

**NHS WARWICKSHIRE NORTH CLINICAL COMMISSIONING GROUP**

**UNCONFIRMED MINUTES OF THE GOVERNING BODY MEETING HELD IN PUBLIC ON THURSDAY 12<sup>TH</sup> JANUARY 2017**

**VENUE: HERON HOUSE, NEWDEGATE STREET, NUNEATON, CV11 4EL, 10:30AM - 12:30PM.**

<b>Present: Governing Body Members</b>		
Dr Deryth Stevens	CCG Chair	DS
Andrea Green	Chief Officer	AG
Dr Inayat Ullah	Practice Network Lead: Nuneaton and Bedworth	IU
Sue Turner	Practice Network Lead: North Warwickshire	ST
Dr Chris Pycock	Secondary Care Doctor	CP
Dr Arshad Khan	Clinical Lead	AK
Dr Godwin Igodo	Clinical Lead	GI
Graham Nuttall	Lay Member - Primary Care	GN
David Allcock	Lay Member - Patient and Public Involvement	DA
Rebecca Bartholomew	Executive Nurse/Chief Quality Officer	RB
Chris Lonsdale	Chief Finance Officer	CL
<b>Also in attendance:</b>		
Debbie Pook	Chief Operating Officer	DP
Clare Hollingworth	CRCCG, Chief Finance Officer	CH
Mary Mansfield	Deputy Chief Quality Officer	MM
Rachel Robinson	Public Health Consultant, Warwickshire County Council	RR
Jenni Northcote	Director of Partnerships and Engagement	JN
Dan Ibeziako	Communications and Engagement Lead, Arden and GEM CSU	DI
Stan Orton	Chair WNCCG Patient Group Forum	SO
Maria Maltby	Head of Corporate Affairs	MAM
Alan Turner	Minute Taker	AT
<b>Visitors:</b>		
M. Kondakor, K. Kondakor		
<b>Apologies:</b>		
Neil Hart	Lay Member - Audit and Governance, and Deputy Chair	NH
Dr John Linnane	Director of Public Health, Warwickshire County Council	JL

Item No.		Action
1.	<p><b>Welcome/Apologies:</b> Dr Stevens opened the meeting and welcomed Members and visitors. Apologies were noted as above.</p>	
2.	<p><b>Declaration of Interests:</b> Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making. The following declarations were made:</p> <ul style="list-style-type: none"> <li>• Item 9.2 Procurement Update: As GPs of practices potentially bidding for Nursing Home support contracts Dr Stevens and Dr Ullah declared an interest in this item. Governing Body members confirmed that no action was required and both could be present for the meeting as the report was an update with no decisions to be made.</li> </ul> <p>No other declarations were recorded.</p>	
3.	<p><b>Minutes of the Governing Body Meeting to be held in Public on 3<sup>rd</sup> November 2016:</b> The minutes of the CCG Governing Body meeting held in public on 3<sup>rd</sup> November 2016 were confirmed as being accurate subject to the following amendment:</p> <ul style="list-style-type: none"> <li>• Item 14, Any Other Business: 1<sup>st</sup> paragraph, delete '<i>Dr Stephens</i>', replace with '<b>Dr Stevens</b>'.</li> </ul> <p>The Members were content for Dr Stevens to sign the minutes as a true record subject to the one amendment.</p>	
4. 4.1 4.2	<p><b>Matters Arising/Action Schedule:</b></p> <p><b>4.1 Matters Arising:</b> There were no matters arising.</p> <p><b>4.2 Action Schedule:</b> Members agreed to remove <b>Action Refs: 2, 10, 13, 14, 15 and 16</b> from the schedule as completed. Members considered the one remaining action as follows:</p> <ul style="list-style-type: none"> <li>• <b>Action Ref 3:</b> <i>1<sup>st</sup> September 2016 meeting, Agenda Item 4 - updated George Eliot Hospital NHS Trust (GEH) Discharge Policy - policy awaiting ratification and formal sign off, copy to be provided to Patient Group Forum when available: Ms Bartholomew advised that the policy was still progressing through the GEH governance process. To remain on the action schedule.</i></li> </ul>	
5.	<p><b>Chair's Report:</b> Dr Steven's report included the following:</p> <ul style="list-style-type: none"> <li>• <b>Membership Meeting:</b> Dr Stevens reported that the meeting held in December 2016 had been well attended with the main focus on the Coventry and Warwickshire Sustainability and Transformation Plan (STP).</li> <li>• <b>General Practice Forward View:</b> with regard to holding discussions about energising Primary Care, Dr Stevens advised that a small representative group had been set up to focus on ideas of how to maximise opportunities in primary care locally and also link into the GP Sustainability Plan.</li> <li>• <b>Design Authority Meeting:</b> Dr Stevens explained that a group had been set up with local clinicians, the local authorities and representatives of local professional committees in order to ensure the STP Board was fully informed about the views from clinicians and primary care in particular.</li> <li>• <b>Mid-year 2016/17 Assessment Meeting:</b> Dr Stevens reported that the CCG's mid-year assessment with NHS England had taken place on 10 January 2017 and NHS England would write to the CCG formally following regional moderation.</li> </ul> <p>The Governing Body <b>NOTED</b> the report.</p>	

6.	<p><b>Chief Officer's Report:</b></p> <p>Ms Green's report included the following:</p> <ul style="list-style-type: none"> <li> <p><b>Closer working with Coventry and Rugby CCG:</b> Ms Green reported that the most senior executive posts within the single management team across both CCGs had been appointed, confirming the successful candidates as follows:</p> <p>Clare Hollingworth, Chief Finance Officer and Deputy Chief Officer; Debbie Pook, Chief Operating Officer; Jacqueline Barnes, Chief Nursing Officer; and, Jenni Northcote, Chief Strategy and Primary Care Officer.</p> <p>Ms Green thanked Ms Bartholomew and Mr Lonsdale for their continued support and noted that both would continue to hold senior positions within the CCG but from April would not be members of the Governing Body.</p> <p>Ms Green explained that the next stage was for the senior leaders to support development of the single staffing structure, due to be operational from 1 April 2017, with staff consultation commencing in February 2017.</p> </li> <li> <p><b>Update on contract agreements:</b> Ms Green reported that the core contract schedules with local provider GEH for 2017/18 were signed by 23 December 2016 in accordance with national requirements. Ms Green added that over the next few months the CCG would be working to finalise the more detailed contract schedules and on collaborative schemes to reduce unwarranted variation and excess demand.</p> </li> <li> <p><b>Update on the Coventry and Warwickshire STP:</b> Ms Green provided an update on the STP process.</p> <p>Ms Green referred to a number of inaccurate media reports claiming that plans were in place to close hospitals and to have a single Accident and Emergency (A&amp;E) or maternity unit in Coventry and north Warwickshire. Ms Green confirmed that this was not the case.</p> <p>MS Green reported that following publication of the STP on 6 December 2016 an engagement and listening exercise relating to local need had begun.</p> </li> <li> <p><b>Update on Improving Stroke Services:</b> Ms Green reported that all three CCGs in Coventry and Warwickshire had approved the Pre-consultation Business Case. The next stage was for NHS England to convene an assurance panel to approve the business case as suitable for public consultation.</p> <p>Ms Green explained that a key part of the assurance would be the context of the CCGs' financial plans and risks for 2017/18 and 2018/19. These were currently being reviewed by NHS England before confirming when the assurance panel could take place. The timing of public consultation was therefore unknown at this stage.</p> </li> <li> <p><b>System Resilience Assurance:</b> Ms Green informed Members that delivering the 4 hour A&amp;E target was proving exceedingly difficult again this year and she wanted to provide assurance that the CCG was working on implementing the five national priority actions identified as critical for good A&amp;E performance. Ms Green advised that two of the five priorities were under the CCG's direct control, namely NHS 111 and D2A (Discharge to Assess), and a full impact and benefit realisation on investments in these areas would be undertaken in April, in addition to the monthly progress reports being scrutinised by the Commissioning, Finance and Performance (CF&amp;P) Committee.</p> </li> <li> <p><b>Mental Health Commission - Action Plan and Concordat Request:</b> Ms Green explained that the West Midlands Combined Authority had established a Mental Health Commission in October 2015 to identify the contribution that devolution could make to addressing poor mental health and wellbeing. The final report from the Commission, including a series of proposed actions, was expected imminently. Once the CCG had understood the impact of the findings on the CCG's plans and finances a report would be presented to a future Governing Body meeting.</p> </li> </ul> <p>The Governing Body <b>NOTED</b> the report.</p>	JN
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<p>7.</p> <p>7.1</p>	<p><b>Strategy and Planning:</b></p> <p><b>Public Health Update:</b></p> <p>Ms Robinson presented the public health update, covering the core offer work programme for the CCG. She highlighted the following:</p> <ul style="list-style-type: none"> <li>• <b>Latest Flu Figures</b> (September to November 2016): Ms Robinson reported that compared to the same period last year: <ul style="list-style-type: none"> <li>○ uptake was better for 2-4 year olds, those in clinical risk groups, pregnant women in all Warwickshire CCG areas.</li> <li>○ uptake for those 65 and over was higher for most CCG areas with the exception of the Coventry and Rugby CCG area.</li> <li>○ very good uptake in all acute trusts (higher than the West Midlands and national averages), with South Warwickshire Foundation NHS Trust (SWFT) having the highest uptake at 76%, followed by University Hospitals Coventry and Warwickshire NHS Trust (UHCW) at 72.6%, and GEH at 70.1%. Coventry and Warwickshire Partnership NHS Trust (CWPT) have achieved 48.3% so far, which is higher than last year and the year before last.</li> </ul> </li> <li>• <b>Teenage Pregnancy Action Plan:</b> Ms Robinson referred to the action plan and reported that a teenage pregnancy summit had been held on 25 November 2016 which was attended by over 40 delegates from different organisations including schools, youth services, local councillors, commissioners and health services. It was agreed that the Warwickshire North Health and Wellbeing Partnership and Nuneaton and Bedworth Overview and Scrutiny Committee would hold the action plan and follow up. <p>With a recent increase in teenage pregnancies in Nuneaton and Bedworth, working with schools was noted as a major challenge. In addition the funding for the Health Store in Nuneaton was due to end on 31 March 2017. Ms Green advised that jointly with local Councillors, the CCG would be writing to the Head of Service at Warwickshire County Council to lobby for continued funding for another year.</p> </li> <li>• <b>Gypsy and Travellers (G&amp;T):</b> Ms Robinson advised that Public Health, in partnership with Warwickshire County Council's G&amp;T services, undertook a survey to understand the health needs of the Gypsy and Travellers population in 2015 and produced a report with the findings. The next phase of the project was to work with the G&amp;T population to understand the needs of this community to improve health outcomes and an action plan had been developed to address the recommendations from the report.</li> <li>• <b>Diabetes update:</b> Ms Robinson reported that NHS England had made money available to support the prevention agenda and a bid was being prepared.</li> <li>• <b>Healthy Living Pharmacy (HLP) -</b> Ms Robinson explained that the HLP was a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need. She advised that Atherstone In-Practice Pharmacy was one of the first to achieve the new criteria.</li> </ul> <p>The Governing Body <b>NOTED</b> the verbal report.</p>	
<p>8.</p> <p>8.1</p>	<p><b>Quality, Safety and Performance</b></p> <p><b>Integrated Safety, Quality and Performance Report: August 2016</b></p> <p>Ms Bartholomew referred Members to the Safety and Quality section of the report. In particular Ms Bartholomew highlighted:</p> <ul style="list-style-type: none"> <li>• <b>Health Care Acquired Infections (HCAI):</b> the CCG and GEH remained under the prescribed threshold for the current financial year. Year to date there had been 18 cases of C-Difficile. There had been one case of MRSA involving a member of the CCG's population. This had not occurred at GEH.</li> <li>• <b>Harm Free Care:</b> GEH has demonstrated a sustained improvement since the beginning of the year however had further work to improve in pressure ulcers.</li> <li>• <b>Complaint Responses against 25 working day target:</b> GEH continued to score above target, indicating high performance in this area.</li> <li>• <b>Safeguarding Training:</b> the recent Care Quality Commission (CQC) inspection</li> </ul>	

expressed satisfaction with the training recovery plan being monitored by the monthly Clinical Quality Review Meeting (CQRM).

- **Never Events:** There had been 3 reported in the financial year. Progress on investigations and action plans were being monitored by the CCG.

Ms Pook presented the Performance section of the report highlighting the following:

- **6 week waits for diagnostic tests:** continued to be achieved at 99.9%.
- **Cancer targets:** targets for 31 day had been met for patients for first definitive treatment and 2 week cancer targets for first outpatient appointment. A remedial action plan was in place for the 62 day wait target with a trajectory to achieve in March. GEH and the CCG were working with the West Midlands Cancer Alliance to improve diagnosis and review pathways.
- **A&E, patients admitted, transferred or discharged within 4 hours of their arrival (target 95%):** performance was not achieved in October at 85.9%. The CCG had issued a performance notice and were in the process of agreeing the remedial action plan. With regard to A&E trolley waits, Ms Bartholomew confirmed that the CCG had undertaken an unannounced visit, concluding that patients were being well looked after in a safe environment.

Mr Allcock requested information to be provided on the number of patients who needed to be admitted, but wait beyond 4 hours for a bed. Ms Green proposed that a detailed report on A&E performance be prepared for the CF&P Committee to consider.

- **Ambulance response, Red calls (most urgent calls), % arriving within 8 minutes (target 75%):** performance not achieved in October at 63.3%.

Ms Pook advised that currently a national ambulance programme trial was underway led by NHS England and new target measures had been identified. Currently no trend data was available.

- **Total number of ambulance and A&E handovers 30 - 60 minutes (target '0'):** the position for ambulance handovers in this category increased from 61 in September to 108 in October, with 6 patients waiting over 60 minutes.

During a brief discussion, it was noted that of all conveyances, 27% lead to admission nationally, compared to 17% at GEH. Ms Green said that alternative assessment was needed for those patients not requiring admission and there was a need to understand the process of how ambulance staff assessed and made decisions about the need for conveyance. In this context Ms Pook confirmed that West Midlands Ambulance Service (WMAS) had recently reviewed the skill mix of ambulance crews and the skill mix would change in February which could positively impact on conveyance levels.

- **Dementia diagnosis rates (66.7%):** There was an action plan in place to recover performance and there had been good improvement over the last couple of months.

Mr Nuttall raised a query relating to wheelchair assessments now only being available at the Royal Leamington Rehabilitation Hospital, a change in location which could prove difficult for Warwickshire north patients. Ms Green said she had no knowledge of this advised that Ms Northcote would investigate.

The Governing Body **NOTED** the report.

DP

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## 8.2

### **Mortality Assurance Report:**

Ms Bartholomew provided an update on the current assurance process to monitor mortality indicators within GEH and across the health economy.

She explained that GEH was within range for the Hospital Standardised Mortality Ratio (HSMR) and an outlier for the Summary Hospital-level Mortality Indicator (SHMI) and provided a document setting out details of the mortality assurance mechanisms and actions in place to ensure the CCG fulfils the duty for patients for whom we commission services.

Ms Bartholomew reported that a case note review was being undertaken in order to improve understanding of SHMI and whether there were trends or issues to be investigated. Ms Bartholomew added that work commenced on the case note review in February.

	<p>Ms Green asked when the outcome of the case note review would become available. Mr Pycock advised that until any trends were identified it was unknown as to how much follow up work would be required. Members supported Ms Bartholomew's proposal for the review findings to be considered in the first instance at a themed Clinical Quality, Safety and Governance (CQSG) Committee meeting in April, with a report presented to the Governing Body after that.</p> <p>Ms Green thanked Ms Bartholomew and Dr Pycock for providing leadership and focus on this issue.</p> <p>The Governing Body <b>NOTED</b> the report.</p>	
8.3	<p><b>Communications and Engagement Report: November and December 2016</b></p> <p>Ms Northcote presented the report covering the range of communications and engagement activity during the period, highlighting: the Patient Group Forum meeting held in November; social media developments; and, media releases and updates.</p> <p>In addition to the items covered in the report, Ms Northcote advised that the Patient Group Forum had discussed STP and transport issues. Ms Green requested that details about the STP engagement process be made available on the CCG website as soon as possible.</p> <p>Ms Pook reported that the CCG Staff Survey had closed with analysis underway.</p> <p>The Governing Body <b>NOTED</b> the report.</p>	JN
9. 9.1	<p><b>Financial Performance:</b></p> <p><b>Finance and Contract Report: Month 8</b></p> <p>Mr Lonsdale presented the Month 8 update report, advising that a full report had been considered by the CF&amp;P Committee on 22 December 2016. Mr Lonsdale advised that the CCG was reporting 'no variance' in Month 8 compared to the financial plan agreed with NHS England and highlighted the following:</p> <ul style="list-style-type: none"> <li>• At Month 8 the CCG continued to forecast a deficit in accordance with the agreed plan of £16.6m (<i>in-year of £7.7m plus the £8.9m deficit carried forward from 2015/16</i>). The overall year-to-date position at Month 8 was in line with the planned deficit of £9.8m.</li> <li>• The quality of information following migration to a new Continuing Healthcare clinical system in the CSU was improving however the CCG was still not assured about the completeness of expenditure at Month 8.</li> <li>• The GEH contract continued to show over performance predominantly on emergency and ambulatory care (£1.693m at Month 7). The Heart of England Foundation NHS Trust (HEFT) continued to show over performance in the majority of areas (forecast £0.7m cost pressure).</li> <li>• QIPP (Quality, Innovation, Productivity and Prevention) was forecast to under-perform against plan by £0.1m at year end. The QIPP forecast outturn position was split 79% recurrent and 21% non-recurrent. The lack of recurrent QIPP delivery would impact on the financial plan for 2017/18.</li> </ul> <p>The report was discussed in detail and the following points were raised during the discussion:</p> <ul style="list-style-type: none"> <li>• The final year-end financial settlement with GEH was still to be agreed.</li> <li>• Further work was being undertaken with Arden and Gem Commissioning Support Unit (CSU) around further assurance relating to CHC expenditure and the information being provided by their new clinical system. Ms Bartholomew reported to Members that these issues did not pose any clinical risk for patients.</li> <li>• Mr Lonsdale to carry out further work to more fully understand the ambulatory care over performance issues at GEH.</li> <li>• In response to a question from Dr Ullah, Ms Pook confirmed that a one month audit was being undertaken of costs relating to Urgent Care and A&amp;E at GEH. This was to check for any instances of double counting when patients were transferred from Urgent Care to A&amp;E.</li> </ul> <p>The Governing Body:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the overall balance position for Month 8, and the recognition of the ongoing risk associated with QIPP delivery and the implication on the financial position in 2016/17 and implications on the QIPP requirements for 2017/18.</li> <li>• <b>ACCEPTED</b> that actions being undertaken as outlined above and in the report, as scrutinised by the CF&amp;P Committee, were sufficient.</li> </ul>	

As recorded at Item 2 above, Dr Stevens and Dr Ullah had declared a potential conflict of interest in relation to the Procurement Update report, but as agreed did not leave the meeting.

9.2	<p><b>Procurement Update:</b></p> <p>Mr Lonsdale presented the procurement work programme and provided an indication of the procurement pipeline over the next 12 months. He advised that:</p> <ul style="list-style-type: none"> <li>• Four services were in the pre-procurement planning stage (dermatology; enteral feeds; prescription ordering service; and, internal audit and local counter fraud services).</li> <li>• One live procurement was in progress (Child and Adolescent Mental Health Services – CAMHS).</li> <li>• One contract was in the process of being awarded (Audiology).</li> <li>• One service mobilisation was taking place (Nursing and Care Homes).</li> <li>• The potential procurement pipeline, based on existing contracts and grants, indicated there were 38 contracts/grants due for review by 31 March 2017.</li> </ul> <p>The Governing Body <b>NOTED</b> the progress of current procurements and the identification of the potential procurement pipeline.</p>	
10. 10.1	<p><b>Assurance and Governance:</b></p> <p><b>Equality Duties Update:</b></p> <p>Ms Maltby reported that the CCG had recently undertaken work aimed at providing assurance on compliance with the Public Sector Equality Duty. This work involved:</p> <ul style="list-style-type: none"> <li>• Development of new (<i>high level</i>) Equality Objectives 2017 - 2020); and</li> <li>• Completion of the Equality Delivery System 2 (EDS2) Annual Reporting template covering CCG activity during 2016.</li> </ul> <p>Ms Maltby explained that the new Objectives and EDS2 were both required to be published on the CCG's website by 31 January 2017.</p> <p>Ms Maltby confirmed that the Objectives and EDS2 had both had been reviewed by the CQSG Committee on 22 December 2016 and both were recommended to the Governing Body for approval to adopt. Ms Maltby advised that going forward the equality objectives would be implemented through the development of an annual action plan which would be presented to CQSG Committee and then Governing Body. She also advised that EDS2 progress reports will be received on a regular basis by the CQSG Committee.</p> <p>Ms Green felt that, on reflection, the wording of two out of the five equality objectives could be simplified and improved, suggesting the following objective be amended to :</p> <ul style="list-style-type: none"> <li>• <b>Objective 2. To enhance our engagement work with seldom heard groups and those with protected characteristics.</b></li> <li>• <b>Objective 4. To promote parity of esteem for mental health services across the CCG area.</b></li> </ul> <p>Ms Green also requested that specific areas of evidence be added to the EDS2 document including dementia, transforming care, suicide training.</p> <p>Members supported Ms Green's suggested amendments to the objectives and additions to the EDS2 document.</p> <p>Ms Green also stressed the need to ensure that equality was built into the CCG's Operational Plan, and not seen as a separate issue.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the Equality Objectives for adoption and publication by 31 January 2017, subject to making the amendments to Objectives 2 and 4 as recorded above.</li> <li>• <b>APPROVED</b> the EDS2 national reporting template for publication by 31 January 2017 subject to additional evidence being included as outlined above.</li> </ul>	MAM
11. 11.1	<p><b>Policies for Approval to Adopt:</b></p> <p><b>Commissioning Policies:</b></p> <p>Ms Northcote presented eight revised Commissioning Policies. She explained that reviews</p>	

	<p>had been undertaken to ensure that CCG commissioning decisions continued to be based on best practice and the latest guidance.</p> <p>Ms Northcote confirmed that all the policies had been subject to review and consideration by the Arden Clinical Commissioning Policy Development Group and considered and approved by the CF&amp;P Committee on 22 December 2016 with a recommendation to the Governing Body for approval to adopt.</p> <p>Ms Batholomew welcomed the inclusion of both Equality Impact Assessments (EIA) and Quality Impact Assessments (QIA) for all policies. However, she noted that the policy template documents included a line with specific reference to the EIA, but not the QIA. She asked for the template to be updated to include reference to the QIA.</p> <p>The Governing Body <b>APPROVED</b> the adoption of the revised Commissioning policies, set out below, for publication on the CCG website as soon as possible.</p> <ul style="list-style-type: none"> <li>• Complementary and Alternative Therapies (<i>merger of the former Clinical Ecology and Environmental Policies</i>).</li> <li>• Drug Policy: Infliximab dose escalation in Crohn's disease.</li> <li>• Drug Policy: Ozurdex® in the Management of Uveitis.</li> <li>• Drug Policy: Rituximab in Rheumatoid Arthritis.</li> <li>• Drug Policy: Tocilizumab Subcutaneous Injection (monotherapy).</li> <li>• Hip Replacement Surgery.</li> <li>• Knee Replacement Surgery.</li> <li>• Wet Age-Related Macular Degeneration and Other Neovascularising Eye Conditions.</li> </ul>	JN
<p>12.</p> <p>12.1</p> <p>12.2</p> <p>12.3</p> <p>12.4</p>	<p><b>Reports from Committees:</b></p> <p><b>Report from the Clinical Quality, Safety and Governance Committee: 24<sup>th</sup> October 2016.</b></p> <p>The Governing Body <b>NOTED</b> the report.</p> <p><b>Reports from the Commissioning Finance and Performance Committee: 27<sup>th</sup> October 2016 and 24<sup>th</sup> November 2016.</b></p> <p>The Governing Body <b>NOTED</b> the reports.</p> <p><b>Reports from the Audit Committee 21<sup>st</sup> July 2016 and 15<sup>th</sup> September 2016.</b></p> <p>The Governing Body <b>NOTED</b> the reports.</p> <p><b>Progress Report from the Primary Care Joint Commissioning Committee (August 2016 to December 2016).</b></p> <p>The Governing Body <b>NOTED</b> the report.</p>	
<p>13.</p>	<p><b>Questions/Comments from Visitors:</b></p> <p>Mr K Kondakor (Councillor, Green Party, for Weddington on both Warwickshire County Council (WCC) and Nuneaton and Bedworth Borough Council) made the following points:</p> <ul style="list-style-type: none"> <li>• <b>Health Store, Nuneaton</b> - advised that the CCG writes to WCC about funding for the Health Store as soon as possible as the County sets budgets in early February.</li> <li>• <b>STP</b> - in view of the inaccurate messages in the public domain surrounding the STP, suggested that a 'Frequently Asked Questions' section on the CCG website would be useful to clarify the position.</li> <li>• <b>Transport</b> - there was a need to look at how bus services could be planned better to make GEH more accessible. Ms Green reported that transport concerns had also been the main focus of the Patient Group Forum meeting held at GEH in November 2016.</li> <li>• <b>Local Developments/Developer Funding</b> - The issue of securing developer funding towards health services was also discussed. Ms Northcote advised that a collaborative approach was being adopted where health professionals get together to examine</li> </ul>	

	planning proposals at consultation stage and respond formally to the planning authority. Ms Northcote advised that the CCG was currently engaged with developers of the Weddington site.	
14.	<b>Any Other Business:</b> There were no items of additional business.	
	<b>Date and Time of Next Meeting:</b> <b>Date:</b> Thursday 9 <sup>th</sup> March 2017. <b>Venue:</b> Heron House, Newgate Street, Nuneaton, CV11 4EL. <b>Time:</b> 10:30am to 12:30pm. <b>Dr Stevens closed the meeting at 12.10pm.</b>	

Signature:

(Chair)

Date:

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