

**Unconfirmed Minutes of the Governing Body Meetings in Common Held in Public
on Thursday, 12th July 2018, 2.45pm**

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

Present:	
Dr Sarah Raistrick	Chair - CRCCG
Dr Deryth Stevens	Chair - WNCCG
Ms Andrea Green	Chief Officer
Dr Arshad Khan	Clinical Lead - WNCCG
Dr Godwin Igodo	Clinical Lead - WNCCG
Dr Imogen Staveley	Clinical Lead - WNCCG
Dr Inayat Ullah (from 13:24)	Practice Network Lead: Nuneaton and Bedworth - WNCCG
Mr Ludlow Johnson	Lay Member for Patient and Public Involvement and Equality - CRCCG
Ms Sue Turner	Practice Network Lead: North Warwickshire - WNCCG
Mr Derek Pickard	Lay Member – Patient and Public Involvement - WNCCG
Dr Peter O'Brien	Clinical Locality Lead, Inspires - CRCCG
Dr Steve Allen (from 13:12)	Clinical Director
Ms Claire Forkes	Lay Member – Patient and Public Involvement - CRCCG
Dr Prashant Kokodkar	Secondary Care Specialist Consultant - CRCCG
Mrs Clare Hollingworth	Chief Finance Officer
Ms Jo Galloway	Chief Nurse
Ms Liz Gaulton	Director of Public Health, Coventry - CRCCG
Ms Rachel Robinson	Consultant in Public Health Medicine – WNCCG
Apologies:	
Dr Chris Pycok	Secondary Care Doctor - WNCCG
Dr John Linnane	Director of Public Health, Warwickshire
Mr Chris Stainforth	Lay Member – Audit and Governance - CRCCG
Mr David Allcock	Lay Member for Audit and Governance - WNCCG
Mr Graham Nuttall	Lay Member - Primary Care - WNCCG
Dr Deepika Yadav	Rugby Locality Lead - CRCCG
In Attendance:	
Mrs Maria Maltby	Deputy Director of Corporate Affairs
Mrs Tricia Lowe	Senior Independent Advisor for Patient Engagement - WNCCG
Mr Steven Jarman-Davies	Director of Acute Contracting and Performance
Ms Jenni Northcote	Chief Strategy and Primary Care Officer
Miss Victoria Watts	Governance Officer

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1.	<p><u>Standing Items:</u></p> <p>1.1 Welcome and Apologies</p> <p>Dr Raistrick welcomed Members of both NHS Coventry and Rugby CCG (CRCCG) and NHS Warwickshire North (WNCCG) Governing Bodies and public attendees to the meetings in common. Apologies were noted as indicated above.</p>	
1.2	<p><u>Declarations of Interest:</u></p> <p>Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making.</p> <p>No declarations of interest were raised.</p>	
1.3	<p><u>Minutes of the Last Meeting: 9th May 2018</u></p> <p>The minutes of the meeting held on 9th May 2018 were approved as a correct record of the meeting subject to the correction of a spelling error on page 1.</p>	
1.4	<p><u>Matters Arising And Action Schedule:</u></p> <p>Matters Arising</p> <p>There were no matters arising from the 9th May 2018 meeting.</p> <p>Action Schedule</p> <p>Members agreed to remove Action Ref 62 from the schedule as completed.</p> <p>Members noted that Action Refs 54 and 59 were 'not yet due'.</p> <p>Members also considered the following:</p> <p>Action Ref 46: 9th November 2017 meeting, Agenda Item 7 - Patient Group Forum: Provide an update regarding the re-negotiation of the NHS 111 contract to the Patient Group Forum: Ms Green confirmed that she would be attending the next Patient Group Forum. To remain on the Action Schedule.</p>	
1.5	<p><u>Chair's Report:</u></p> <p>(A) Coventry and Rugby CCG:</p> <p>Dr Raistrick's report included the following:</p> <ul style="list-style-type: none"> • STP Clinical Design Authority: Dr Raistrick and Dr Stevens were working with other clinicians to add strong clinical leadership to the STP. <p>The Governing Body NOTED the report.</p> <p>(B) Warwickshire North CCG:</p> <p>A year had passed since the first meetings in common, and Dr Stevens felt that Members had made excellent progress in getting to know each other and there had been a positive cultural shift. She welcomed Dr Raistrick to her first Governing Body meetings in common as Chair, and noted colleagues who had joined and left the Governing Bodies over the year.</p> <p>Dr Stevens had been honoured to attend the celebration of the 70th birthday of the NHS held at Westminster Abbey, and recounted a patient story from the event regarding support for a victim of the Manchester Arena bombing. She felt that the NHS should strive to ensure that the service was the best that it could be.</p>	

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	<p>Dr Stevens' report also included information about the following:</p> <ul style="list-style-type: none"> • Warwickshire North Health and Wellbeing Partnership; • Warwickshire North Joint Strategic Needs Assessment (JSNA) Stakeholder Meeting; and • Members Council. <p>The Governing Body NOTED the report.</p>	
1.6	<p><u>Chief Officer's Report</u></p> <p>Ms Green summarised the main points from her report as follows:</p> <ul style="list-style-type: none"> • Sustainability and Transformation programme – building our one NHS: NHS England (NHSE) and NHS Improvement (NHSI) held their first Board meetings in common during May 2018, and committed to working together to create the right culture of regulation and assurance required for the future. The Coventry and Warwickshire CCGs were already working together, and the report summarised actions taken to develop this as part of a future local Integrated Care System (ICS). For example, the CCGs were participating in a 12 week development programme supporting evolution of a local ICS. • Transforming Care Programme update: The programme had completed all transformative action required in the national programme and had seen many successes for individuals. However, the programme trajectory was at risk of not being achieved. • CCG Revised Values: The agreed revised CCG Values were included within the report for information. <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies NOTED the report.</p>	
2. 2.1	<p><u>Strategy and Planning:</u></p> <p><u>Public Health Report</u></p> <p>Coventry and Rugby</p> <p>Ms Gaulton presented the report, highlighting the following:</p> <ul style="list-style-type: none"> • A new Intelligence Strategy for Coventry: The Insight team had developed a new strategy to direct and develop the use of intelligence across Coventry. The aim of the strategy was to increase the quality of data produced and improve the impact on local public health activity. • Coventry Joint Strategic Needs Assessment: The latest data from the Coventry JSNA was available as of January 2018. The JSNA would move to a place based approach for 2019, which would divide the city into 8 areas. • Coventry Household Survey: The Coventry Household Survey was conducted in April 2018. Ms Gaulton explained that the data collected would be useful, and confirmed that she would update Members through a development session. <p>Dr O'Brien highlighted that the proportion of the adult smoking had reduced in Coventry, and felt that the CCG should ensure that this message was communicated to the public.</p> <ul style="list-style-type: none"> • Director of Public Health Annual Report: The Director of Public Health's Annual Report would focus on older people and managing the demand for health and care services. The report would be presented to Members after September 2018. • Health intelligence collaborations across the West Midlands: Coventry was involved in recent developments across the West Midlands to strengthen and progress health intelligence. 	

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	<p>The Coventry and Rugby CCG Governing Body:</p> <ul style="list-style-type: none"> • NOTED the recent developments in public health intelligence within Coventry City Council; and • NOTED the key information from recent public health intelligence outputs. <p>Warwickshire</p> <p>Ms Robinson presented the report, highlighting the following:</p> <ul style="list-style-type: none"> • Fitter Futures Consultation: The consultation had closed on the 6th July, however, there would be further opportunities for Members to comment on the service going forward. • Online Survey – Have your say on Warwickshire’s health and wellbeing needs: A 2-year survey had been launched to find out more about the needs of Warwickshire’s local communities. Ms Robinson confirmed that the link to the survey could be circulated to Members if requested. <p>Dr Raistrick explained that she had found the survey simple and straightforward to complete, and encouraged Members to promote completion.</p> <ul style="list-style-type: none"> • NHS Diabetes Prevention Programme: The NHS Diabetes Prevention Programme was now open to adults aged 18+ with non-diabetic hyperglycemia - HbA1c 42-47 mmol/mol. However, due to the limited Initial Assessment places available and implementation funding, referrals would initially be prioritised for those in the upper end of this range - HbA1c 45-47 mmol/mol. <p>In response to a query from Dr Kokodkar, Ms Robinson explained that a provider identified by NHSE was coordinating the programme. Ms Robinson confirmed that practices interested in taking part were asked to make contact.</p> <ul style="list-style-type: none"> • Warwickshire North Health and Wellbeing Partnership: The first stakeholder meeting had taken place during June, and was well attended by members of the public. Roadshow events would be taking place across the North Warwickshire borough to follow up on the feedback received. • Rugby Health and Wellbeing Partnership: A development event took place in June to explore the local appetite for expanding the Rugby Health and Wellbeing Partnership to include care providers. <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies NOTED the report.</p>	
2.2	<p><u>Commissioning Intentions</u></p> <p>Ms Northcote presented the report, confirming that CCGs were required to develop and publish commissioning intentions annually which articulate the high level priorities to maximise health benefits and to respond to national and local priorities.</p> <p>Ms Northcote explained that members of the public had requested that the Commissioning Intentions for 2019/20 reflect previous engagement undertaken. The document would also incorporate intelligence from the Coventry and Warwickshire JSNAs.</p> <p>Ms Northcote explained that the Commissioning Intentions would be developed through a collaborative approach with South Warwickshire CCG, to reflect system wide commissioning intentions, alongside place specific commissioning priorities.</p> <p>Ms Green highlighted that the Governing Bodies required assurance regarding how the CCGs were engaging with hard to reach groups. She reported that there had been feedback from the public regarding support for carers, and WNCCG were therefore evaluating the service offer. Ms Northcote added that the CCGs would be working with key groups, such as Warwickshire CAVA (Community and Voluntary Action) and advocacy groups.</p>	

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	<p>In response to a query from Mr Pickard regarding support for carers from volunteer groups, Dr Raistrick highlighted that some information had been included within the Warwickshire Public Health report regarding support for unpaid carers. Ms Robinson added that a Carer Strategy was in place and the Public Health team were aiming to improve the information available within primary care.</p> <p>Ms Northcote directed Members to the timetable within section 2 of the report, confirming that the final draft of the Commissioning Intentions would be presented to the Coventry and Warwickshire Health and Wellbeing Boards during September 2018.</p> <p>In response to a query from Mr Pickard, Ms Northcote confirmed that the Commissioning Intentions had been discussed at the recent meeting of the Patient Group Forum and would be raised again at the September meeting. Mr Pickard suggested that the information was circulated to individual Members of the Patient Group Forum.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies NOTED and ENDORSED the proposed approach to produce the 2019/20 Commissioning Intentions.</p>	
2.3	<p><u>Communications and Engagement Report</u></p> <p>Ms Northcote presented the report, confirming that the report outlined how both CCGs had met the statutory obligations for communications, engagement and involvement. She highlighted that the report contained information regarding the Warwickshire North Patient Group Forum, the diabetes program and the Coventry Carers event.</p> <p>Ms Northcote explained that the CCGs had supported two GP practice mergers. She also reported that WNCCG was a key partner in the delivery of an innovative 'Dying Matters' campaign.</p> <p>Mr Pickard praised the engagement process for the Brownsover Medical Practice. Ms Northcote reported that CRCCG had been commended by Healthwatch regarding the engagement undertaken for development of the new practice.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies NOTED the report.</p>	
3.	<p><u>Quality, Safety and Performance:</u></p>	
3.1	<p><u>Patient Story - Diabetes</u></p> <p>Ms Galloway explained that the presenter had been unable to attend the meeting.</p>	
3.2	<p><u>Integrated Safety, Quality and Performance Report</u></p> <p><u>Safety and Quality</u></p> <p>Ms Galloway presented the report. She reported that a new Quality Assurance Framework had been developed and was supported by the Clinical Quality and Governance (CQG) Committee in Common at the April meeting. Ms Galloway directed Members to the quality escalation levels included within Appendix 2 of the report, explaining that the matrix contained actions for consideration according to level of risk.</p> <p>Ms Galloway summarised the following regarding the main provider risks on the Quality Assurance Framework:</p> <ul style="list-style-type: none"> • University Hospitals Coventry and Warwickshire (UHCW) had one area on level 2 of the Quality Assurance Framework. The risk related to Dermatology and delays for first clinic appointments, however, waiting times had significantly improved with a reported maximum wait of 10 weeks for June 2018. • A level 3 risk at UHCW regarding urgent clinic letters was due to be discussed at the July 	

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	<p>CQG Committee meetings in common.</p> <ul style="list-style-type: none"> • A new level 3 risk had been identified at UHCW regarding capacity issues on Ward 14 due to issues relating to children and young people in crisis being cared for on the paediatric ward. A multi-agency group was working to develop alternative solutions to alleviate system pressures and a business case for a Child and Adolescent Mental Health Services (CAMHS) tier 3.5 service had also been developed. • Coventry and Warwickshire Partnership Trust (CWPT) had a level 2 risk in relation to long waiting times for CAMHS as identified by a Care Quality Commission (CQC) inspection. The CCG had issued a contract performance notice, conducted a quality assurance visit and were assured that a range of alternative support options were available. The CQC action plan was also monitored via the Clinical Quality Review Meeting. The percentage of routine referrals receiving treatment within 18 weeks of referral in the fourth quarter rose above the target, and in the January to April 2018 period the average wait for the first appointment for referrals ranged between 5 and 8 weeks. • George Eliot Hospital (GEH) had a level 2 risk in relation to End of Life (EoL) care as the service had been rated inadequate by CQC in January 2018. There had been recruitment challenges within the service, however, a new EoL Consultant and a Lead Nurse were expected to be in post within the next couple of months and recruitment of a second Consultant was underway. • GEH had a level 3 risk in relation to the 4 hour A&E target and 12 hour trolley breaches. Urgent and Emergency services were also rated as requires improvement by CQC in January 2018. A joint quality assurance visit would be undertaken during July in partnership with NHSI and NHSE. <p>Ms Galloway reported that Cygnet Coventry had been rated by CQC as requires improvement. The quality team had therefore met with the provider in May 2018 regarding the actions to be taken.</p> <p>Ms Galloway explained that the Safeguarding Designated Professionals from CRCCG and WNCCG were supporting the newly appointed Clinical Lead for The Pears RNIB following conditions placed by CQC.</p> <p><u>Performance</u></p> <p>Mr Jarman-Davies reported that the Referral to Treatment (RTT) position had improved during May 2018, with 84.8% of CRCCG patients and 83.6% of WNCCG patients waiting less than 18 weeks from their GP referral date to be seen or treated by a hospital specialist.</p> <p>It was noted that A&E 4 hour waits performance had significantly improved during April 2018, with 90.4% achieved at UHCW and 92.6% at GEH. Recovery trajectories had been agreed for both Trusts.</p> <p>Mr Jarman-Davies confirmed that Delayed Transfers of Care (DTOCs) for both CCGs continued to run very close to the 3.5% target level. Ms Green highlighted that the action taken to reduce DTOCs had allowed bed capacity to be utilised for emergency admissions.</p> <p>It was reported that CRCCG achieved all Cancer waits targets during quarter 4, and WNCCG achieved all except for the Cancer 62 day wait target from urgent GP referral to first definitive treatment, with performance at 83.2% against a target of 85%. A report regarding performance against cancer targets was presented to the Finance and Performance (F&P) Committee during June 2018.</p> <p>Both CCGs continued to underachieve against the 67% dementia diagnosis target, with 59.5% of the estimated dementia cases diagnosed for CRCCG and 59.0% for WNCCG.</p> <p>Mr Jarman-Davies highlighted a risk in relation to the rise in GP referrals, particularly for CRCCG which was 12.6% above plan.</p>	

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	The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies NOTED the report.	
4. 4.1	<p><u>Financial Performance</u></p> <p><u>Finance and Contract Reports Month 2:</u></p> <p>Mrs Hollingworth presented the reports for both CCGs, confirming that she would discuss them concurrently. She explained that the reports were prepared in early June and that there was a paucity of new year data. At the early stage in the year, both CCGs were reporting an overall balanced position for Month 2 in line with the agreed financial plan.</p> <p>Mrs Hollingworth reported that a risk regarding QIPP delivery was being highlighted to the Governing Body by the F&P Committee. The risk had been quantified at approximately £2.8M for CRCCG and £800K for WNCCG. Mrs Hollingworth confirmed further slippage was expected during months 3 and 4, and recovery plans had therefore been requested from the project leads.</p> <p>Mrs Hollingworth explained that there was mounting financial pressure, particularly in relation to CRCCG, as the monitoring data showed significant over performance for the main Acute contract. The data was unvalidated and was being worked through with the provider. Mrs Hollingworth confirmed that further information regarding the actions put in place would be available at the next F&P meeting. She reiterated that the financial year would be difficult for both CCGs, and collective focus was required to ensure that performance remained on plan.</p> <p>In response to a suggestion from Ms Green, Mrs Hollingworth confirmed that she would circulate an email to Governing Body Members regarding the issues discussed at the August F&P meeting.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED the reported overall position for month 2; and • NOTED the areas highlighted that have been escalated to the Governing Body. 	CH
4.2	<p><u>Procurement Update Report</u></p> <p>Mrs Hollingworth presented the report. She directed CRCCG Members to the information in section 2.1 regarding the Brownsover Medical Practice, confirming that the contract had been awarded to Spirit Healthcare. The CCG would work with the provider on contract mobilisation.</p> <p>Mrs Hollingworth directed Members to the information regarding Minimally Invasive Vasectomy Services in section 2.2 of the report. She explained that a call for competition for additional provision was issued in early March, however, all three potential providers chose not to bid. It was therefore proposed that the CCGs continued with the three current providers until the contract expiry date in March 2020. The re-procurement of the contract would be factored into the Procurement work programme.</p> <p>Mrs Hollingworth directed Members to the information in section 2.3 regarding Extended Access in Primary Care, confirming that the national target for mobilisation was October 2018. A costed proposal had been received from the Coventry & Rugby GP Alliance and was being reviewed by the project team. Discussions were on-going to secure a solution for Warwickshire North.</p> <p>Mrs Hollingworth directed Members to the information regarding Termination of Pregnancy Services in section 2.4, explaining that the contract was due to expire 31st March 2019. A project team led by South Warwickshire CCG had recommended that the procurement was undertaken on an Any Qualified Provider basis. Mrs Hollingworth reported that she had concerns on whether this would secure adequate geographical access, and it had therefore been decided that market engagement would take place over the summer period.</p> <p>Mrs Hollingworth directed Members to the information in section 2.8 regarding Diabetes Education. Following the award of Year 2 monies from NHSE for Diabetes structured education services, it was determined that a streamlined procurement process would be conducted. A</p>	

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	<p>contract award recommendation was expected to be available by early August and the CCGs were keen to mobilise the service quickly. The two F&P Committees had therefore recommended that the Governing Body delegate authority to approve the contract award to the Chief Officer.</p> <p>Mrs Hollingworth directed Members to the information regarding the GP On-line Consultation Programme in section 2.9. The three Coventry & Warwickshire CCGs had successfully bid for national monies to implement On-line Consultation capability across their GP Practices, and the non-healthcare procurement team within Arden & GEM CSU were providing support for this programme. Mrs Hollingworth was assured that the appropriate process was being followed and would provide further updates when available.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED and were ASSURED as to the progress of the current procurements; • NOTED the procurement pipeline and the decisions that were required over the next few months; and • DELEGATED authority to the Chief Officer to approve the contract award for Diabetes Structured Education. 	
<p>5.</p> <p>5.1</p>	<p><u>Assurance and Governance:</u></p> <p><u>Governing Body Assurance Framework Quarter 1</u></p> <p>Mrs Maltby presented the Assurance Framework detailing the key risks to the achievement of the CCGs' strategic aims, along with the controls in place and assurances on their operation.</p> <p>Mrs Maltby confirmed that the Senior Management Team had undertaken a review of the Corporate Risk Register and the Assurance Framework in June 2018. 8 risks had been identified for the Assurance Framework.</p> <p>Mrs Maltby explained that the Governing Bodies were asked to approve that the Assurance Framework contained the key risks to the organisations, and that the mitigating actions and sources of assurance were sufficient.</p> <p>In response to a suggestion from Ms Green, Mrs Maltby confirmed that the information regarding controls and assurances would be separated out for each CCG. Mr Pickard confirmed that the Audit Committee had praised the format of the document.</p> <p>Dr Raistrick directed Members to the risk regarding the Delivery of NHS Constitution 4 Hour Wait in ED target, and suggested that the likelihood should be increased to 4 for CRCCG.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies APPROVED the Assurance Framework for 2018/19.</p>	<p>MM</p>
<p>5.2</p>	<p><u>CCG Response to the Modern Slavery Act 2015</u></p> <p>Mrs Maltby explained that the Modern Slavery Act 2015 required commercial organisations, including all NHS organisations, to make a public statement as to the actions they have taken to detect and deal with forced labour and trafficking in their supply chains. The CCGs were required to publish the statements on their websites within 6 months of the current year end.</p> <p>Mrs Maltby confirmed that draft statements reflecting existing business practice had been prepared for both WNCCG and CRCCG. The statements were discussed in detail at the June 2018 CQG Committee meetings in common, and the committees had recommended the statements to the Governing Bodies for approval.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies APPROVED their respective Statements in Response to the Modern Slavery Act 2015 adoption, signing by the Accountable Officer and publication.</p>	

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5.3	<p><u>Annual Audit Letters</u></p> <p>Mrs Hollingworth reported that the Annual Audit Letters had been reviewed by the Audit Committee meetings in common during June 2018. The CCGs were required to publicise the Letters to demonstrate stewardship of public money.</p> <p>(A) Coventry and Rugby CCG:</p> <p>CRCCG were issued an unqualified opinion on the CCG's financial statement for the year end 31 March 2018 and on the CCG's regularity of income and expenditure.</p> <p>The CCG was issued a qualified 'except-for' conclusion in respect of the CCG's arrangements for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions. This was due to the CCG remaining under NHS England's legal powers of Direction between April 2017 and March 2018, and achieving a surplus through significant use of non-recurrent measures. However, it was felt that the CCG was controlling the resources effectively.</p> <p>The Coventry and Rugby CCG Governing Body NOTED the Annual Audit Letter.</p> <p>(B) Warwickshire North CCG:</p> <p>WNCCG were issued an unqualified opinion on the CCG's financial statement for the year end 31 March 2018 and a qualified 'except for' opinion on the CCG's regularity of income and expenditure.</p> <p>The CCG was issued a qualified 'except-for' conclusion in respect of the CCG's arrangements for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions. This was due to the recorded deficit, QIPP achievement and the deficit budget for 2018/19. Mrs Hollingworth explained that the CCG had not fulfilled the statutory duty to live within the resources, however, the finances were not irregular in relation to any transactions.</p> <p>The Warwickshire North CCG Governing Body NOTED the Annual Audit Letter.</p>	
6	<p><u>Policies for Ratification</u></p> <p>6.1 Non-Medical Prescribing in Primary Care Policy</p> <p>Ms Galloway presented the updated Non-Medical Prescribing in Primary Care Policy, which had been recommended to the Governing Body by the CQG Committee meetings in common.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies APPROVED the Non-Medical Prescribing in Primary Care Policy for adoption.</p> <p>6.2 Gifts and Hospitality Policy</p> <p>Mrs Maltby presented the Gifts and Hospitality Policy, confirming that it had been updated to reflect the statutory guidance on managing conflicts of interest. The Audit Committee meetings in common had recommended the policy to the Governing Bodies for approval.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies APPROVED the Gifts and Hospitality Policy for adoption.</p> <p>6.3 Gluten Free Policy</p> <p>Dr Allen presented the Gluten Free Policy. He explained that both CCGs had decided to follow the recommendations from a report published by the Department of Health and Social Care which stated that prescribing should be restricted to certain gluten-free products. Dr Allen confirmed that the policy should constitute a saving for the CCGs.</p>	

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	The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies APPROVED the Gluten Free Policy for adoption.	
7.	<p><u>Committee Reports for Information:</u></p> <p>Coventry and Rugby CCG Coventry and Rugby CCG Governing Body Members NOTED the following Committee reports:</p> <ul style="list-style-type: none"> • Audit Committee: 10 April 2018 and 24 May 2018 <p>Warwickshire North CCG Warwickshire North CCG Governing Body Members NOTED the following Committee reports:</p> <ul style="list-style-type: none"> • Audit Committee: 2 May 2018 and 24 May 2018 <p>Committees in Common Reports Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members NOTED the following Committee reports:</p> <ul style="list-style-type: none"> • Clinical Quality and Governance Committees in Common: 25 April 2018 • Commissioning, Finance and Performance Committees in Common: 26 April 2018 and 24 May 2018 <p>Other Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members NOTED the following minutes:</p> <ul style="list-style-type: none"> • Health and Wellbeing Board – Warwickshire: 2nd May 2018; and • Health and Wellbeing Board – Coventry: 9th April 2018 	
8.	<p><u>Questions From Visitors:</u></p> <p>8.1 A visitor highlighted that there were 28 GP practices across Warwickshire North, however, a mental health practice was not available. He suggested that patients who were waiting for CAMHS treatment could be treated by a mental health GP practice.</p> <p>Ms Turner reported that the Atherstone Community Wellbeing Hub had recently opened.</p> <p>Dr Stevens reported that a recent STP mental health meeting had discussed mental health in primary care. The meeting was attended by a CWPT consultant who was reviewing how secondary care input could be provided locally.</p> <p>The visitor highlighted that the Hearing Voices Mental Health Group was only offered to patients for 10 weeks, and queried whether follow up support could be offered. Dr Raistrick suggested that patient and community engagement was required to establish the most effective solution for service users.</p> <p>8.2 A visitor explained that Skills for Care provided training for carers. Individual employer funding was available for people who employ their own care and support staff (through personal budgets or their own money). The funding must be applied for prior to February 2019. He confirmed that he would provide Ms Robinson with the information.</p> <p>8.3 A visitor highlighted the link between members of the public undertaking sport and the preventative health strategy, particularly in relation to mental health. He added that some providers had prescribed physical activity such as Park Runs. Dr Raistrick reported that the Health and Wellbeing Boards were promoting this.</p> <p>Ms Gaulton highlighted that Coventry had been identified as the UK's European City of Sport for 2019. She confirmed that members of the public across Coventry and Warwickshire were being encouraged to actively participate in their own health.</p> <p>8.4 A visitor asked whether the CCGs monitored the impact of air quality on health and activity within providers. Ms Green explained that all alerts in relation to air quality were escalated, and agreed that the CCGs should triangulate data regarding air quality and activity within providers.</p>	

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	Mrs Hollingworth confirmed that A&E attendance had increased during the period of warm weather.	
9.	<p><u>Any Other Business:</u></p> <p>None declared.</p>	
10.	<p><u>Date of the Next Meeting Held in Public:</u></p> <p>Date: 12th September 2018 Venue: Dame Ellen Terry Suite, Coventry City Council Time: 2.45pm – 4pm</p>	

Signature:

(Chair CRCCG)

Date:

Signature:

(Chair WNCCG)

Date:

DRAFT

DRAFT