

Paper 4.0

NHS Bedfordshire Clinical Commissioning Group

DRAFT MINUTES

Minutes of the meeting of the NHS Bedfordshire Clinical Commissioning Group Governing Body held in public on 24 November 2016, at Incuba, Brewers Hill, Dunstable, commencing at 14.00 and concluding at 17.15.

Members Present

Dr Alvin Low*	Clinical Chair	AL
Matthew Tait*	Accountable Officer	MT
Dr Chris Marshall*	Locality Chair – Leighton Buzzard	CM
Emma Barter*	Locality Chair – West Mid Beds	EB
Dr David Howard*	Locality Chair – Bedford Locality	DH
Dr Sanjay Sharma*	Locality Chair – Chiltern Vale	SS
Dr William Hollington*	Locality Chair - Ivel Valley	WH
Dr Ratan Das	Deputy Chair – Bedford Locality	RD
Alison Borrett*	Lay Member – Patient and Public Engagement	AB
Roland Ginn*	Lay Member – Finance and Performance	RG
Saqhib Ali*	Lay Member – Audit and Governance	SA
Heather Moulder*	Registered Nurse	HM
Ben Jay*	Chief Finance Officer	BJ
Ian Brown*	Assistant Director of Public Health	IB

*voting member

Others in attendance

Diana Blackmun	CEO Healthwatch, Central Bedfordshire	DB
Donna Derby	Director of Commissioning and Performance	DD
Clare Steward	Director of Strategy and Transformation (Interim)	CS
Jane Meggitt	Director of Communications and Corporate Affairs	JM
Anne Murray	Director of Nursing and Quality	AM
David Picking	Locality Project Manager – Bedford Locality	DC
Clive Goodson	Senior Locality Manager N. Beds East of England Ambulance Service NHS Trust (item 17)	CG
Paul Curry	Equality and Diversity Manager	PC
Jill Hall	Head of Corporate Governance (Interim)	JH

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| <p>1. Welcome and Introductions</p> <p>2. Apologies for absence / changes in membership
Apologies for absence were received from Muriel Scott, Director of Public Health who was replaced by Ian Brown, Assistant Director of Public Health for this meeting only, and Hein Scheffer, Director of Workforce.</p> | <p>096/17</p> <p>097/17</p> |
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3. Declarations of Interest	The following declarations of interest were declared:	098/17
	<ul style="list-style-type: none"> • Clare Steward, Director of Strategy and Transformation declared an interest against agenda item 14 as she is now contracted to Luton and Dunstable Hospital NHS Foundation Trust as Governance advisor to the STP with effect from 1 November 2016 • Alison Borrett, Lay Member, declared an interest against agenda item 12 as she works for a food retail organisation with whom the CCG has no financial transactions. • Dr Alvin Low declared an interest against agenda item 12 as he was the Clinical Lead for the VBEC and agenda item 13 as his practice applied for funding from the GP Resilience Fund • Dr David Howard, Dr Sanjay Sharma and Emma Barter declared interests against agenda item 13 as their practices had applied for funding from the GP Resilience Fund. 	
3a Conflicts of Interest Register	Alison Borrett, Lay Member - Son working for JDRCF charity Heather Moulder, Registered Nurse member - Consultancy for British Red Cross, Age UK and RVS September 2016- November 2016 and, Project Director support NELCSU from November 14th still current.	099/17
4. Minutes	of the meeting held on 22 September 2016 were approved as an accurate record of the meeting subject to the following amendment:	100/17
	<ul style="list-style-type: none"> • Page 2 ref GB079/16, second paragraph – amend sentence to readthat IVF is an expensive and <i>often</i> unsuccessful treatment.....’ 	
5. Action tracker	All actions were either complete or on the agenda except action ref GB069 Organisational Development Plan was deferred to January 2017 and action re GB091 Workforce Update would be responded to outside of the meeting.	101/17
6. Report of the Chairman	The Governing Body received the report of the Chairman which provided an update on the work of the Chair since the last meeting of the Governing Body.	102/17
7. Report of the Accountable Officer	The Governing Body received the report of the Accountable Officer which provided an update on key pieces of work and activities that the CCG’s executive team had been involved with since the last meeting of the Governing Body in September 2016. In particular the following was highlighted:	103/17
	<ul style="list-style-type: none"> • Horizon Health Choices Limited had ceased trading with effect from 25 November 2016. MT thanked all stakeholders for their support to ensure services were maintained for patients. • Following the recent major incident involving a gas outage in a number of villages thanks were given to all the major emergency services who worked to resolve the situation and to Anne Murray, Director of Nursing and Quality for her support and commended the work of all partners across the sector, noting that people had worked outside their normal hours and duties. AM to pass on thanks to the people who worked around her. • The Community Services Procurement has now been formally approved, and was launched on 24 November 2016. 	

RESOLVED

That the Governing Body received and NOTED the update report of the Accountable Officer.

8. Patient Story – Cauldwell Centre

104/17

The Governing Body welcomed David Picking, Bedford Locality Business Manager, to the meeting. DP described the processes and work that had been undertaken to ensure patient services had been maintained following the closure of a single handed GP practice. The GP had been semi-retired and owned the premises that were then not available to continue to use as a practice. The CCG had taken this as an opportunity to explore alternatives for a new practice and had worked with Bedford Hospital Trust (BHT) to find accommodation on the hospital site.

The Governing Body heard that NHS England (NHSE), BHT, BCCG and BEDOC had worked in partnership to ensure the project delivered on time. This had involved extensive engagement and consultation with patients and Bedford Borough Healthwatch. It was noted the new practice had opened on schedule on 24 October. A lot of feedback had been received from patients with comments including, it being a welcoming environment, patients able to book and see a GP on the same day, happy that the practice was on the same site as the hospital. The three members of staff who had moved across had also fed positive comments in regarding the working environment. The new practice took on the 3000 list and following the closure of Lansdowne Road had capacity to take on a further 1500 patients.

AL thanked DP for attending the meeting and sharing the story, and commented that he had visited the new practice and witnessed patients being able to book same day appointments.

Discussing the story HM asked how lessons learnt were being documented and shared and what could have been done better. In response DP reported that there had been good partnership working across the system, what could have been done better was having a better communications plan and writing to patients much earlier. In response to AB's comment on capturing feedback it was noted that the provider was carrying out a monthly survey of patients.

The Governing Body thanked DP.

9 Integrated Quality, Safety and Performance Report

105/17

The Governing Body received the report of the Director of Commissioning and Performance and the Director of Nursing and Quality that set out the performance of the organisation against the range of national and local indicators. In particular, the following were highlighted:

52 Week Breaches

It was noted that the number of 52 week breaches had increased. A review, carried out by East and North Herts CCG, as the main commissioner, into breaches at East and North Herts NHS Trust also identified that a number of breaches were patients from Bedfordshire. Further reports on the number of Bedfordshire patients affected and how these were being managed would be submitted to the Finance and Performance Committee

Action: update reports to Finance and Performance Committee

DD

Accident and Emergency Waiting Times

The Governing Body noted that the CCG had underperformed the target achieving 92.48% against the target of 95%. They were reminded that the CCG was measured on the performance of seven main acute providers none of which achieved the target in September. It was noted that the A&E Delivery Board were working with colleagues looking at discharge and improving performance.

IAPT

The Governing Body noted that this was a consistently underperforming target due to lack of capacity in the service and the ability to move people through the system. The CCG was working with East London Foundation Trust (ELFT) to improve performance. HM asked what contract levers were in place to improve IAPT performance, in response it was noted the remedial action plan addressed supply issues (right therapy) to ensure patients were referred into the right treatment.

The Chairman highlighted that IAPT was a self-referral process and requested clarification that enough was being done to ensure patients were aware of the process.

Maternity

The Governing Body noted that maternity services at BHT had improved. A lot of work had been undertaken to improve governance and changes in culture. No serious incidents had been reported in the last three months.

DH recognised the considerable improvement in maternity services at BHT, in response it was noted that a lot of work had been undertaken to improve the culture within the service and between the midwives and obstetricians which included an intensive training plan and, safety mechanisms being put in place.

RESOLVED

That the Governing Body NOTED and REVIEWED the report.

10 Governing Body Assurance Framework and Corporate Risk Register

106/17

The Governing Body received the report of the Director of Communications and Corporate Affairs which set out the key risks to the organisation and how these were being managed and mitigated. It was noted that the Board Assurance Framework and Corporate Risk Register had been reviewed in detail by the Executive Team meeting and at other meetings of the organisation. JM highlighted that both documents were still work in progress.

The Governing Body noted that the recent Internal Audit report on the BAF, which gave 'reasonable assurance', provided a level of assurance on the process as well as recognising the improvements made over the past year. A full response to the audit report would be submitted to the Audit and Governance Committee at its meeting in December.

RG welcomed the progress made and acknowledged that there was still work to do.

RESOLVED

That the Governing Body:

- a. NOTED the work undertaken to refresh the Board Assurance Framework following the Internal Audit;**

- b. CONSIDERED the refreshed framework and took assurance that the CCG's corporate objectives and risk to their achievement were accurately reflected and being effectively managed by the accountable Director Leads;**
c. AGREED that the Audit and Governance Committee review and take forward recommendations 3, 4 and 5 as set out in the report.

11 Bedford Borough Children, Young People and Their Families Plan 2016-2020 108/17

The Governing Body received the report which set out the refreshed plans on improving the health and wellbeing of children and young people in Bedford. It was noted that the plan was joint work between health, social care and education and summarised the goals the CCG and Council aspired to achieve.

IB highlighted that the plan brought together a range of strategies and set out specific and measurable targets that would be monitored by the Looked After Children Board. It was further noted that a similar approach was being undertaken in Central Beds.

The Governing Body welcomed the report noting it was a strategy to support families and maximise children's potential. It was agreed that a report highlighting progress would be brought back to the Governing Body in May 2017.

Action: Progress report to be submitted to the Governing Body at its meeting in May 2017 AM/IB

RESOLVED

That the Governing Body NOTED the content and COMMENDED the partnership approach that was taken in developing the plan, and ENDORSED the vision, the four golden threads, the three priorities and the six principles for service as set out in the plan.

12 Value Based Elective Commissioning and Recommendations 109/17

The Accountable Officer introduced the report and explained why the paper had been withdrawn from the Governing Body meeting in September due to the sensitivity of the of the decisions to be made and a request from the regulators for additional assurance. The delay also gave an opportunity to review new NICE Quality Standards for coeliac disease, published in November 2016, as part of the consultation. The report also set out the proposals, consultation process and feedback which had informed the recommendations.

The Director of Commissioning and Performance explained that in December 2015 a review of resources had been undertaken and a long list for possible areas for de-investment identified. Based on clinical grounds a proposal to look at three areas for policy change were identified:

1. Stop providing gluten-free foods unless there were specific circumstances whereby a dependent patient would be put at risk of dietary neglect;
2. To stop providing over the counter (OTC) medicines on prescription for conditions that can be managed through self-care;
3. To stop routinely commissioning any specific fertility services other than the two specified exceptions

Gluten Free Foods

The recommendation was to stop providing gluten free foods unless a patient was at dietary risk. A formal consultation was undertaken and more than half respondents

(53.9%) agreed with the proposal to stop funding gluten free foods on the NHS in Bedfordshire. It was further noted that this figure rose amongst responses from healthcare professionals and that there was a lot of public support to change the policy which affected 500 patients.

The Governing Body discussed at length, in particular, in response to a comment on dietary neglect and support for patients. It was noted that this had been raised during the consultation and NICE Guidance stated the need for good communication between the GP and dietician. Vulnerable children and adults would be assessed and supported accordingly. The chairman explained that as Clinical Lead, he had met with Coeliac UK had provided further supporting information. It was also noted that the CCG would ensure that coeliac patients were regularly reviewed and provided with dietary support.

Following discussion, the Governing Body agreed to support the recommendation to stop providing gluten free foods.

Over the counter medicines

The recommendation was to stop prescribing over the counter (OTC) medicines on for conditions that can be managed through self-care. The report highlighted that some routine medications, could be bought at chemists and supermarkets a lot cheaper than the cost of a prescription. The report set out a number of exceptions including prescribing paracetamol for back pain. 63% of patients who responded to the consultation supported the proposal, 22% disagreed. It was recognised that there would always be exceptions where GPs would need to prescribe. SA asked if there was a need to provide better education to patients on what could be bought over the counter, in response it was noted that nationally there was good coverage, however a self-care campaign across Bedfordshire had been raised in the consultation as well as sign-posting to 111 and Pharmacists. It was recognised that as Bedfordshire had a wide and diverse population any educational material needed to be easily accessible. RD reported that GPs encourage self-care and that most patients accepted advice. DB asked if GPs advised patients that certain medications could be bought cheaper from a pharmacy, in response it was noted that this did happen but there was a need to ensure a consistent approach.

Following discussion the Governing Body agreed to support the stop providing OTC medicines.

Commissioning of specialist fertility services

The recommendation was to continue to routinely commission specialist fertility services under the current policy. It was noted that the CCG had consulted on not funding the service, and the results had been less clear with 36% of respondents agreeing, 21 % not sure. It was noted that the CCG spent around £250k per year the service currently provided.

The Governing Body agreed to support the recommendation to continue to routinely fund specialist fertility services.

RESOLVED

That the Governing Body AGREED to:

- a. Stop providing gluten free foods unless there were specific circumstances whereby a dependent patient could be at risk of dietary neglect;**
- b. Stop providing Over the Counter (OTC) medicines on prescription for conditions that can be managed through self-care; and,**

c. Continue to routinely commission specialist fertility services according to Bedfordshire Clinical Commissioning Group current policy.

The chairman asked members for the public if they had any questions on the VBEC paper:

A representative from Fertility Network thanked the Governing Body for their decision to continue to commission specialist fertility services and highlighted a recent survey they carried out, which showed that of those surveyed, 90% who were going through IVF treatment had symptoms of depression and 42% of respondents had feelings of suicide. Fertility Network welcomed the decision.

Mr Clothier – thanked the governing body for the decision and asked that now the decision had been taken if it was possible that in the future it might come back again for review?

In response AL explained that there was a long list of services that the CCG would look at, however it was reasonable, unless there were material changes in circumstances or in guidance that it could come back in the future. He explained that there was not the funding available to do all the things the CCG wanted to and gave the example of the new treatments and drugs available for Stroke at a cost of £600k per year and that the CCG needed to consider how it could do things differently, for example, the current provision of gluten free foods was based on a 30 year old concept.

Question: If it did come up again will there be another public consultation?

Response: Yes there would be as this is 'our' NHS and the recent consultation proved it is the right thing to do.

Question: Are there any plans to look at how the consultation was publicised as we only found out about it by accident through someone telling us. There needs to be a way of reaching out to those affected? There was nothing in the IVF clinic.

Response: JM explained that this was an area to learn from and apologised if the CCG didn't get it right, in an otherwise best practice consultation. We constantly review our work and will look for areas for improvement in the future.

Question: What were the main influences in agreeing to retain treatment, it was a good report, what were the key compelling reasons? Putting back one embryo is it clinical reason or to save money? Or was it dealing with a new mental health wave when withdrawing, what is the compelling reason?

Response: A lot of thought and discussion had taken place, the consultation report told us what we were already thinking. The CCG took account of the consultation and recognised the mental health issues and the impact the decision could have. MT reported that the CCG had to make all sorts of decisions, part of it will be an economic debate. The consultation made a difference. The benefits of having a board made up of clinicians, lay members and those with a focus on the economics ensures all the issues are raised and ensures a diverse view.

Question: Are, or has there been, any communication with other CCGs, e.g. Croydon CCG who are running a consultation to remove treatment. This is a good report and identifies good reasons to retain treatment.

Response: MT advised that the Regulators had an overview and NHS England would discuss with other CCGs. Our STP is about working together and pooling knowledge.

Question: Will the VBEC decisions be implemented with effect from today?

Response: AL advised that now the decisions had been made they will start to be implemented. DD added that as the decision had been to retain fertility treatment this would continue. OTC medicines, as currently this was inconsistent GPs would be advised accordingly. Gluten free foods would take longer to implement as it included communicating with patients and ensuring professionals were informed how to proceed, therefore it was anticipated this would not happen until into the New Year.

Question: Will people who do not pay for prescriptions be given the same advice for OTC medicines.

Response: Yes they will.

The Chairman thanked everyone for their questions.

13 Primary Care Update

110/17

The Director of Strategy and Transformation introduced the assurance report which provided an update on progress to deliver the BCCG Primary Care Strategy and General Practice Sustainability Plan which the Governing Body has approved in May 2016. It also set out the plans to remain in Joint Co commissioning for the time being, a recommendation that was supported by all five Locality Boards.

The Governing Body noted that the main focus of work was on sustainability of primary care and supporting vulnerable practices. The five locality plans, drawn up in October, were now having implementation plans developed and over the coming months there would be further work on funding, clustering and ensuring primary care was attractive to the workforce.

It was noted that the CCG would not be expressing an interest to NHS England to apply for Delegated Commissioning. All five Locality Boards had been canvassed and unanimously agreed to postpone until the organisation had both the capacity and capability. The Governing Body were asked to support the recommendation not to express an interest and for the organisation to work towards a future date.

The Governing Body discussed the report, in particular:

- RG welcomed the report and felt fully assured with the work being done to support vulnerable practices. RG also reported that the Joint Co-Commissioning Committee supported the proposal not to apply for delegated commissioning and highlighted that 50% of CCGs had deferred. He also highlighted that in the STP footprint, two CCGs had decided to defer and one was going ahead of which learning outcomes would be evaluated.
- SA highlighted that further discussion was needed in terms of budgets and resources. DH asked if under delegated commissioning the full budget would come to the organisation. In response MT reported that there was a national push to increase primary care and the move to delegated commissioning would see an increase in funding.
- AL highlighted concerns raised by patients not being able to book an appointment to see a Doctor and asked how the plans would make a difference. In response CS reported that the primary purpose of the strategy and GP Five Year Forward Plan was to address the current sustainability challenges facing primary care. A lot was based on workforce, premises and infrastructure, Cauldwell Centre was highlighted as a good example of this and the importance of seeing patients in the right place at the right time. It was further noted that plans were locality owned and therefore ensured there was an understanding of the needs of patients. Practices were being encouraged to

work collaboratively to grow teams, improve the infrastructure and be attractive to the workforce.

RESOLVED

That the Governing Body NOTED the work taking place to support primary care development within Bedfordshire to ensure sustainability issues were being addressed and the progress on planning and expanding delivery of the BCCG Primary Care Strategy into 2017/18 and beyond, and, ENDORSED the Executive Management Teams recommendation to remain in Joint Co-Commissioning arrangements with NHS England at the current time, NOTING that this recommendation was supported by the five Locality Boards.

14 BLMK Joint Commissioning Executive

111/17

The Accountable Officer presented the report which set out the proposal and Terms of Reference for Bedfordshire, Luton and Milton Keynes (BLMK) CCGs to establish a Joint Commissioning Executive which would allow the CCGs to work collectively on the development of the STP and to explore how more formal decision making processes would work.

Discussing the proposal DB asked if the governance structure across the STP footprint could be shared, in response it was noted that this was being worked on and once complete would be circulated. RG asked how risk was being captured and managed as he felt this needed a formal process. In response MT stated that the identification of risk was the responsibility of individual organisations, he added that there was an emerging risk and reporting structure.

CM expressed concerns regarding the strong influence from secondary care and the possibility that the percentage of hospital work could increase. In response MT assured members that although it currently felt driven by the acute sector there was an understanding to move care out of acute in to community care but recognised the risk in implementation. MT added that the STP was a partnership body and did not make decisions. However, it was important that when it took on decision making that the CCGs were aligned in their thinking.

In response to a comment on the implementation of System 1, it was noted that the digital work stream aimed to maximise System 1 use as far as possible amongst STP partners.

Summing up MT explained that the first step was to establish the Joint Commissioning Executive. It was also noted that the Terms of Reference were being submitted to all three CCG Governing Bodies for Approval.

RESOLVED

That the Governing Body APPROVED the Terms of Reference of a Joint Commissioning Executive comprising of the three CCGs – Bedford, Milton Keynes and Luton.

15. Operational Planning 2017/19

112/17

The Governing Body received the report which set out the requirements of the CCG to develop a two year operational plan spanning 2017-19. It was noted that in order to conform with the submission timetable the Governing Body were asked to approve the delegation of responsibility for the sign off of three documents to the Executive Team, for onward submission to NHS England by the 23 December 2016 and brought back

to the Governing Body at its meeting in January 2017. It was noted that the draft had been submitted on 24 November and feedback from NHSE was expected within a week.

Discussing the report BJ explained that a report would be submitted to the Finance and Performance Committee in January detailing the financial implications around exceptionality, QIPP and the control total. In light of this and to support the 23 December submission an Extra-Ordinary meeting of the Finance and Performance Committee had been arranged for 15 December.

RESOLVED

That the Governing Body NOTED the activities underway in preparing the two year operational plan 2017-19 and APPROVED delegating responsibility for sign off of the following documents to be submitted to NHS England:

- **Draft Two Year Operational Plan 2017-19**
- **Final Two Year Operational Plan 2017-19**
- **GP Five Year Forward View Plan**

16 Communications and Engagement Strategy

113/17

The Governing Body received the report of the Director of Communications and Corporate Affairs which described the organisation's approach to communicating and engaging with stakeholders, the public and patients. It addressed the lessons learnt from the previous strategy, and engagement and consultation exercises carried out. The strategy also described how the CCG would comply with its statutory duties on engagement.

JM referred to the previous agenda item on VBEC, which showed how important engagement and consultation was when making decisions.

Discussing the strategy AL asked what improvements had been made since the last stakeholder engagement, in response it was noted that there was evidence of listening, the changes made to the Members Forum, transparency through the website, closer working with the local authority and better engagement with communities. HM added that consultation was about listening but sometimes decisions may be of a different view.

RESOLVED

That the Governing Body APPROVED the adoption of the Communications and Engagement Strategy.

17 East of England Ambulance Service Presentation

114/17

The Governing Body welcomed Clive Goodson, Senior Locality Manager North Beds, East of England Ambulance Service to the meeting. CG Outlined the service and performance against the national targets which was currently above the national average. It was noted that complaints had reduced and the trust had been working hard on new pathways and initiatives including Hear and Treat.

It was noted that the Trust had been awarded outstanding for caring in a recently published CQC report, however the overall rating was requires improvement. In response to a comment on Hear and Treat trajectory it was noted that staff were working on a number of pathways including more clinical staff in the control room.

The Governing Body queried the low number of complaints received and how the Trust received patient feedback. In response it was noted that information on how to make a complaint was available on the organisations website.

In response to a comment on improving Red 2 performance it was noted that resources had been moved around. During the summer the trust had invested and focussed on training to ensure there were more crews on the road and in the right areas. It was further noted that vacancy rates in Bedfordshire were low, however sickness levels had increased.

The Governing Body also discussed new pathways and initiatives noting that the fire service were working with community first responders, the 111 pilot scheme was ready to begin a trial and that the Halo service was commissioned until the end of March 2017.

The Chairman thanked CG on behalf of the Governing Body for the informative presentation and invited East of England Ambulance Trust to come back to a future meeting.

Action: Invite EoE Ambulance Service to a Future meeting

DD

18 **Financial Review and Finance Report Month 7**

115/17

The Chief Finance Officer presented the regular finance report which detailed performance in Month 7, in particular the year to date and forecast out-turn position and the increased level of risk in the forecast since Month 5 which would affect the overall surplus and non-achievement of the NHSE agreed control total surplus of £12m. Members were reminded that NHSE had been clear that their expectation was for the organisation to remain on plan, the report presented this as a clear risk. It was noted that the executive team were committed to delivering on plan and had discussed and worked through a number of mitigations which would still leave a £2.7m gap.

BJ explained that the report outlined the risk of going off plan and the mitigating actions, including a commitment to achieving £12m surplus, putting more into the QIPP schemes and recognising that QIPP was back end loaded. It was noted that work was ongoing with providers for budgets to be agreed before Christmas to ensure the focus for delivery was from month 1.

Discussing the report SA queried arrears and overdue invoices, particularly invoices overdue by 120 days and invoices paid via instalments, in response BJ reported that doubtful debt was managed, Optum and Circle were slower payers due to the level of scrutiny.

AM referred to page 6 of the report and assured members that safeguarding was not underspent and was fully compliant.

The Governing Body thanked the Chief Finance Officer and his team for all their work.

19 **Equality and Diversity Action Plan Update**

116/17

The Equality and Diversity Manager presented the report of the Director of Workforce which gave an update on progress with the equality action plan. It was noted that the plan was on target with the exception of HR, which was being addressed and would be back on track in January due to the work being undertaken with the HR Business Partner for the CCG.

In response to a question relating to information collection of data for contracts and assuring providers it was noted that there were two clauses set within contracts:

1. Meetings with Contract Managers to review contracts and identify gaps, and,
2. Working with contracts managers to delivered against the metrics

Following discussion it was agreed that the report be brought back to the Governing Body's meeting in January 2017

RESOLVED

That the Governing Body NOTED the progress made against the Equality Action Plan and AGREED that the action plan be submitted to the meeting of the Governing Body in January 2017.

20 **Reports of the Governing Body Sub-Committees** 117/17

Finance and Performance Sub-Committee

The Chairman of the committee had nothing further to add.

Audit and Governance Committee

The Chairman of the committee reported that the procurement of the new External Auditors had been completed.

Integrated Commissioning and Quality Sub-Committee

The chair of this committee reported on the work and interests the committee had been involved with which included:

- Maternity plan
- East of England contract and engagement, which provided assurance
- Discussion were also on safeguarding and infection control

Joint Co-Commissioning Committee

The Chairman of the committee had nothing further to add.

Case Review Panel

The Chair of the Panel thanked all the clinicians and member practices for their participation.

21 **Proposed Items for next Governing Body meeting – 26 January 2017** 118/17

It was noted the agenda would be agreed with the Chairman and the Chief Executive.

22 **Any other business** 119/17

There was none

22 **Questions from the public** 120/17

Question: Jenny Foley, Signposting, Bedfordshire Borough Council, thanked David Picking for the comments and assurance regarding Lansdowne Road and acknowledging that communications could have been better.

Jenny Foley also referred to agenda item 19 and thought that the appendix to the report complimented the equality and diversity guidelines and explained it well.

In response JM explained that E&D was at the centre of the CCG and what it does.

Question: Referring to item 11, a member of the public referred to young people and children living in an addiction family and how this group could be supported better.

In response IB advised that the plan did recognise there was an unmet need in some areas, however, he advised that there was a young people's drug and alcohol group which supported children affected by abuse as well as funding for community groups.

Question: Could MSK be added to the January 2017 agenda of the Governing Body.

In response the Chairman said that it would be added to a future meeting.

23 **Date of next meeting**
26 January 2017

CLOSED

121/17