would be added to the item on teleconferencing on page 11.

ACTION

In response to a question from the Chief Officer, the Corporate and Governance Manager stated that the plan included a requirement to develop measurable performance indicators. These needed to include measurable indicators that related to the commissioning functions of the CCG.

A discussion followed regarding the Medicines Waste Campaign, the related QIPP, and the publicity currently surrounding the campaign. It was noted that the Calderdale Health Forum had agreed that messages from the campaign should be taken back to practices through the practice reference groups.

The Head of Quality referred to the Food for Life national initiative which had been driven forwards locally. Calderdale was the first adopter for the CQUIN for food and nutrition and discussions were being held with CHFT about the development of a Food and Drink Strategy, looking at sustainable procurement and production of food for staff, patients and visitors.

DECISION

1. That the Governing Body approved the Sustainable Development Management Plan, subject to the amendment suggested.

10/15 PUBLIC SECTOR EQUALITY AND DIVERSITY REPORT

The Head of Quality presented this report, which had been published. The report demonstrated that the CCG was meeting its statutory duties, and included details of activities being carried out.

The report was intended to be used as a source document for CCG staff, to inform the production of specifications and the development of Equality Impact Assessments (EIAs). The Chief Officer stated how helpful he found the information contained within the report.

The report identified a number of EIAs completed or in progress during 2014/15. It also detailed the Equality objectives approved during 2013/14, that were developed using the equality delivery system.

Looking forwards, the report focused on the refresh of the Equality and Diversity Strategy, which would ensure that equality and diversity was a key thread throughout the business of the organisation. It also introduced the measures within the new standard contract for providers this year in relation to the equality delivery system.

The Governing Body discussed the report and acknowledged that work was still required to ensure that the findings were embedded into the organisation. It was noted that the report should help the CCG to understand the obstacles to accessing certain parts of the Calderdale population, and how to overcome these barriers and ensure we offer care to certain subsets of the population.

DECISION

1 That the Governing Body received the report and noted its publication in January 2015.

11/15 ORGANISATIONAL DEVELOPMENT STRATEGY FRAMEWORK 2014-16

The Head of Primary Care Quality and Improvement and the Senior Associate (OD), Yorkshire and Humber Commissioning Support introduced this item. The Organisational Development (OD) Strategy outlined the CCG's strategic intentions for increasing its readiness to flex and change in order to contribute to system sustainability.

The Senior Associate (OD) presented the '4Cs' which had been used to frame the strategic intentions for strengthening fitness and resilience.

The stepped approach outlined in the paper reflected that the CCG had had one year of OD so far, which looked at leadership, coaching programmes, and what the CCG meant by OD. The next phase would look

at the organisation's readiness for change.

The draft Organisational Development (OD) Delivery Plan was currently being updated.

Following discussion it was agreed that oversight of the OF delivery plan should sit with the Governing Body rather than the Remuneration Committee.

The Chief Officer stated that the framework was an attempt to bring together the previously fragmented approach to OD, through a set of principles and ways of working, and welcomed the Governing Body taking on the responsibility for overseeing the OD Delivery Plan.

It was confirmed that developing relationships with member practices through the High Performing Membership Organisation (HPMO) process was included in the delivery plan.

DECISION

The Governing Body:

- 1. Received and approved the Strategic Framework.**
- 2. Agreed that it should have oversight of the OD Delivery Plan, rather than the Remuneration Committee.**

12/15 RISK MANAGEMENT

Integrated Risk Management Framework

The Corporate and Governance Manager introduced the revised Framework, which was previously reviewed in May 2013. The key changes were outlined:

- Inclusion of a section on Risk Appetite – to be updated following a Governing Body Development session.
- Inclusion of a process to allow swift reporting of any Critical Risks which score 20 or above.
- Inclusion of criteria for the escalation of risks from Programme / Project Risk Registers to the Corporate Risk Register (any risk with a total score of 12 or more, or with a score of 5 for impact).
- Inclusion of criteria relating to information governance risks in the Impact / Consequence matrix.

DECISION

That the revised CCG Integrated Risk Management Framework be approved.

High Level Risk Log and Report

The Corporate and Governance Manager presented the report which summarised the CCG's high level risk position (risks rated as 15 or above) at the end of the fifth cycle for 2014/15. It was reported that there were 51 risks on the register, with 6 marked for closure, leaving 45 open risks. 31 of the risks related to finance, performance or corporate matters and 20 risks relating to quality matters. There were no critical risks (scoring 20-25), and 7 serious risks with a score of 15-16. The serious risks were outlined in the paper.

Two risks that were rated as serious at the time of the last report now had a reduced score and were no longer rated as serious.

It was acknowledged that risk 62 relating to the local urgent care system not meeting Accident & Emergency reporting targets may increase further.

The Chief Officer clarified that the purpose of the report was to highlight risks to the Governing Body and ensure that discussions take place at the relevant sub-committees in relation to further required actions.

A GP member queried when it was anticipated that risk 356 (Child & Adolescent Mental Health Service - CAMHS) would be reduced in light of all the work being carried out and increased investment. It was confirmed that the Quality Committee received monthly updates on CAMHS, and that positive changes had been reported via the Contract Management Group. A GP member also confirmed that good progress had been made on the referral pathway and that this work had been well-received.

The Chief Officer stated that the system felt riskier than it did at the start of the year, especially in the area of urgent care, but he felt that the Risk Report and Register accurately reflected the challenging climate in which the CCG is operating. This was confirmed by the Chair of Audit Committee.

DECISION:

That the report and High Level Risk Log be accepted as a true reflection of the risk position at the end of cycle 5.

13/15 FINANCE, QIPP AND CONTRACTING REPORT

The Chief Finance Officer, in presenting this report stated that it provided an update on the financial position for 2014/15 including associated risks, a high level summary of the QIPP position (as at month 9) and the contract position (as at month 8).

The CCG was largely on track to deliver the plan as set out at the start of the year, but the planned surplus had been increased by £1.6m taking it to £7.1m. The Governing Body had agreed that this would be carried out in

two increments. This also included the increase in surplus relating to the release of the Continuing Health Care (CHC) Provision of £0.6m as requested by NHSE.

Of the £5.2m spending plan agreed at the October 2014 Governing Body, £4.6m has been spent to date.

A contingency of £1.1m remained in place to help mitigate any financial risks in the current year. This reflected an underspend on the CCG's general contingency of £0.7m in order to cover any risks that materialised near year-end. There was a planned £0.4m underspend on the CCG's running costs, to take account of the £0.5m reduction expected in 2015/16.

The CCG had delivered its £4m QIPP target for 2014/15.

The Contracting report showed a notional under-trade at the end of month 8 of £1.1m. Month 10 figures were suggesting an under-trade of £2m at year end. Work was continuing through the Contracts Management Group on the underspend on the contract with CHFT.

DECISION:

That the Finance, QIPP and Contract Report be noted.

14/15 QUALITY AND SAFETY REPORT AND QUALITY DASHBOARD

The Head of Quality presented the report which updated the Governing Body on progress against recent quality and patient safety activities.

Attention was drawn to certain areas of the paper:

Commissioning for Quality and Innovation (CQINs) development for 2015/16

The Governing Body was informed that national guidance for CQINs had still not been received. Locally the CCG had been working with providers to ensure that local schemes were in place and in a position to flex as and when the guidance was received.

The Chief Finance Officer confirmed that the National Tariff dictated what CCGs paid their Providers and how CQIN payments were managed for 2015/16, and that the tariff had not yet been agreed. Therefore contract discussions were taking place whilst the CCG did not know the inflation uplift or efficiency requirement. Without clarity on the National Tariff, the CCG could not be clear on its CQIN figures.

The Chair requested further detail on the Pneumonia Care Bundle indicator and specifically why it had been selected as an issue to be addressed. It

was explained that this was an indicator for 2014/15, and that it related to the Hospital Mortality Indicators. The Head of Quality confirmed that the indicators outlined in the report were in line with the clinical priorities of the CCG, and that they had been chosen with a high level of clinical involvement.

Serious Incidents Assurance Statement and Performance Report Quarter 3

The Head of Quality stated that the national framework outlined the role of the Governing Body in relation to performance managing serious incidents that occur in any of its commissioned services, with some support provided by the Commissioning Support Unit (CSU). It was reported that this was the first occasion on which themes and trends from serious incidents had been extracted from the figures. , This had enabled the CCG to challenge where recurrent issues are highlighted.

The Secondary Care Specialist asked whether the lessons learnt from serious incidents were being shared with junior staff at the Providers. It was reported that a serious incident was not closed down until a Provider confirmed that all required actions had been completed, and this would include the cascade of lessons learnt.

CAMHS

The Lay Member/Deputy Chair asked whether a paper had been written on lessons learnt from the transition of the Tier 3 service and why it had not been a smooth process. The Chief Officer agreed to check the timescales he had originally set for a paper on the learning following a procurement process.

ACTION

Quality Performance Information

Concern was raised about the Audit of Care Standards findings in relation to CHFT's performance on hip fractures. The Head of Quality confirmed that this had been discussed at Quality Committee and that she had not yet received a remedial plan in this area from CHFT. She was therefore unable to provide a level of assurance to the Governing Body.

Summary of Accident and Emergency Survey for 2013 for CHFT

It was confirmed that the overall report was very positive for CHFT, with just two areas relating to the side effects of medication, and whether people were informed about any danger signals regarding their illness or treatment to watch for after they were discharged, where CHFT scored poorly. The Governing Body was informed that measures were in place to address these issues. The findings had been discussed at Quality Committee and a report was being produced which would also be

submitted to Quality Committee for review.

DECISION:

That the contents of this report and the actions being taken be noted.

15/15 PERFORMANCE REPORT

The Performance Manager presented the report which provided the CCG with assurance on the achievement of the NHS Constitution and Quality Premium targets.

The **Achievements for 2014/15** were summarised in the report.

The Performance Manager drew attention to the key areas of focus and variance.

Sustaining the 4 hour target in Accident & Emergency (A&E)

It was stated that during Quarter 3 (Q3) there had been an increasing trend in A&E attendances, which was reportedly abating at the time of the meeting. The volumes reported in Q3 were still not as high as during Q1 & 2. The volume of emergency admissions was reportedly lower than the same period last year. The final position for the 4 hour standard for access to A&E during Q3 was 93.0%.

Psychological Therapies

NHS England monitored improvements in access and recovery rates for patients requiring psychological therapy. All CCGs provided monthly progress reports to NHSE. Local data suggested good progress against recovery rates for Q1&2, whilst the CCG remained below the target for people accessing the service for that period. However, when benchmarked against the CCGs in West Yorkshire, Calderdale was ranked 1st. It was noted that actions were in place to increase access, especially for people in Black, Minority Ethnic (BME) communities and for older people. It was reported that national issues relating to the collation of data at the Information Centre were addressed. It was understood that more access standards would be introduced during 2015/16.

Ambulance Response Times – It was confirmed that performance during November improved, however performance deteriorated again during December possibly reflecting the urgent care pressures during that period. A more detailed report on the Yorkshire Ambulance Service (YAS) would be discussed at Finance & Performance Committee on 26 February.

DECISION:

That the contents of the report and progress against targets were noted.

16/15 COMMITTEE MEETING MINUTES TO BE RECEIVED

The following committee minutes were received:

- a) Audit Committee – minutes of the meeting held on 20 November 2014
- b) Finance and Performance Committee – minutes of the meeting held on 27 November 2014
- c) Finance and Performance Committee – minutes of the meeting held on 18 December 2014
- d) Quality Committee – minutes of the meeting held on 30 October 2014
- e) Quality Committee – minutes of the meeting held on 27 November 2014
- f) Quality Committee – minutes of the meeting held on 18 December 2014

DECISION:

That the above minutes be received.

17/15 KEY MESSAGES FOR MEMBER PRACTICES

Key messages to the practices following the meeting included:

- (1) Progress regarding co-commissioning of primary medical services.
- (2) One page summary of the Sustainability Development Management Plan, and how the CCG plans to engage practices with the work.
- (3) Summary of the Public Sector Equality report.
- (4) OD strategy and the connection with HPMO.

DECISION

That the above messages be sent out to the member practices.

ACTION

18/15 DATE AND TIME OF NEXT MEETING

(Additional short public meeting): Thursday 12 March 2015, 2.00pm-3.00pm, The Shay Stadium, Halifax.

Thursday 9 April 2015, 2-5pm, The Shay Stadium, Halifax

19/15 EXCLUSION OF THE PUBLIC

DECISION:

That representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

DRAFT

Clinical Commissioning Group Governing Body Meeting 12 February 2015 – Action Sheet

| Report name | Minute No. | Action required | Lead | Current status | Comments/ Completion Date |
|--|------------|--|----------------------------------|----------------|--|
| Suspension of Standing Orders | 108/14 | Report to be produced for Audit Committee so that they can review the decision to suspend standing orders in terms of its reasonableness or otherwise. | Corporate and Governance Manager | Complete | 5 March 2015 |
| Key Messages for Member Practices | 124/14 | Confirmation of the decision regarding commissioning Local Enhanced Services. | Debbie Robinson | Complete | 3 March 2015 |
| Chief Officer's Report | 5/15 | Feedback from December's workshop on the Strategic Review of Acute Paediatric Services to be shared with Governing Body when received | Matt Walsh | | |
| Co-commissioning primary medical services | 6/15 | A record of the decision to suspend Standing Orders would be taken to Audit Committee in March. | Corporate and Governance Manager | Complete | 5 March 2015 |
| | | A budget setting paper including detail on the co-commissioning QIPP would be taken to the March Governing Body meeting. | Chief Finance Officer | Complete | 12 March 2015 |
| Better Care Fund Update and Section 75 Agreement | 8/15 | Report from the delegated group approving the final Section 75 Agreement to be taken back to Governing Body meeting. | CO/CFO/Chair and Lay Member | Complete | See Chief Officer's Report 9 April 2015 |
| | | CMBC Governance structure briefing paper to be provided as part of the next BCF update. | Bev Maybury/Anne Dray | Complete | March 2015 |
| Draft sustainable | 9/15 | Video-conferencing to be added to the | Judith Salter | Complete | March 2015 |

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| development management plan | | reference on teleconferencing on page 11. | | | |
| Quality and safety report and quality dashboard | 14/15 | Re: the transition of the Tier 3 service (CAMHS). Check the timescales originally set for a paper on the learning following a procurement process. | Martin Pursey | | |
| Key Messages for Member Practices | 17/15 | <p>Key messages to the practices following the meeting included:</p> <ul style="list-style-type: none"> (1) Progress regarding Co-commissioning of primary care services. (2) One page summary of the Sustainability Development Management Plan, and how the CCG plans to engage practices with the work. (3) Summary of the Public Sector Equality report. (4) OD strategy and the connection with HPMO. | <p>Debbie Robinson</p> <p>Judith Salter</p> <p>Penny Woodhead</p> <p>Debbie Robinson</p> | <p>Complete</p> <p>Underway</p> | <p>March 2015</p> |