

**Unconfirmed Minutes of the Governing Body Meetings in Common Held in Public
on Wednesday, 17th July 2019 at 2.45pm**

Venue: Heron House, Nuneaton

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| Present: | |
| Dr Sarah Raistrick | Chair – CRCCG |
| 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 |
| Ms Jo Galloway | Chief Nurse |
| Dr Jonathan Timperley | Secondary Care Doctor – WNCCG/CRCCG |
| 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 Helen King | Director of Public Health, Warwickshire County Council |
| Apologies: | |
| Mr David Allcock | Chair – WNCCG |
| Mr Ludlow Johnson | Senior Advisor for Patient and Public Involvement and Equality - CRCCG |
| Ms Liz Gaulton | Director of Public Health, Coventry City Council |
| Dr Alistair Bryce | Clinical Lead - WNCCG |
| Mr Graham Nuttall | Lay Member - Primary Care – WNCCG |
| Dr Mark Lawton | Clinical Lead - CRCCG |
| Ms Claire Forkes | Lay Member – Patient and Public Involvement - CRCCG |
| In Attendance: | |
| Mrs Anita Wilson | Associate Director of Governance and Corporate Affairs |
| Mr Steven Jarman-Davies | Director of Acute Contracting and Performance |
| Mr Chris Lonsdale | Director of Finance |
| Mrs Julie Seaborne | Governance Officer (Minutes) |

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| 1. | <u>Standing Items:</u> | |
| 1.1 | Welcome and Apologies 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. | |
| 1.2 | <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. Ms Green confirmed that in respect of the item 'Pre Consultation Business Case - Improving Stroke Outcomes' she was the Senior | |

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| | Responsible Officer for the Stroke Programme. Mrs Hollingworth confirmed that in respect of that same item, she would shortly take up a new post at Coventry and Warwickshire Partnership Trust who were one of the CCGs' main providers. | |
| 1.3 | <p><u>Minutes of the Last Meeting: 22nd May 2019</u></p> <p>The minutes of the meeting held on 22nd May 2019 were approved as a correct record of the meeting.</p> | |
| 1.4 | <p><u>Matters Arising And Action Schedule:</u></p> <p>Matters Arising:</p> <p>There were no matters arising.</p> <p>Action Schedule:</p> <p>Members noted that all 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>In Mr Allcock's absence, Dr Raistrick presented the two Chair's Reports and said that they were very similar in content as they had been working closely together on a number of activities. Dr Raistrick confirmed that there had been a Member's vote in June 2019 and this would be considered at the meeting today in the item 'Update on the future of healthcare commissioning'. Dr Raistrick said that appointing an interim Accountable Officer had been at the fore of her and Mr Allcock's priorities and she was pleased to report that the CCGs were well underway in this process. A Joint Place Forum had taken place on the 11th June 2019 where both Health and Wellbeing Boards met together and received updates from Grapevine and Moat House. Dr Raistrick said that Primary Care Networks have taken shape and are working collaboratively with their member practices.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Members NOTED their CCG Chair reports respectively.</p> | |
| 1.6 | <p><u>Chief Officer's Report</u></p> <p>Ms Green presented her Accountable Officer's report and in respect of the annual Assurance ratings for 2018/19, was pleased to report that both CCGs had been rated 'Good' this year. This was an improvement from 'Requires Improvement' for Warwickshire North CCG and 'Good' for Coventry and Rugby CCG had been sustained. Ms Green said that she had thanked the staff for their considerable hard work this year to receive that status and thanked the Governing Body members for their contribution. Both CCGs, had been rated as 'Outstanding' for patient and public involvement work and Ms Green thanked the Communications and Engagement Team, the lead (Ms Northcote) and all those who had contributed their good work on this.</p> <p>Ms Green drew attention to the mention of the Year of Wellbeing within her report and in particular the CCGs' Thrive at Work Programme. She said that she is very proud of the work of the CCGs 'Wellbeing Warriors'. Ms Green said that she has asked for this work to be showcased at the CCGs' AGMs to be held next week. Mrs Wilson said that as part of the wellbeing work the CCGs have been considering NHS values in respect of equality and diversity and the CCGs have implemented a national Rainbow Badge initiative for its LGBT+ colleagues and patients. This initiative, which originated in Evelina London Children's Hospital, seeks to make a positive difference by promoting a message of inclusion. If someone is wearing a badge it means that staff can talk to them about who they are, be open about their identity and how they feel.</p> <p>Dr Raistrick asked for feedback to go to staff to say thank you for all of this good work via Staff Forum.</p> <p>Governing Body Members NOTED the Chief Officer's report.</p> | |

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| 2.0 2.1 | <p><u>Strategy and Planning</u></p> <p><u>Update on the future of Healthcare commissioning</u> Dr Raistrick presented this paper, the contents of which had been taken to the Health Overview and Scrutiny Committee of the Local Authority. The paper gave an update on the timeline and the events that the CCGs had been through to get to its current position regarding working towards exploring options for merger or more formal arrangements for closer working with NHS South Warwickshire CCG. The background in the document considered the implications of the NHS Long Term Plan in relation to the commissioning function of the Clinical Commissioning Groups (CCGs) within Coventry and Warwickshire, and provided an update on the outcome of the membership vote and next steps. The journey to becoming an Integrated Care System by 2021 was also considered along with the rationale for streamlined commissioning.</p> <p>Dr Raistrick confirmed that in line with the CCGs' constitutions, GP Members had been asked to vote on the way forward, initially using the same document the CCG Governing Body had used to make their recommendation. The Local Medical Committee Officers, in Coventry, Rugby and Warwickshire North had asked for greater clarification, stating that the transitional case for change had insufficient information about impact at Place for the GP Membership to be able to vote. As a result of this an additional briefing paper had been developed. The CCGs Members had voted and supported the CCGs continuing to explore options of either closer working with a single executive team across the three CCGs or merger.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the report for information and assurance. | |
| 2.2 | <p><u>Coventry, Rugby and Warwickshire Public Health Report</u> Dr King presented the joint Coventry, Rugby and Warwickshire Public Health report which gave an update to the Governing Body on progress with Coventry and Warwickshire's Local Maternity System (LMS) Health and Wellbeing Workstream.</p> <p>Ms Green said that Jo Dillon was the CCGs lead who works with the team on the LMS and is instrumental in helping out with the programme. Ms Green said that the choice of hubs will be critical for Warwickshire North and Rugby in terms of location and she asked how this decision will be made. Dr King said that it could be a further year before the programme has a better understanding of where the hub may be located.</p> <p>Mrs Hollingworth said that she recognised some of the models are at an early stage and would take a number of months to develop. She noted however that that the STP is required to submit its five year financial plan in November and hence there was a need to quickly assess the impact of service improvements which will then lead into a conversation about affordability and prioritisation.</p> <p>Ms Galloway noted that in respect of obesity and pregnancy, one in five women in some areas were obese at the point of getting pregnant and in other areas one in four. She also talked about the pregnancy pathway and people making sure they are in optimum health as part of that pathway. Dr King said that as part of the wider element of the LMS, there would be focus on this as part of the pre conception element going forward. Dr King said that within North Warwickshire the public health team have previously worked with Coventry University to develop obesity and fitness pathways and these could be considered again.</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>Pre-Consultation Business Case – Improving Stroke Outcomes</u> Ms Green introduced this report and said that this was a pathway of excellence for stroke care from the moment a person has a stroke to rehabilitation at home. It also offers the possibility of reducing the numbers having a stroke by improving the CCGs anticoagulation prescribing for</p> | |

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| | <p>those who are at risk through atrial fibrillation.</p> <p>Wendy Lane (Director of Transformation, NHS Arden and Greater East Midlands Commissioning Support Unit) gave a presentation to Members of this final draft of the Pre-Consultation Business Case - Improving Stroke Services.</p> <p>Within her presentation Ms Lane reported that the options for the future delivery of stroke care have been co-produced and appraised through a process involving extensive professional, patient and public engagement. The resultant Pre-Consultation Business Case (PCBC) describes the process and outputs in detail, proposing the implementation of a new service configuration that would see:</p> <ul style="list-style-type: none"> • Removal of the current inequities in service provision across Coventry and Warwickshire • Prevention of c.230 strokes in 3 years by bringing anticoagulation prescribing to best practice levels • Centralisation of hyper-acute and acute care at University Hospitals Coventry and Warwickshire. • The provision of 2 sites for bedded rehabilitation at George Eliot Hospital and Leamington Rehabilitation Hospital for the 30% of the population experiencing a stroke who cannot go home with Early Supported Discharge or Community Stroke Rehabilitation • The provision of new community services to deliver consistent Early Supported Discharge and Community Stroke Rehabilitation services at home for 70% of stroke patients, enabling them to return directly home after hyper acute and/or acute care. <p>It was noted that it was unusual to bring a PCBC to the Governing Body which only proposes one option to achieve the improvements however, this is a proposal for a whole stroke pathway improvement and not just a business case for improvement within a single service element. Introduction of the proposed new pathway presents cost pressures and financial risks to the system. All provider organisations have signed up to delivering the proposed model within the financial envelope identified and have included this within their financial plans, with this forming a part of the developing five year, System level Financial plan. Whilst financial risks have been identified, all commissioning and provider organisations involved have signed up to working jointly to mitigate these.</p> <p>Mr Lonsdale confirmed that the revenue consequences were set out in section 7.4 of the business case and advised that only minimal additional costs were likely to be incurred in the current financial year.</p> <p>Once signed off, commissioners must submit the PCBC for an NHS England (NHSE) assurance review which will determine the readiness for public consultation and assess whether the NHS five key tests for significant change have been passed.</p> <p>Ms Green said in respect of issues previously raised by patients and public, should the case be agreed through public consultation, the CCGs would demonstrate to the public that early supported discharge processes are working before any reconfiguration of acute beds. Ms Green said that although overall the health benefits are greater in terms of this proposed model, there are some short term impacts for carers travelling to some of the sites. The CCG will take action to try and mitigate these by working with local providers.</p> <p>Mrs Hollingworth noted that whilst she supports the approval of the business case and recognises that the additional investment, whilst substantial, is modest in relation to the wider financial challenge across Coventry & Warwickshire, it does mean that the CCGs' and their system partners must accelerate their transformation programme in order to reduce spend in other areas.</p> <p>Dr Allen said that he would like to note that the clinical model was entirely appropriate and that the CCGs had been pushing very actively for these improvements for a number of years.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> | |

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| | <ul style="list-style-type: none"> • APPROVED the submission of the PCBC for an assurance review by NHS England/Improvement; • APPROVED the additional full year investment of £1,254k for WNCCG in 2020/21, with an estimated £125K in 2019/20; and • APPROVED the additional full year investment of £1,283k for CRCCG in 2020/21, with an estimated £128K in 2019/20. | |
| 3. | <p><u>Quality, Safety and Performance Report</u></p> <p>3.1 <u>Quality</u> Ms Galloway highlighted the following within her report :</p> <p><u>Coventry and Warwickshire Partnership Trust</u> Since the previous report, one concern has been deescalated to level one on the Quality Assurance Framework (QAF). There were no reported concerns at level three.</p> <p>There are six areas of concern at level two on the QAF:</p> <ul style="list-style-type: none"> • Adult Neurodevelopmental service (ANDS) waits • Child and Adolescent Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder Service Waiting Times • Children and Adolescent Mental Health Service (CAMHS) Follow Up Times • Children's Therapy, Coventry • Looked after Children (LAC) Health Assessments • Safe Staffing <p><u>George Eliot Hospital (GEH)</u> No additional concerns had been added to the QAF. There was one concern in respect of Mortality at level three on the QAF.</p> <p>There were four areas of concern at level two on the QAF:</p> <ul style="list-style-type: none"> • Care Quality Commission (CQC) inspection • Emergency Department • PREVENT WRAP Training • Serious Incidents – Recognition of the Deteriorating Patient <p><u>University Hospitals Coventry and Warwickshire NHS Trust (UHCW)</u> Since the previous report, one concern in respect of Mortality had been deescalated to level one on the QAF.</p> <p>There were two concerns at level three on the QAF:</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 (under performance against targets) • Maternity (decline in the Midwife to birth ratio) • Partial Booking System – Ophthalmology <p><u>Primary Care</u> For both Coventry and Rugby CCG and Warwickshire North CCG all GP practices were now rated overall as either 'Good' or 'Outstanding'.</p> <p><u>Care Homes</u> It had been reported in the press that Four Seasons Healthcare had entered an administration process as an organisation. The CCGs were working closely with Coventry City Council</p> | |

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| | <p>regarding the care homes that were within this group within our locality.</p> <p>There are 86 nursing and residential homes across Coventry with a total of 2017 beds. There are two nursing homes and one residential learning disability home that are on escalation and working to improvement plans.</p> <p>There are 98 nursing and residential homes across Warwickshire North and Rugby with a total of 2,496 beds. There are currently three nursing homes and one residential home on escalation and working to an improvement plan.</p> <p>Dr Raistrick asked out the Level 3 issue for UHCW to do with the Emergency Department and if there was a timeframe expected in terms of de-escalation. Ms Galloway said that three periods would be considered to show sustainability before de-escalation would take place and this would be reviewed at the CCG's Clinical Quality and Governance Committee.</p> <p>Performance</p> <p>Mr Jarman-Davies presented the Performance Report and said since his written report Accident and Emergency figures for GEH and UHCW had improved. GEH was running at 88% of patients seen within 4 hours and UHCW 88.9%. He confirmed that there was new clinical leadership at GEH and some Plan-Do-Study-Act (PDSA) cycles which seemed to be making an impact. Mr Jarman-Davies confirmed that there were still some 12 hour breaches</p> <p>There had been a further improvement in the Referral to Treatment performance both for Coventry and Rugby CCG and also Warwickshire North CCG. Figures to date were 86.4% 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 85.9%. There were no WNCCG or CRCCG patients waiting over 52 weeks.</p> <p>For Wheelchair Access in the third quarter of 18/19 early figures are showing a dramatic improvement and Mr Jarman-Davies said he hoped to report 100% delivery for the next quarter.</p> <p>Performance against the 67% dementia diagnosis target has improved significantly for CRCCG, rising to 63.7%. WNCCG also saw an improvement with the estimated percentage of dementia cases being diagnosed rising to 60.4%.</p> <p>CRCCG achieved all cancer waits targets in April. WNCCG underachieved against the 62 day wait from urgent GP referral to first definitive treatment at 77.3% and against the 62 day wait from referral from an NHS screening service as a result of one patient being on a complex diagnostic pathway. WNCCG marginally underachieved against the Cancer 31 day wait from first definitive treatment at 95.7%.</p> <p>Mrs Wilson asked for a point of accuracy on some of the figures within the report for example, on page 19 it reported fifteen 12 hour breaches for George Eliot Hospital but the dashboard did not reflect the same. Mr Jarman-Davies said that the information on the dashboard was the nationally published data which is unvalidated breaches. The information in the report and discussed at the CCG's Clinical Quality Committee is the breaches which are validated.</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. | Mr Jarman-Davies |
| 3.2 | <p><u>Looked After Children Annual Report for Coventry</u></p> <p>Ms Galloway presented this report which had been taken to the CCG's Clinical Quality and Governance Committee. Ms Galloway said those instrumental in compiling this report were Dr Anita Morgan (the CCGs' Designated Doctor for Looked After Children) and Lynn Parsons (the CCG's Designated Looked After Children's Nurse). The report outlined how the statutory responsibilities to promote the health and wellbeing of children in care originating from Coventry in the health economy were discharged. The health outcomes for Coventry's Looked after Children have consistently been on a par or better than the England average. There had been a steady trend in improvement in outcomes for the last 5 years. Ms Galloway outlined the</p> | |

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| | <p>areas of success within the report and the areas which had been challenging.</p> <p>Coventry and Rugby CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the evidence of the strong partnership working between CRCCG, CWPT, Public Health, Health of Looked After Children Group and the Corporate Parenting Board; • NOTED the collaborative remedial actions in place across the partnership to improve the performance for indicators which are off target; • ENDORSED the recommendations for consolidating progress and improving outcomes for LAC; • RECOGNISED the challenges in the operationalisation of the model by CWPT and the impact of commissioning changes within partner organisation on the delivery of health services to Looked after Children; and • APPROVED the Forward plan for 2019-20. | |
| <p>4.</p> <p>4.1</p> | <p><u>Assurance and Governance</u></p> <p><u>Annual Audit Letters</u></p> <p>(a) <u>Coventry and Rugby CCG</u> (b) <u>Warwickshire North CCG</u></p> <p>Mrs Hollingworth advised that further to the statutory audit, there were no changes for either CCG to the financial position she had reported in Month 12. She thanked Mr Lonsdale and his team for all their hard work in this process.</p> <p>Mrs Hollingworth confirmed that both CCGs delivered their financial control total for 2018/19. This was a break-even position for Coventry and Rugby CCG. Warwickshire North CCG achieved its control total, £1.0m deficit, but this allowed access to £1.0m of Commissioner Sustainability Funds and therefore enabled a break-even position to be reported.</p> <p>The external auditors (Ernst & Young) are required to issue an annual audit letter following completion of audit procedures and CCGs are required to make these documents public. Mrs Hollingworth was pleased to note that for the year ended 31 March 2019, both CCGs received unqualified opinions both for a true and fair view of the accounts and for value for money.</p> <p>Mrs Hollingworth advised that although no changes to the reported figures were required, the audit had flagged one issue which related to a 'responsible commissioner' dispute. The Auditors had been satisfied that it was reasonable for the CCGs not to have accrued for these disputed invoices but had asked for an additional disclosure in the accounts.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • RECEIVED the Annual Audit Letters for ASSURANCE and INFORMATION | |
| <p>4.2</p> | <p><u>Future arrangements for Coventry Safeguarding Children Partnership; Warwickshire Safeguarding Children Partnership; and Child Death Review</u></p> <p>Ms Galloway presented this report which had previously been taken to the CCG's Clinical Quality and Governance Committee. It set out changes to statutory requirements regarding child safeguarding partners and child death review, as set out in Working Together 2018.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • ENDORSED the arrangements for: <ul style="list-style-type: none"> Coventry Safeguarding Children's Partnership; Warwickshire Safeguarding Children's Partnership; and Coventry, Warwickshire and Solihull Statutory Child Death Review Arrangements <p>And NOTED:</p> | |

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| | <ul style="list-style-type: none"> the further work that will be undertaken during the transition period in relation to child death review arrangements to develop operational processes and commission a Sudden Unexpected Deaths in Childhood (SUDIC) service across Coventry and Warwickshire. | |
| <p>5.</p> <p>5.1</p> | <p><u>Financial Performance</u></p> <p><u>2019/20 Financial Plan – Update</u></p> <p>Mrs Hollingworth presented this report to seek approval for the acceptance of revised CCG financial control totals for 2019/20 as requested by the NHS England Regional team. The report had previously been discussed at the Finance and Performance Committee meetings in common. The NHS is required to deliver a spending limit set by Treasury and with the coming together of NHS England and NHS Improvement, there was new focus on regions managing their share of that spending limit. Mrs Hollingworth reported CRCCG and WNCCG were two of 40 organisations who had been asked to improve the plans they submitted in April 2019; the amount of improvement varied based upon an assessment of the ability to deliver. This was reflected in the improvements that the CCGs within the local area were asked to deliver. Collectively the three Coventry and Warwickshire CCGs were asked to deliver a £2.1m improvement compared to previously notified control totals, comprising £1.7m for CRCCG, £0.3m for SWCCG and £0.1m for WNCCG.</p> <p>Mrs Hollingworth advised that revised plans had been submitted for the CCGs in May but with the caveat that these remained subject to Governing Body ratification. For CRCCG, assurance had been sought that the ‘excess’ surplus generated (ie. above the required 1.0% cumulative surplus) would be released back to the CCG in a future financial year. The Regional Director has confirmed that this has now been agreed at a national level and that written confirmation should be received shortly.</p> <p>Coventry & Rugby CCG Governing Body Members:</p> <ul style="list-style-type: none"> APPROVED the acceptance of a £1.7m increase in the required 2019/20 control total, taking this from £0.4m surplus to £2.1m surplus. <p>Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> APPROVED the acceptance of a £0.1m increase in the required 2019/20 control total, taking this from £0m (break-even) to a £0.1m surplus. <p>Members of both Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies:</p> <ul style="list-style-type: none"> NOTED the resultant increased risk profile for each CCG and requested the Chief Finance Officer to provide regular updates on both potential risks and mitigations. | |
| <p>5.2</p> | <p><u>Finance and Contract Reports: Month 2</u></p> <p>Mrs Hollingworth presented the Finance and Contract Reports and said that due to the paucity of data, the Month 2 written reports show a position which was largely accrued to budget. Therefore she said at the meeting today she would draw out some of the emerging issues from the Month 3 position and provide key messages from this.</p> <p>Mrs Hollingworth confirmed that Month 2 figures reflected the revised control totals and also some other changes agreed with budget holders.</p> <p>When the budgets were approved in March 2019, it was agreed that a further review of Continuing Health Care and Section 117 budgets would be undertaken and this had now taken place. The recommendations were taken through Finance and Performance Committee and approval secured to reset the budgets which created an £0.8m flexibility for CRCCG and £2.9m cost pressure for WNCCG. In addition to this there was a continued risk in relation to funding expected to transfer from NHSE Specialised Services in respect of Transforming Care clients. A Transforming Care Programme paper had been taken to the Finance and Performance Committee on 4th July 2019.</p> | |

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| | <p>Mrs Hollingworth reminded members that in previous years the CCGs had benefited in terms of a capital grant in respect of community equipment services. Unfortunately capital is severely restricted this year. The three Coventry and Warwickshire CCGs had requested £7.3m of capital and have been advised of an indicative allocation of £1.8 of which 50% is being held back until the second half of the year. Failure to secure the capital grant will have detrimental impact in terms of the CCGs revenue position. The issue is being taken up with NHSE as receipt of these monies was a clear assumption in respect of the CCGs plans. If this cannot be addressed then there is further cost pressure of £1.1m for Warwickshire North CCG and £0.8m for the Rugby element for Coventry and Rugby CCG.</p> <p>Mrs Hollingworth said that there appears to be emerging cost pressures for both CCGs in relation to Prescribing although this was based on one month's new data and therefore may not result in a sustained trend. There is further work taking place to understand this.</p> <p>The Expert Determination process in relation to the 2018/19 UHCW contract issues has now concluded. There are a number of other outstanding issues in respect of the contract but Mrs Hollingworth advised that she expected final settlement figures for both CCGs to be agreed within the next few days. She was expecting the settlement figure to be below the amount provided for in the Coventry and Rugby CCG accounts but to give rise to a cost pressure for Warwickshire North CCG.</p> <p>Mrs Hollingworth said that Quarter 1 had heightened concern for the CCGs as some of the known risks have realised and there are new pressures emerging. The CCGs are now carrying out a full financial risk appraisal and the findings will be taken to the Finance and Performance Committee on 1st August 2019. Mrs Hollingworth said that the CCGs are looking at what mitigations they can identify and talking to NHSE/I in relation to the national issues which have emerged after the financial plans were submitted. Mrs Hollingworth advised that by the next Governing Body meeting she expected to be in a position to advise whether each CCG was still able to deliver its agreed control total.</p> <p>To ensure a robust audit trail, Mr Stainforth asked if the CRCCG Governing Body could have sight of the NHSI&E response in respect of access to any cumulative surplus in excess of the required 1.0% that CRCCG would have back. Mrs Hollingworth said that she would share the letter once received.</p> <p>Ms Green said that further to discussion at the Finance and Performance Committee there would be a financial recovery process.</p> <p>Dr Raistrick suggested that the Chair of the Finance and Performance Committee could provide an update to the next meeting of the Governing Body in terms of the level of assurance.</p> <p>Coventry and Rugby CCG Governing Body Members agreed to:</p> <ul style="list-style-type: none"> • RECEIVE the report for INFORMATION. • NOTE that at this early stage in the year when there is a paucity of reliable data available, the CCG is forecasting delivery of its revised control total; and • NOTE that a number of risks will need pro-active management throughout the year to secure this forecast position. <p>Warwickshire North CCG Governing Body Members agreed to:</p> <ul style="list-style-type: none"> • RECEIVE the paper for INFORMATION and: • NOTE that at this early stage in the year when there is a paucity of data available, the CCG is forecasting delivery of its agreed control total; • NOTE that a number of risks will need pro-active management throughout the year; and • NOTE that management of in-year risks and the adequacy of 2018/19 accruals will both have a bearing on the ability to achieve the 2019/20 Plan. | <p>Action CH</p> <p>Action GN</p> |
| 6. | <u>Policies for Ratification</u> | |

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| 6.1 6.2 | <p><u>Complaints Policy</u></p> <p>Mrs Wilson presented the CCGs Complaints Policy which combined the previous Complaints Policy and the Unreasonably Persistent and Vexatious Complainant Policy.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • APPROVED the Complaints Policy for adoption by both Coventry and Rugby and Warwickshire North CCGs. <p><u>Secondment Policy</u></p> <p>Mrs Wilson presented the Secondment Policy which was part of the process of Human Resources Policy harmonisation between Warwickshire North CCG and Coventry and Rugby CCG.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • APPROVED the Secondment Policy for adoption by both Coventry and Rugby and Warwickshire North CCGs. | |
| 7. | <p><u>Committees in Common Reports</u></p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • Clinical Quality and Governance Committees in Common: 25th April 2019 • Finance and Performance Committees in Common: 2nd May and 6th June 2019 | |
| 8. | <p><u>For Information</u></p> <p><u>Communications and Engagement Report</u></p> <p>This report provided an overview of communications and engagement activity undertaken during May – June 2019.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members</p> <ul style="list-style-type: none"> • RECEIVED the report, which was provided for ASSURANCE and INFORMATION. | |
| 9. | <p><u>Questions From Visitors:</u></p> <p>There was one question from a member of the public in respect of dementia diagnosis and why it was so vital that patients received the diagnosis if it did not affect the health services they receive. Dr Raistrick said that clinicians have found this issue challenging because a diagnosis could be considered not constructive if there is no treatment which can be offered. However, it can be helpful when patients are diagnosed early when they still have the capacity to make decisions. This means that they can set things in place for themselves and their family which will help influence their future care.</p> <p>Dr Allen said that the CCGs had carried out some comprehensive engagement with sufferers of dementia, their carers and the providers of services and that the strongest message which came across was the necessity for a comprehensive educational input about the disease, caring for people with the disease and the decisions that have to be made (including legal powers). He said that the earlier this is done, the most benefit is achieved for all those involved. He said that there is some evidence that drugs do delay progress for mild and moderate dementia.</p> | |
| 10. | <p><u>Any Other Business</u></p> <p>There was no other business.</p> | |

| Item No: | | Action |
|----------|---|--------|
| | <p><u>Date of the Next Meeting Held in Public:</u></p> <p>Date: Wednesday 26th September 2019 Venue: Parkside House, Coventry Time: 2.45pm – 4pm</p> | |

Signature:

(Chair CRCCG)

Date:

Signature:

(Chair WNCCG)

Date:

DRAFT