

**Unconfirmed Minutes of the Governing Body Meetings in Common Held in Public
on Thursday, 26th September at 2.00pm**

Venue: Parkside House, Quinton Road, Coventry

Dr Sarah Raistrick	Chair – CRCCG
Mr David Allcock	Chair – WNCCG
Mr Adrian Stokes	Interim Accountable Officer
Mrs Clare Hollingworth	Chief Finance Officer
Ms Sue Turner	Practice Network Lead: North Warwickshire – WNCCG
Dr Steve Allen	Clinical Director - 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 Deepika Yadav	Rugby Locality Lead – CRCCG
Ms Sharon Beamish	Lay Member – Patient and Public Involvement - WNCCG
Dr Mark Lawton	Clinical Lead - CRCCG
Dr Alistair Bryce	Clinical Lead - WNCCG
Mr Graham Nuttall	Lay Member - Primary Care – WNCCG
Ms Claire Forkes	Lay Member – Patient and Public Involvement - CRCCG
Dr Imogen Staveley	Elected Clinical Lead, WNCCG
Mr Steve Jarman-Davies	Director of Intelligence, Planning and Performance
Apologies:	
Mr Ludlow Johnson	Lay Member for Patient and Public Involvement and Equality - CRCCG
Ms Liz Gaulton	Director of Public Health, Coventry City Council
Dr Godwin Igodo	Clinical Lead – WNCCG
Dr Helen King	Director of Public Health, Warwickshire County Council
Mr Andrew Harkness	Chief Transformation Officer
In Attendance:	
Mr Chris Lonsdale	Director of Finance
Ms Liz McLean	Consultant
Ms Jenny Northcote	Chief Strategy and Primary Care Officer
Mrs Anita Wilson	Associate Director of Governance and Corporate Affairs
Mrs Julie Seaborne	Governance Officer (Minutes)

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1.	<u>Standing Items:</u>	
1.1	<p>Welcome and Apologies</p> <p>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. She indicated that a new venue was being trialled today and any feedback would be appreciated along with asking if members of the public could hear from their position in the room. Apologies were noted as indicated above.</p>	

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1.2	<p><u>Declarations of Interest:</u> 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>	
1.3	<p><u>Minutes of the Last Meeting: 17th July 2019</u> The minutes of the meeting held on 17th July 2019 were approved as a correct record of the meeting.</p>	
1.4	<p><u>Matters Arising And Action Schedule:</u></p> <p><u>Matters Arising:</u> There were no matters arising.</p> <p><u>Action Schedule:</u> <i>WNCCG/Action 81: Finance and Contract Reports Month 2: The Chair of the Finance and Performance Committee be asked provide an update to the next meeting of the Governing Body in terms of the level of assurance for the financial recovery process.</i></p> <p>Mr Nuttall confirmed that the financial situation for Warwickshire North CCG was very concerning and that there had been a number of issues which would be reported in the Finance section of the meeting, which had caused further deterioration. Mr Nuttall said that he could assure the Governing Body that there was and would be financial processes being taken to start to address this.</p> <p>Members noted that all other actions were either complete or not yet due.</p>	
1.5	<p><u>Chair's Report:</u></p> <p>WNCCG/CRCCG Chair's Report</p> <p>Dr Raistrick presented her written report and confirmed that she was delighted to confirm that Mr Adrian Stokes had now taken post as the interim Accountable Officer for Coventry and Rugby CCG and Warwickshire North CCG.</p> <p>Dr Raistrick was sorry to say farewell to Mrs Hollingworth whose last day at the CCG was today but that she was pleased she was staying within a part of the local health and care system, joining Coventry and Warwickshire Partnership Trust.</p> <p>Mr Allcock presented his written report and also welcomed Mr Stokes to his new role. He welcomed Dr Imogen Staveley back to her role after maternity leave as Clinical Lead for Warwickshire North CCG.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Members</p> <ul style="list-style-type: none"> • NOTED their CCG Chair reports respectively. 	
1.6	<p><u>Chief Officer's Report</u></p> <p>Mr Stokes presented his report and highlighted within it the Integrated Stroke Pathway and the key aspect of the pre-consultation which would be discussed in more detail during the course of the meeting.</p> <p>In respect of NHS Warwickshire North finances, Mr Stokes said that it was important that time was taken at this meeting to consider this. He confirmed that the CCG's Finance and Performance Committee were carefully managing the situation and were in the process of preparing a structured response. He also reassured the committee that the CCGs internal management of the situation would be transparent and visible to the Governing Body.</p>	

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	<p>In terms of Performance, Mr Stokes advised that he and members of the finance team had met with NHS England. While all performance areas are important, NHS England had been clear that there was a particular national focus on the following;</p> <ul style="list-style-type: none"> • A&E performance and winter resilience; • Waiting Lists (no 52 week waits and total list no higher than March 2019); • Transforming Care; and • Delivery of financial control totals. <p>Mr Stokes confirmed that the Five Year Plan would be signed off by Governing Body prior to it being formally submitted on the 15th November 2019. He said that in terms of the EU exit the CCGs had done all they could to be prepared in terms of readiness.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members NOTED the Chief Officer's report.</p>	
<p>2.0</p> <p>2.1</p>	<p><u>Strategy and Planning</u></p> <p><u>Update on the future of Healthcare commissioning</u></p> <p>Mrs McLean presented this report to update on the work which has been taken to address the questions raised by its Members and the Governing Body following the presentation of the case for change on 22nd May 2019. The vote had concluded in June 2019 with overwhelming support to explore Options 2 and 3 as detailed in the case for change.</p> <p>Mrs McLean confirmed that a timetable had been set which allowed further in depth discussion at the August 2019 Governing Body Development session on Place, timescales and financial due diligence. She noted that governance arrangements for Place had been discussed initially with members at the June 2019 Governing Body Development session and were further developed for discussion in August 2019. Engagement with Members had continued and would continue throughout the next two months. A Joint Health Overview and Scrutiny Committee had been arranged for the 14th October 2019 and a Joint Governing Body Development session with South Warwickshire CCG had been organised for the 16th October 2019.</p> <p>Mrs McLean explained that there was a financial element which was being finalised by the Chief Finance Officers. She assured the Governing Body that although timescales were very tight in a number of areas, progress was being made and the CCG was seeking to be as open, inclusive and transparent as possible.</p> <p>Dr Raistrick asked about the timescale of meetings with Members and Mrs McLean said that this was being organised with the support of the CCG's Primary Care Team.</p> <p>Dr Staveley asked if the Governing Body Members could have sight of communications which were planned to be sent out to the Local Medical Committees and the Members so that they could feed into them. Mrs McLean agreed to arrange this.</p> <p>At this point Dr Raistrick took a question from a member of the public which was in respect of why the CCG had not gone out to public consultation on the future direction of healthcare commissioning. Dr Raistrick explained that they had not done so on the basis that a merger of CCGs was not a change to service delivery and does not have a direct impact on patient care and care delivery. She recognised the importance of the CCG remaining legally compliant in this regard and requested that Anita Wilson, Associate Director of Governance and Corporate Affairs, continued to assure the committee on this matter.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the contents of the report • AGREED that additional actions, information undertaken by and assurances presented to the Governing Bodies is sufficient to date to address the matters raised in discussion in May 2019 • HIGHLIGHTED any further requirements such that Officers can seek and provide any 	<p>Liz McLean</p>

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	<p>remaining assurances required by Governing Body members.</p> <ul style="list-style-type: none"> • AGREED that the final assurance paper in support of the original case for change will be presented at the November Governing Body meetings in common and that following this the options will be put to a membership vote. 	
2.2	<p><u>Coventry, Rugby and Warwickshire Public Health Report</u></p> <p>Dr Raistrick presented the Coventry, Rugby and Warwickshire written report for Public Health.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the Coventry, Rugby and Warwickshire Public Health Report which was provided for assurance and information. 	
2.3	<p><u>Commissioning Intentions 2020/21</u></p> <p>Ms Northcote presented this item to update members on the development of the 2020/21 commissioning intentions. She confirmed that all CCGs were required to develop and publish commissioning intentions on an annual basis. The 2020/21 commissioning intentions would be published at the end of September 2019 and would reflect the CCGs' strategic ambitions to develop both strategic and place commissioning to support the delivery of Integrated Care Systems (ICS).</p> <p>Ms Northcote reported that the commissioning intentions also aligned with the five year system plan which was being developed over the summer period and would also need to include the emerging priorities from four 'places' in the Health economy (North Warwickshire, Rugby, Coventry and South Warwickshire). She confirmed that all existing Commissioning intentions had been reviewed and updated to inform development of the 2020/21 commissioning intentions. The full details of updated commissioning intentions had been agreed with Coventry and Rugby CCG's Clinical Executive Group and Warwickshire North CCG's Executive Group and would be published as a separate document to the main commissioning intentions documents.</p> <p>Mrs Beamish said that in respect of Appendix 1 of the report she was particularly keen on the maternity, children and young people section because in terms of their priorities it gave a clear insight into measures of success and what improvements could be expected. She said that she did not see that level of succinctness with the other areas.</p> <p>Dr Staveley suggested there could be more emphasis in the report about cancer.</p> <p>Dr Raistrick said that within the report the population of Rugby is referred to by number but the population of Coventry was only mentioned to say that it was growing.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the process undertaken to develop the 2020/21 commissioning intentions; and • APPROVED the draft documents. 	
2.4	<p><u>Pre Consultation Business Case</u></p> <p><u>Improving Stroke Outcomes</u></p> <p>Mr Lonsdale presented this report to share with the Governing Body the outcome of the NHS England Strategic Service Change Regional Panel review of the Improving Stroke Services Pre-Consultation Business Case (PCBC) and to seek approval to proceed to public consultation on the proposed future pathway and clinical model.</p> <p>Mr Lonsdale reminded members that they had received the final draft for consideration and approval at their Governing Body meeting on 17th July 2019. He noted that on page 4 of the minutes of that meeting the benefits were outlined and these included Centralisation of hyper-acute and acute care, removal of the current inequities and prevention of strokes. Mr Lonsdale said that additional costs had been approved and remained unchanged within the business</p>	

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	<p>case. NHS England's Strategic Service Change Regional Panel had been held on 15th August 2019 and proposed nine amended areas of clarification but he said that this did not materially affect the business case which had previously been approved. He confirmed that the nine areas were outlined in the front sheet of his report.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the amendments made to the Pre Consultation Business Case following the NHS England Strategic Service Change Regional Panel • Gave APPROVAL to proceed to public consultation on the proposed future pathway and clinical model. <p><u>Public Consultation</u></p> <p>Ms Uwins, Senior Communications and Engagement Manager presented her report which considered the proposed timescale and suggested methodology for a public consultation on the proposed future model for stroke services. She confirmed that there were two consultation documents, the full version and a summary.</p> <p>Ms Uwins outlined that the proposed timescale for public consultation was Wednesday 2nd October 2019 to Sunday, 19th January 2020, with a formal pause from Monday, 23rd December 2019 to Sunday, 5th January 2020 (to recognise the Christmas holiday period and potential for members of the public to be unable to contribute). She advised that the full version and summary version of the consultation document had been approved by the NHS England approval panel.</p> <p>Mr Stokes requested that the committee provide discretion for any further slight amendments necessary to strengthen the current plan to the Chairs and Accountable Officer. Members agreed to this.</p> <p>Dr Allen advised that he could not see the document addressed the issue of staff being recruited to deliver a high quality stroke service and whether there were sufficient patients going through the stroke unity to keep the staff's skills up to date. Ms Uwins said this she would look to strengthen information about this.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • AGREED the consultation timescale and methodology and APPROVED the consultation documents with the caveat that the CCG Chairs and Accountable Officer sign off minor amendments to further strengthen the case. 	
<p>3.</p> <p>3.1</p>	<p><u>Quality, Safety and Performance Report</u></p> <p><u>Quality</u></p> <p>Ms Galloway presented her report to provide an update on quality concerns within commissioned services that are on escalation.</p> <p>For Coventry and Warwickshire Partnership Trust (CWPT), since the previous report, Ms Galloway confirmed that one concern (Children and Adolescent Mental Health Service Follow Up Times) had been deescalated to Level one on the Quality Assurance Framework (QAF). There were no reported concerns at level three and there were five areas of concern at level two which were:</p> <ul style="list-style-type: none"> • Adult Neurodevelopmental service (ANDS) waiting times • Child and Adolescent Autism spectrum disorder (ASD) and Attention deficit hyperactivity disorder (ADHD) service waiting times • Children's Therapy, Coventry • Looked after Children (LAC) • Safe Staffing <p>For George Eliot Hospital (GEH), Ms Galloway drew attention to an error on the front sheet which should read that there was one concern (not two as written) at level three on the QAF</p>	

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	<p>which was Mortality. Since the previous report, no additional concerns have been added to the QAF. She confirmed that there are four areas of concern at level two and these were:</p> <ul style="list-style-type: none"> • Care Quality Commission (CQC) inspection • Emergency Department • PREVENT WRAP Training • Serious Incidents – Falls <p>For University Hospitals Coventry and Warwickshire NHS Trust, since the previous report, Ms Galloway reported that there were no additional concerns which had been added to the QAF. There were two concerns at level three on the QAF which were:</p> <ul style="list-style-type: none"> • Children and Young People in Crisis (system wide issue) • Emergency Department <p>There were five concerns at level two on the QAF:</p> <ul style="list-style-type: none"> • Clinic Letters within seven days • CQC Inspection • Gynaecology • Maternity • Partial Booking System – Ophthalmology <p>In terms of other providers, the Care Quality Commission had issued a Section 31 notice to Cygnet Coventry which restricted admission or readmission of any patients and mandated that Dunsmore Ward, the Psychiatric Intensive Care Unit, was closed and all patients transferred appropriately. The CCGs was undertaking the Quality oversight of this and chairing the local clinical quality risk summits with relevant stakeholders.</p> <p>Performance</p> <p>Mr Jarman-Davies presented the Performance report and highlighted the following key points:</p> <p>In respect to Referral to Treatment Times, Mr Jarman-Davies said that 86.1% of Coventry and Rugby CCG patients and 84.8% of Warwickshire North CCG 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%. He confirmed that there were no CCG patients waiting over 52 weeks. Both CCGs had achieved against the diagnostic test waiting times target.</p> <p>For A & E 4 hour waits Mr Jarman-Davies reported that performance improved at University Hospitals Coventry and Warwickshire Trust rising to 88.1% although performance at George Eliot Hospital had deteriorated with 76.8% of patients seen within 4 hours. However he noted that here was a significant improvement in July 2019.</p> <p>For Cancer waiting times, Coventry and Rugby CCG had underachieved against the 62 day wait from urgent GP referral to first definitive treatment at 72.6%. The CCG also marginally underachieved against the 62 day wait following a consultant's decision to upgrade the priority of the patient and the 62 day wait from referral from an NHS screening service as a result of patient choice. Warwickshire North CCG had marginally underachieved against the 62 day wait from urgent GP referral to first definitive treatment at 83.3% but achieved against other cancer waits indicators. There were 7 patients at UHCW and 11 at GEH who had waited more than 104 days from referral to treatment.</p> <p>In respect of dementia diagnosis, performance against the 67% dementia diagnosis target was 63.2% for Coventry and Rugby CCG and 60.3% for Warwickshire North CCG, below the 67% target but higher than in 18/19.</p> <p>For Wheelchair Access in the fourth quarter of 2018/19, 75.0% of Warwickshire North CCG children and 89.8% of Coventry and Rugby CCG 4 target of 100%. The Warwickshire North CCG position was a significant improvement on the previous quarter.</p> <p>Dr Staveley asked if the Performance Report could include both numbers and percentages, for example the report quoted that there were '7 patients at UHCW and 11 at GEH who had waited</p>	

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	<p>more than 104 days from referral to treatment' and she would like to know the percentage of all patients which this refers to. Mr Jarman-Davies said that he would action this going forward.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the Integrated Safety, Quality and Performance report which was provided for assurance and information. 	
3.2	<p><u>Local Maternity System Transformation Plan Performance Report</u></p> <p>Mrs Dillon presented this report to update members on the progress of the Local Maternity System (LMS) following the last update to members in October 2018. Mrs Dillon said that in 2016 NHS England had produced 'Better Births', the Five Year Forward View for Maternity Care, which detailed the national vision for maternity services of the future. The strategy set out that Local Maternity Systems which were to be developed to provide place-based planning and leadership in support of the implementation of 'Better Births' and had two distinct purposes which were to develop and implement a local plan to transform maternity services as part of their local Sustainability and Transformation Partnership; and to establish and operate shared clinical and operational governance to enable enhanced cross organisation working.</p> <p>Mrs Dillon reported that the LMS had achieved the following:</p> <ul style="list-style-type: none"> • A significant number of successes against the Better Births recommendations. • Reduced the number of stillbirths and is on target to achieve the 20% reduction in March 2020 from the 2015 baseline. • Piloted a range Continuity of Carer (CoC) models and delivered 17% of women booked on to a CoC pathway (higher than the national average) against a trajectory of 20%. • The Maternity Voices Partnership was established April 2019 and is further supported by three local voluntary engagement groups. • A key component to deliver full choice and personalisation is the roll out of an Electronic Patient Record, however only one provider in the system currently has this. • In July 2019 the Maternity, Children and Young People's Programme started Phase 2 of the Maternity and Paediatrics workstream that will be undertaken over the next 9 months <p>A discussion took place about the governance aspect within the report and Mr Stokes suggested this be taken away for clarification in respect of when the Governing Bodies would receive it for consideration and when it would be implemented.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the progress to date, and determine whether the Governing Bodies are assured or require further information about local progress. 	
4. 4.1	<p><u>Assurance and Governance</u></p> <p><u>Emergency Preparedness, Resilience and Response (EPRR) annual assurance process for 2019/20</u></p> <p>Mr Stokes presented this report to provide an update to Members on Emergency Preparedness Resilience and Response (EPRR) activity in relation to the 2019 NHS England core standards process and submission to NHS England. He confirmed that the 2019 Core Standards were submitted to NHS England as requested by them on the 9th August 2019. There will be an Arden Local Health and Resilience Partnership (LHRP) meeting along with NHS England on 15th October 2019 and any feedback and additional actions, following this would be reported to the Governing Body.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the submission process for the 2019 NHS England core standards including timeframes. 	

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	<ul style="list-style-type: none"> • NOTED that for the 2019/20 submission NHS England have stated that the Accountable Emergency Officer (AEO) is accepted as the sign off authority for the organisations as long as evidence is further produced to confirm that this information is presented to Governing Body. The delegated AEO for Coventry and Warwickshire is Sue Davies, Director of Operations. • AGREED that the Clinical Quality & Governance Committee will receive report updates and monitor progress against the actions raised. 	
5.	<p><u>Progress report on the Coventry and Warwickshire Health and Care Partnership:</u></p> <p>Sir Chris Ham, Independent Chair of the Coventry and Warwickshire System Transformation Programme attended the meeting to provide an update on the Coventry and Warwickshire Health and Care Partnership.</p> <p>Sir Ham confirmed that there was no longer a System Transformation Programme but a Coventry and Warwickshire Health and Care Partnership. He said that the Health and Care Partnership had no legal basis and so what was achieved in the Partnership fell into the remit of the CCGs and Local Authority who were the statutory bodies who had the legal responsibility in terms of making decisions and using their resources. Therefore Sir Ham said that the CCGs support was welcomed.</p> <p>Sir Ham said that when he took up his post in January 2019 he fed back to the CCG Chairs that from his initial evaluation there had been considerable work carried out but not much in terms of progress made over the last 3 years. He therefore advised that one of his priorities had been about how the local health economy could strengthen its work to enable planning be moved into delivery.</p> <p>Sir Ham said that he was pleased to see the leadership role which the Local Authorities had taken through the Health and Wellbeing Boards and working together in the Joint Place Forum of which the CCGs were very actively involved.</p> <p>He advised that there were 4 areas of progress:</p> <ul style="list-style-type: none"> • Updating the plan since the NHS Long Term Plan had been published. The draft of which was due to be forwarded to NHS England and NHS Improvement and he hoped that all of the NHS and Local Authority Boards and Governing Bodies would have an opportunity over the next few weeks to review the draft and feedback their comments. • In respect of governance arrangements a new Partnership Board had been established which would bring together representatives of all the statutory bodies, the voluntary community sector and primary care. It would have its first meeting on 5th November 2019. Sir Ham said that this will be a large Board (50-60 members) and would align closely to the Health and Wellbeing Boards and the Place Forum. He said that this Board would operate within the four Places which make up Coventry and Warwickshire (Coventry, Rugby, South Warwickshire, North Warwickshire) each with their own partnership board arrangements. • Continue work in progress with engagement with a wider group of stakeholders. • To improve staffing to enable capability to deliver on the plan. Rachel Danter took up post as Transformation Director in April 2019. <p>Dr Allen said that clinicians would have said the previous STP staffing had not included many clinical colleagues and that was a reason why there had been little delivery. He asked if the new staffing would be addressing this issue. Sir Ham said improving health and care would be delivered locally by the clinical leads and wider partners.</p> <p>Mrs Hollingworth asked how is the head space created for the front line clinicians or other staff to deliver, given there being no central budget for this work. She asked if enough attention has</p>	

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	<p>been given to this financial aspect in the refresh of the plan. Sir Ham said that it was the 'day job' to deliver the plan and organisational leaders need to lead by example in this and communicate that the work of the partnership matters.</p> <p>Dr Staveley asked Sir Ham if there was a message to feedback to colleagues in general practice about what was trying to be achieved in terms of priorities. Sir Ham said that this would be about using our resources to value, support and recognise that everything depends on delivering services for better outcomes.</p>	
6.	<p><u>Financial Performance</u></p> <p><u>Finance and Contract Report: Month 4</u></p> <p>(a) <u>Coventry and Rugby CCG</u></p> <p>Mr Lonsdale presented the Coventry and Rugby financial position of the CCG up to 31st July 2019 for Month 4. He said that the CCG was reporting an overall balanced position for Month 4 in line with the agreed financial plan. There were a range of continuing risks to be managed but these were being mitigated. The Acute portfolio was currently under-performing forecast to underspend by £1.9m due to underperformance across all providers. The Mental Health, Learning Disability and Community portfolios were forecast to breakeven, reflecting the largely block funded nature of these contracts. Prescribing was over performing based on forecast derived by applying new year actuals to the historic monthly expenditure profile. Other methods resulted in a higher forecast out-turn and further work was being undertaken with the Medicines Optimisation team to investigate performance levels and agree mitigating actions. The Running Costs budget was forecast to underspend, primarily due to vacant posts. Non recurrent flexibilities had been identified to cover the opening budget shortfall within General Reserves and these were being actioned.</p> <p>In conclusion Mr Lonsdale said that although the overall position was in line with forecast some of the issues he had described were having an effect on the recurrent underlying position and having been re-assessed was now reported as £4.3 deficit. This would be kept under review as the year progressed and consideration was being given to trying to address the underlying position by finding recurring spend solutions.</p> <p>Dr Allen asked about plans for a good QIPP programme for the next financial year and Mr Lonsdale said that focus had been on trying to mitigate the current position and that the CCGs were not at the position he would want them to be in respect of the current QIPP programmes. He confirmed that discussions would be held with the CCG Senior Managers about the 2010/21 QIPP programme during the next month. Mrs Hollingworth reminded members of the challenge which Sir Chris Ham highlighted at the Healthcare Partnership where there had been a lot of conversations but solutions needed to come up through Place. She said that the CCG needed to rapidly have conversations with its partners because ideas were there but they need to be mobilised with the partners.</p> <p>Coventry and Rugby CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED that the CCG is currently forecasting delivery of its agreed control total. • NOTED the areas being escalated to the Governing Body. • NOTED that a number of risks will need pro-active management throughout the year to secure this forecast position. <p>(b) <u>Warwickshire North CCG</u></p> <p>Mr Lonsdale presented the Warwickshire North CCG financial position up to 31st July 2019 for Month 4. Whilst the CCG was reporting an overall balanced position, the risk adjusted forecast position was a £14.0m deficit assuming a level of mitigation. There were insufficient mitigations available the CCG in-year to offset this net risk and hence agreement needs to be secured with NHS England/Improvement to report an off Plan position (i.e. a deficit).</p> <p>An assessment of the likely forecast out-turn position was reported to the Finance and Performance Committee at the beginning of August 2019, including details of the adverse movements which had arisen since the 2019/20 Finance Plan was approved by the Governing</p>	

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	<p>Body at the end of March 2019. The Committee agreed that the CCG should be placed into internal financial turnaround and requested a financial recovery plan (FRP) be prepared.</p> <p>Mr Lonsdale said the original plan provided to the Governing Body had outlined some specific areas of risk including the 2018/19 exit position, UHCW, high value packages of care in the last quarter, activity growth and prescribing.</p> <p>Mr Lonsdale confirmed that the Financial Recovery Group had been reconvened to oversee development and implementation of the plan. Further work was necessary and the CCG's Finance and Performance Committee would oversee formulation of the FRP. A first draft of the Financial Recovery Plan was reviewed by the Finance and Performance Committee at its September 2019 meeting and included opportunities to reduce costs. The £14.0m net risk had been raised with NHS England/Improvement who had undertaken a 'deep dive' with the CCG during September 2019. Whilst the formal report was awaited, verbal feedback on the day was that the position being reported by the CCG was accurate and that the drivers for this were understood. Assuming the 2019/20 out-turn was a deficit of £14.0m, this would take the CCG's cumulative deficit to £32.0m as at 31st March 2020.</p> <p>Mr Stainforth advised that the CCG needed to look at a long term financial plan going forward for the next two or three years. Mr Lonsdale said that conversations were taking place about having a longer term five year plan as a system but locally there should be a two or three year plan with a recovery cycle. This could include work with George Eliot Hospital as well as Coventry and Rugby CCG.</p> <p>Mr Allcock asked about the financial turnaround and Mr Lonsdale confirmed that initial steps were to carry out a budget review with directors to look at all opportunities and consider difficult decisions that the CCG may have to make. Areas such as prescribing and packages of care would be considered but these were immediate actions and he said that it was the longer term plan which also needed to be considered as a priority. Mrs Hollingworth talked about how the internal financial turnaround was the CCG recognising its financial position and confirming it needed to be top priority. The next steps would be mitigations and recovery plans and consideration about whether there needed to be additional capacity brought in.</p> <p>Mr Stokes raised that an internal communication needed to be sent to staff to ensure they were fully aware of the situation.</p> <p>Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED that the CCG is reporting a net risk position of £14.0m for the year. • NOTED the areas being escalated to the Governing Body. • NOTED that NHSE/I have undertaken a 'deep dive' with the CCG during September and formal feedback is awaited. • AGREED that the Chief Finance Officer proceed with the process of agreeing a deficit position with NHSE/I. 	
7.	<p><u>Policies for Decision</u></p> <p><u>Data Quality Policy – New Policy</u></p> <p>Mrs Wilson presented the Data Quality Policy and noted that a Data Quality Policy and regular monitoring of data standards are a requirement of the NHS Data Security and Protection Toolkit and will enable the CCGs to embed good Information Governance practice within the organisation. This policy reflected joint working arrangements between the two CCGs and the CCGs Clinical Quality and Governance Committee had recommended to the Governing Body for approval and adoption.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • APPROVED the Data Quality Policy for adoption by both Coventry and Rugby and Warwickshire North CCGs. 	

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	<p><u>Personal Health Budgets Policy – Policy Renewal Commissioning Policies</u> Ms Galloway presented the updated Personal Health Budget (PHB) Policy and confirmed that the policy had been revised in response to a national directive and local delivery activity. The policy had been reviewed and refreshed to reflect the changing national requirements in relation to the expanding personalisation agenda and local delivery arrangements. The key changes to the policy included:</p> <ul style="list-style-type: none"> ▪ Harmonised single policy for both WNCCG and CRCCG ▪ Revisions to terminology ▪ National guidance/long term plan commitment update ▪ Inclusion of CHC PHB processes ▪ Outline of financial monitoring approach for direct payments ▪ Approach to expansion ▪ Revised terms of reference for PHB weekly panel ▪ <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • AGREED to ratify the Personal Health Budget Policy <p><u>Commissioning Policies:</u></p> <p><u>Hip Resurfacing Policy – New Policy</u> Dr Allen proposed a new prior approval policy for Hip Resurfacing for adults across Coventry and Rugby and Warwickshire North CCGs. The policy outlined the criteria for funding of Metal on Metal Hip Resurfacing Arthroplasty and had been considered at the CCG’s Policy Development Group and Clinical Executive Group meetings. It had been recommended to the Governing Body by the CCG’s Clinical Quality and Governance Committee.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • APPROVED the Hip Resurfacing Policy for adoption by both Coventry and Rugby and Warwickshire North CCGs. <p><u>Grommets/Myringotomy for Adults Policy – New Policy</u> Dr Allen proposed a new Grommets for Adults Prior Approval Policy across Coventry and Rugby and Warwickshire North CCGs which outlined the policy criteria for funding of Myringotomy with / without Grommets for Otis Media. The policy had been considered at the CCG’s Policy Development Group and Clinical Executive Group meetings and was recommended to the Governing Body by the CCG’s Clinical Quality and Governance Committees.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • APPROVED the Grommets for Adults Policy for adoption by both Coventry and Rugby and Warwickshire North CCGs. <p><u>Gallstone Surgery Policy – Policy Renewal</u> Dr Allen proposed the renewal of the existing Gallstone Surgery Policy across Coventry and Rugby and Warwickshire North CCGs. Since the current Gallstone Surgery Policy was issued in April 2016, a 2018 Surveillance of Gallstone Disease: diagnosis and management (NICE Clinical Guidance CG188) had been released. The renewal of this policy had been considered at the CCG’s Policy Development Group and the Clinical Executive Group meetings and recommended to the Governing Body by the CCG’s Clinical Quality and Governance Committee</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • APPROVED the Gallstone Surgery Policy for adoption by both Coventry and Rugby and Warwickshire North CCGs. <p><u>Homeopathy – Policy Renewal</u> Dr Allen proposed the renewal of the Homeopathy Commissioning Policy across Coventry and</p>	

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	<p>Rugby and Warwickshire North CCGs. An evidence review has been undertaken, which identified that there was no clear or robust evidence base to support the use of homeopathy. The policy been considered at the Policy Development Group and Clinical Executive Group meetings and it was recommended that the existing Homeopathy policy is renewed with no changes. The Clinical Quality and Governance Committee approved the renewal of the policy and recommended it to the Governing Body.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • APPROVED the Homeopathy Policy for adoption by both Coventry and Rugby and Warwickshire North CCGs. <p><u>Penile Implantation – Removal of Policy</u></p> <p>Dr Allen proposed the removal of the CCGs’ policies in respect of penile implementation as the commissioning responsibility now falls under NHS England specialist services. The CCG’s Clinical Quality and Governance Committee had recommended the removal of local policies to the Governing Body.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • APPROVED the withdrawal of local CCG policies and the removal of the policies from the CCGs’ websites. 	
7.	<p><u>Committees in Common Reports</u></p> <p>Dr Raistrick presented the Committee in Common Reports for noting. Mr Stokes suggested that going forward that these reports be considered alongside the main agenda items for the meeting. Members agreed to this.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members NOTED:</p> <p>Clinical Quality and Governance Committees in Common: 27th June 2019 Finance and Performance Committees in Common: 4th July and 1st August 2019 Audit Committee: 23rd April and 21st May 2019</p> <p>Committee Reports – Coventry and Rugby CCG Primary Care Commissioning Committee Report – June to September 2019</p> <p>Committee Reports – Warwickshire North CCG Primary Care Commissioning Committee Report – June to September 2019</p>	
8.	<p><u>For Information</u></p> <p><u>Communications and Engagement Report</u></p> <p>Mrs Northcote presented her written report which report provided an overview of communications and engagement activity undertaken during July – August 2019 Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the Communications and Engagement report. 	
9.	<p><u>Questions From Visitors:</u></p> <p>There were no questions from visitors at this point.</p>	
10.	<p><u>Any Other Business</u></p> <p>Dr Raistrick thanked Mrs Hollingworth who was leaving the CCGs today for her many years of service and wished her well in her new role at Coventry and Warwickshire Partnership Trust.</p>	

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11.	<p><u>Date of the Next Meeting Held in Public:</u></p> <p>Date: Wednesday 20th November 2019 Venue: Heron House, Nuneaton Time: 2.45pm – 4pm</p>	

Signature:

(Chair CRCCG)

Date:

Signature:

(Chair WNCCG)

Date:

DRAFT