

NHS ROTHERHAM

To be Approved by Chair/To be approved by next meeting

Minutes of the NHS Rotherham **Clinical Commissioning Group Governing Body**
held on
**Wednesday 2 December 2015 at 1.00 pm in the Elm Room (G.04) at Oak House,
Moorhead Way, Bramley, Rotherham S66 1YY**

- Present:**
- | | |
|---------------------|---------------|
| Mr C Edwards | Mrs K Firth |
| Dr L Jacob | Dr R Carlisle |
| Dr R Cullen (Chair) | Mr J Barber |
| Dr S MacKeown | Mr P Moss |
| Dr A Darby | Dr J Page |
| Mr I Atkinson | |
- Participating observers:** Ms T Roche, Director of Public Health, RMBC (Joined after the start)
Cllr D Roche, RMBC
- In Attendance:**
- Mrs L George (for Mrs S Whittle)
Mrs C Hall, (for Mrs S Cassin)
Mrs M Robinson, Secretariat, RCCG
Mr G Laidlaw, Communications Manager, RCCG
Mrs J Tuffnell
- Observers:** Mr N Annamalai, Rotherham Local Pharmacy Committee (LPC)
Mr T Gurney, Bayer Heather, Medical Supply Company
- 188/15** **Apologies for Absence**
Dr J Kitlowski
Mrs S Whittle, Assistant Chief Officer (Governing Body Secretary)
Mrs S Cassin
- 189/15** **Declarations of Pecuniary or Non-Pecuniary Interests**
It was acknowledged that Drs Cullen, MacKeown and Page had an (indirect) interest in most items
- 190/15** **Patient & Public Questions**
There were no Patient and Public questions received by the Governing Body
- 191/15** **Minutes of the Previous Meeting – For Approval**
The minutes from the previous meeting held on 4 November 2015 were approved by the Governing Body as a true reflection of the meeting.
- 192/15** **Chief Officers Report**
New Chair of RLSCB
Mr Edwards informed the meeting that Ms Christine Cassell has been appointed as the new Chair of the Rotherham Local Safeguarding Children Board (LSCB). Ms Cassell was the Independent Chair of Derby City and Derbyshire Safeguarding Children’s Boards before her appointment in Rotherham.
- CCG Assurance Framework 2015/16 Delegated Functioning – Self Certification**
Mr Edwards reported to the meeting that to support ongoing dialogue, CCGs

are asked to provide a self-assessment of their level of assurance for each Delegated Function. A copy of the CCG Assurance Framework 2015/16 Delegated Functioning – Self –Certification is attached.

Comprehensive Spending Review - Headlines

Mr Edwards informed the meeting that following the announcement by the Chancellor of the Exchequer the NHS Budget, currently £101bn is to rise to £120bn by 2020-21.

Mr Edwards reported to the meeting that the CCG will be notified by NHS England of the amount Rotherham will receive week commencing 14 December 2015. Governing Body members will be informed at the January meeting.

Mr Edwards informed the meeting that Mrs Firth will explain funding formats at the Development Session in February/March 2016.

Changing Face of GP Services

Mr Edwards reported to the meeting that the CCG hosted an event on the 19th November 2015 at the New York Stadium. This was well attended and Ian McMillan, The Bard of Barnsley and Tony Husband attended the event. A wealth of feedback was generated and will be used to inform both the CCG Annual Commission Plan and Primary Care Strategy. A report is currently being developed and will come to future Governing Body meetings.

HealthWatch Newsletter (October Updated)

Mr Edwards informed the meeting that the updated HealthWatch Newsletter had been included within the report for information.

Medicines Waste Newsletter

Mr Edwards reported to the meeting that the CCG's Medicines Waste Campaign has gone live and all GP Practices and Community Pharmacies will display a poster, leaflets and have a pad for reporting forms to support the campaign posters and leaflets are also available for any other community organisations or buildings.

Communications Update

Mr Edwards informed the meeting that a full page feature on self-care and winter health messages appeared in the Rotherham Advertiser to coincide with Self-Care Week (16 – 22 November). The main article described how self-care and social prescribing helps you to look after yourself.

Mr Edwards reported that positive coverage has been received on the medicines waste campaign. An interview with Dr Avanthi Gunesekera was aired on Rother FM and also featured in a news article in the Rotherham Advertiser. The campaign has been received well by patients and care homes, which have used the telephone line to report medicine waste problems.

Mr Edwards informed the meeting that a small booklet has been co-designed with local young people, including Looked After Children, to provide relevant health service information to help them get the right care, first time. The booklet will be distributed through youth groups, school nurses and GP practices.

Strategic Direction Issues

Specialised Commissioning Update

Mrs Tuffnell informed the meeting that Specialised Commissioning is currently the responsibility of NHS England. There is a strategic aim that more will be

undertaken in collaboration with CCGs in the future, in recognition of the need to join up pathways and ensure specialised services are responsive to local population needs. Rotherham CCG has engaged in the Working Together programme, which provides a sensible footprint upon which to plan specialist services.

Mrs Tuffnell reported to the meeting that the attached NHS England briefing paper covers three areas as follows:

1) Collaborative Commissioning:- CCGs are being invited to work more closely with their NHS England specialised commissioning hub to design and develop commissioning pathways ensuring they are grounded in meeting diverse local need. For this purpose Yorkshire and Humber Specialised Commissioning Oversight Group has been established, of which the CCG is an active member.

NHS England's approach to collaborate on all services, selecting those services where there is the biggest opportunity to improve quality through pathway development. Some services have been delisted as specialised and devolved fully to CCGs. This includes Neurology outpatients and specialised wheelchair services in 2015-16. The proposal is to de-list morbid obesity surgery also and devolve this to CCGs from April 2016.

2) Services Under Strategic Review
NHS England North Region is working with CCGs, patients and clinicians to develop specialised services strategy. An important first step is to establish the design principles for the future configuration of care and identify the bundles of interdependent services that should be delivered together for the best outcomes. During the rest of 2015/16 this work will be shaped through engagement and co-design process.

There are some services that have been prioritised for review in Yorkshire and Humber either because of the national service specification is not being met or because there are gaps in provision. Of particular pertinence to Rotherham are the reviews of Vascular Surgery, Communication Aids and Neuro-Rehabilitation. These are all in developmental stages and further information will be brought to the Governing Body as they progress.

3) Clinical Engagement
Specialist Services has a national clinical infrastructure which is made up of Clinical Reference Groups (CRG) and Programme of Care Boards (NPOC). These groups are now seeking CCG input and membership in order that the specifications developed by these groups are informed and shaped with strong CCG input.

At regional level there is an intention to establish a clinical advisory forum drawn from both CRG expert members and CCG input. The forum may be virtual and utilised in the specific reviews programme.

Mrs Tuffnell informed the meeting that to date the QIPP was on plan against £31.2M position but against the £38.6m non-recurrent funding for the North there is a £28.3m deficit issue for Yorkshire and Humber and this is likely to be passed to CCGs therefore reviewing services now to understand changes which can be implemented to support this deficit is key.

The members of the meeting discussed the significant impact the fundamental shifts in the commissioning landscape will have on the local communities and agreed the CCG will need to undertake some focused work to assess what these changes mean for Rotherham as and when the relevant information is available.

Mr Edwards gave a note of caution that it would be great to redesign pathways but there were no extra resources to carry this work out and therefore work would have to stop elsewhere.

The Governing Body agreed the recommendation and agreed that at this stage the CCG will continue to be an active member of the Yorkshire and Humber SCOG and the Governing Body will receive updates on a regular basis.

Dr Cullen thanked Mrs Tuffnell for attending the meeting.

Mrs Tuffnell left the meeting.

194/15

Performance Report

a) Finance & Contracting Performance Report (KF)

Mrs Firth informed the meeting that the 1% surplus the CCG must make is shown within the figures and assurance was given that the CCG will make this surplus.

Mrs Firth reported to the meeting that the coding issues at TRFT were marginally better, extra temporary staff have been employed to reduce the back log.

Mrs Firth informed the meeting that data is now available up to the end of September but not fully validated. TRFT levels of un-coded activity have remained static at 12% on average but with no elective activity improving further from 18% to 15% within that total.

The Month 6 Contract monitoring position with the Trust shows a £1.3m under-performance against the plan to date which is expected to reduce by the end of the year to around £0.5m

The members of the meeting discussed the amount of revenue lost through contractual penalties by TRFT due to the problems with coding.

Mrs Firth informed the meeting that the year-end forecast for Prescribing has been increased by a further £0.2m in the month to £1.1m reflecting persistent trends in price and volume data. Prescribing spend is an area which is quite turbulent and forecasts vary based on the information available and quarterly rather than monthly data can give a robust indication of actual trends.

Mrs Firth reported to the meeting that further analysis of the Quarter 2 data will be provided next month.

Mrs Firth informed the meeting that despite historic levels of growth being below that of England and Yorkshire and Humber average, in August 2015 the CCG's prescribing cost growth was 4.84% - the 4th highest in the Yorkshire and Humber region. Analysis shows that approximately 50% of this cost growth is not linked to either volume or the introduction of new drugs but as a consequence of price increases in the net ingredient costs of a range of generic drugs.

Mrs Firth informed the meeting Central Prescribing charges are now overspending due to the general price and volume trends.

Mrs Firth reported to the meeting that Prescribing Projects deliver net saving to the CCG, reducing GP prescribing spend by more than the cost of the projects.

Mrs Firth informed the meeting that NHS England continues to manage the

financial transactions of Delegated Primary Care services as the national systems have not been amended to facilitate CCGs to take over the processing of payments. The raw year to date position shows an underspend of £0.8m. Forecast outturn remains at breakeven and the CCG has requested further discussion with NHS England regarding the forecast outturn.

Mrs Firth reported to the meeting that Continuing Health Care, individual care packages are being reviewed more frequently by clinical teams to ensure that appropriate packages are in place. There are reductions in costs in some cases which allowed resources to be made available to address the increased demand from new patients. There is also likely to be a provision at the end of this year for new appeals to CHC decisions. This is currently being assessed and the potential financial risk will be provided in future reports, it is not included in any forecasts at this stage.

Mrs Firth informed the meeting of the data contained within the tables of her report.

Mrs Firth informed the meeting that the Planning Guidance and Allocations are expected to be received on 21 December 2015.

b) Delivery Dashboard (IA)

Mr Atkinson informed the meeting this is the second month that additional narrative and graphical representation has been included within the later section of the performance report

Mr Atkinson informed the meeting that to date the A&E November performance position has seen improvement compared to October however the delivery of the Q3 target continues to be very challenging and a risk. Given the current position regarding A&E performance, the CCG has taken the decision to review and update the risk register rating specific to A&E performance. Agreed improvement actions aimed at mitigating the risk are monitored through contractual mechanisms. The Systems Resilience Group (SRG) continues to engage in constructive discussions regarding the system wide response to supporting the delivery of A&E performance over the winter period.

Mr Atkinson reported to the meeting that the October YAS performance for Rotherham Category Red 1 patients was 74.6% this represents a significant improvement from the September position (61.2%). The wider YAS performance has seen an improvement in October of 73.7% (national target of 75%). Mr Atkinson commented that although this performance improvement was welcome, the key is sustainability.

Mr Atkinson informed the meeting that the national target for patients accessing 'Improving Access to Psychological Therapies' (IAPT) is 65% within 6 weeks waiting time. The October position for Rotherham CCG is 29%.

Mr Atkinson reported that from a CCG perspective this current position remains concerning and a key priority for improvement over the coming months. The CCG has worked closely with RDaSH to agree a challenging but realistic recovery plan, which aims to achieve compliance against the target by the end of February 2016. RDaSH have been given additional funding by NHS England to clear the backlog of patients. The CCG understands that additional capacity to address the long waiting times has now been secured by RDaSH. As part of the recovery trajectory it is expected that the 18 week target for IAPT will achieve 95% by the end of December.

Mr Atkinson informed the meeting that in September the following cancer

targets did not achieve the national standards:

- 62 day GP referral – Analysis showed that of the 44 patients waiting there were 8 breaches. Four were due to Inter Provider Transfers, two were inefficient pathway and two were due to medical reasons.
- 31 day referral to treatment – analysis showed of the 119 patients waiting there were 5 breaches, two were due to medical reasons and two were due to elective capacity being inadequate. One breach was due to patient choice.
- 31 day subsequent treatment for Surgery – analysis showed of the 15 patients waiting there was one breach. This breach was due to patient choice.

Mr Atkinson reported to the meeting that significant focus remains on all cancer indicators and the CCG continues to work across the South Yorkshire footprint to fully engage in pathway discussions. Over recent weeks the CCG has re-affirmed officer input into cancer commissioning to ensure the relevant priority is given to this area of provision. The CCG's cancer lead reviews all patient breaches to undertake root cause analysis.

Mr Atkinson informed the meeting that the CCG continues to see strong Referral To Treatment performances and Governing Body members should note that due to data collection changes nationally there are no longer data submitted against the RTT Admitted Adjusted Pathway. The latest data available is September 2015 and will no longer be reported. It was decided nationally that from October onwards that the Incomplete Pathway operational standard should become the sole measure for patients' constitutional right to start treatment within 18 weeks.

Mr Atkinson reported to the meeting that there had been no referral to treatment 52 week wait breaches reported for Rotherham patient in October and there remains to be zero mixed sex accommodation breaches in October.

Dr Darby informed the meeting that from the figures on page six of Mr Atkinson's report the number of emergency re-admissions was increasing and asked what work was being undertaken around this.

Mr Atkinson informed the meeting that this is being monitored by the System Resilience Group and also the TRFT contract.

The Governing Body members asked Mr Atkinson for further details regarding re-admission levels. Mr Atkinson to include the information in the future report.

Action: Mr Atkinson

c) 2015 -16 Commissioning Plan Performance Report

Mr Atkinson informed the meeting that this is the Quarter 2 report for the 2015/16 Commissioning Plan and the report outline the position as at October 2015.

Mr Atkinson reported to the meeting that senior management have flagged up four key areas. These areas are:

- 1) **Clinical Referrals** – Follow Ups within Affordable Levels. There are challenges regarding delivering follow ups and the position is being addressed through the Clinical Referrals Management Committee. Trust colleagues are now engaged with CRMC in addressing the issue.

- 2) **Mental Health** – IAPT waiting timescale failing and as a consequence we are now on the National High Risk Register. From a CCG perspective this current position is both concerning and not acceptable. The CCG is working closely with RDaSH to agree a recovery trajectory.
- 3) **Memory Clinic Waiting Times** – These are causing a concern. The target is 100% but in September, Rotherham CCG was reporting 54% of people treated within 12 weeks. This position is being addressed through the Contract Performance routes and through the Mental Health/Learning Disabilities QIPP Committee.
A report will come to Governing Body at a later date.
- 4) **End of life Care** – Implementation of an electronic register for better case management and communication. The indicator was first reported as having significant concerns in March 2015. Work is continuing in this area and the electronic template has been updated in line with national requirements.
There are no IT barriers to roll-out and some practices are interested in being pilots. The PLT event in January 2016 will provide a further opportunity to promote the template.

Mr Atkinson informed the meeting of the RAG rating changes to Outpatient Follow Up Reduction Programme changed from red to amber and All CHC assessments to decision making and procurement of care to be completed within 28 days changed from green to amber. This position is being addressed through AQUA whereby a detailed audit report will be discussed further at the November meeting.

Governing Body was asked to note the Commissioning Plan Performance Report and the RAG rating changes.

195/15

Quality & Patient Engagement

a) Patient Safety and Quality Assurance Report

Mrs Hall informed the meeting that some of the data may be slightly different from Mr Atkinson's report as the data is from a different reporting mechanism.

Mrs Hall reported to the meeting that 'Stop the Clock' (e.g Investigations suspended awaiting police investigation) had been added to the Serious Incidents (SI) and Never Events (NE)

Mrs Hall informed the meeting that with regard to Children's Safeguarding the Goddard report has been published and reviews into CSE.

Mrs Hall reported to the meeting that an evaluations report regarding MASH (Rotherham Multi Agency Safeguarding Hub) had been presented to the Operational Executive meeting on 19 October and the financial agreement was considered. Secondees from the CCG have had their posts within MASH extended until 01.04.16.

Mrs Hall informed the meeting that a Task and Finish Group has been set up locally to look at preparedness as part of the Joint Area Inspections. The CCG are part of the group.

Mrs Hall reported to the meeting that the PREVENT planned mop up training sessions have been completed and any CCG staff who were unable to attend will be provided dates to attend a session at TRFT.

Mrs Hall informed the meeting that the report included the Deprivation of Liberty Safeguards (DOLS) applications and ongoing deprivations of liberty application.

Mrs Hall reported to the meeting that staff within the Adults Continuing Care service transferred to the CCG on the 1st December.

Mrs Hall informed the meeting that within Stroke there continues to be improvement in performance across all stroke indicators month on month with only two out of ten now not achieved as at the end of September, most of these have improved against previous months.

Mrs Hall reported to the meeting that Treeton Medical Centre and York Road Surgery have had CQC inspections and the findings were published on 15 October 2015. The CQC inspection covers five main areas of: - Safe Effective, Caring Responsive and Well-led. The overall outcome for the service was Good for both practices.

b) Patient Engagement & Experience Report

Mr Moss informed the meeting that the report provides information about the feedback received from the CCG working with the Rotherham Older People's Forum who have acted as community researcher and asked older people about their experiences of emergency care and specifically what would help people to avoid crisis and the need to seek emergency care. The full report will be presented at the January Governing Body meeting.

Mr Moss informed the meeting about a leaflet called Lower the Number of Older People Admitted at A&E.

Mr Edwards informed the meeting he will circulate the document to Governing Body Members.

Action: Mr Edwards

The meeting discussed the using Patient's Experiences as part of the Commissioning plan 2015/16.

c) Safeguarding Annual Report (CHa)

Mrs Hall informed the meeting that the CCG undertake and report annually on their commissioning role with regard to the safeguarding of vulnerable clients in Rotherham. The report takes account of future national change drivers and the need locally to continually improve health services commissioned by the CCG.

Mrs Hall reported that the report included the Annual Safeguarding Children and Adults Reports from the two major commissioned health providers in Rotherham, TRFT and RDaSH. In addition the expectations of Rotherham Local Safeguarding Children Board and Rotherham Safeguarding Adults Board are incorporated into the NHS reporting and planning process.

Mrs Hall informed the meeting that the report provides both assurances to things working well and highlights gaps within the service. The CCG works closely with RMBC and the police. The CCG has a range of measures in place for monitoring the services that they commission.

Mrs Hall reported to the meeting that the report looks at Safeguarding Adults, Children and Looked After Children. The CCG continues to remain responsible for LAC children who move out of the Rotherham area.

Mrs Hall informed the meeting that Health Education England is committed to training frontline healthcare professionals to recognise and support women and

girls who may have undergone Female Genital mutilation (FGM).

Mrs Hall informed the meeting of the table on page 35 of the report and the importance of these areas and the huge challenges required to work together with all areas.

Mr Moss informed the meeting that following feedback at the recent PPG event held at Carlton Park Hotel there is a need for the CCG and RMBC to assure the people of Rotherham we are taking CSE seriously and there is a need to share information in a user friendly format.

Ms Roche informed the meeting that RMBC and the CCG are working on informing people of the work been undertaken around CSE and survivors groups have informed that they can see changes and support.

Mr Moss asked the meeting if it would be possible to produce the key messages and mechanisms from the CCG on a page. Mr Edwards, Mrs Hall and Mr Laidlaw produce the key actions the CCG has taken regarding Safeguarding and Victim Support

Action: Mr Edwards

Ms Roche informed the meeting that the RMBC will send links to the relevant Local Authority communications.

Action: Ms Roche

Cllr Roche informed the meeting that Commissioner Newsome has reported to the Secretary of State informing of the improvements been made in Rotherham following CSE.

196/15

Audit & Quality Assurance Review Recommendations (JB)

Mr Barber informed the meeting that '360 Assurance' were requested by the Chair of AQUA to facilitate a workshop to enable members and attendees to review the effectiveness of the committee and assess benchmarking information available from other CCGs with regards to assurance and risk management and especially the accountability for quality in the governance structure.

Mr Barber reported to the meeting that all the recommendations from the report had been taken into consideration and that the subsequent priorities are structured under the following 4 headings: Improving the focus on quality, Relationship with Governing Body, Improve Effectiveness and Management of AQUA Agenda and Clarify the Financial role of AQUA.

Mr Barber informed the meeting that on the 13th October The Chair of AQUA met with Chief of Finance, Keely Firth, Chief Nurse, Sue Cassin and Assistant Chief Officer, Sarah Whittle.

The following was agreed:

1. The AQUA meeting would stay the same i.e. covering all 3 elements (Finance, Quality and Governance).
2. The meeting would commence earlier at 9.00am and have 10 minute breaks between each element of the meeting.
3. The agenda will cover Finance first so that attendees have the choice to leave the meeting once their area has been discussed. The next element will be Quality followed by Corporate Governance.
4. Each of the leads will meet together, two weeks prior to the meeting to set the agenda and ensure each element is given the appropriate time.
5. The terms of reference will be updated to reflect each of the headings

above and shared with both AQuA and Governing Body. This will strengthen the focus on the Quality element and also refocus on contract quality performance.

6. Draft minutes of AQuA will be sent to the next confidential part of the Governing Body meeting. This will improve on the relationship and dialogue between GB and AQuA
7. Discontinue the Operational Risk, Governance & Quality Group (Sub-AQuA) and review the quality groups that sit below e.g. SI committee etc.
8. Review the Governance structure and terms of reference of all sub-committees
9. Members of AQuA to visit other sub-committees to ensure links between decision making meetings.
10. Request that other sub-committees carry out self-assessments
11. Ensure Cover sheets accompany any report being presented.
12. Ensure the right people are in attendance at the meeting to answer questions.

Mr Barber informed the meeting that appendix 2 gives the details of the AQuA terms of reference. The terms of reference have previously been approved by the Governing Body. There have been changes made under responsibilities and under quality.

Mr Barber reported to the meeting that a nominated member from the GP Members Committee attends AQuA instead of the Chair.

Governing Body agreed to the changes to the terms of reference.

Mr Barber informed the meeting that the recommendations for AQuA will be discussed at the Primary Care sub-Committee next week.

Mr Barber reported to the meeting that the Sub AQuA meeting will be paused until the CCG are confident of AQuA's governance. The Operational Executive will be discussing the effect of pausing the Sub AQuA meetings and how things will be monitored.

Action Mrs Cassin

198/15

Conflicts of Interest, Gifts and Hospitality

Mrs George informed the meeting that the paper had come to the meeting previously and the attached information had been included following requests from the Governing Body members.

Mrs George reported to the meeting that training has been provided around this area to CCG staff by Mrs Whittle.

199/15

Budget Management Policy

Mrs Firth informed the meeting that the budget management policy has been reviewed and a number of revisions made to the wording. This paper sets out the revisions for the Governing Body to review.

Mrs Firth informed the meeting that from February 2016 this service will become an in house service.

The Governing Body Members are asked to note the revisions and approve the policy.

The policy was approved by the Governing Body.

200/15 Healthy Workplace Policies (LG)

Mrs George informed the meeting that following a self-assessment of the Workplace Wellbeing Charter the CCG needed the four policies: Alcohol & Drugs, Healthy Eating, Smoking and Physical Activity.

The policies have been brought to the meeting for approval to support Rotherham CCG, to gain the Healthy Workplace Wellbeing Charter.

Mrs George informed the meeting that a special staff meeting will be looking at the Work Place and the Healthy Workplace Wellbeing Charter.

The policies were approved by the Governing Body.

201/15 Governing Body Actions Log

The Governing Body discussed the actions log and the actions were RAG rated accordingly.

202/15 Minutes of the Audit & Quality Assurance Committee

Mr Barber informed the meeting that these are the minutes of the meeting held on 18 September 2015 and YAS has been discussed at Governing Body since this meeting. There are no further items for escalation to Governing Body.

203/15 Minutes of the GP Members Committee (Draft)

Dr Jacob informed the meeting that the main points that had been discussed at the GP Members Committee on 28 October included District Nursing, Gastroenterology, Mental Health including IAPT and Dementia.

Dr Jacob reported to the meeting that the combined meeting held on the 12 November with members from the LMC, SCE, GPMC and GPs from local practices had discussed and agreed the confirmed direction of travel is that work should continue to be moved from secondary to primary care. It was agreed by the Strategic Clinical Executive, the GP Members Committee (GPMC), and Local Medical Committee that the transfer should continue to happen so long as it was adequately resourced.

Dr Jacob informed the meeting that the GPMC thought the PMS reinvestment monies should be used to fund existing services and not new ones and that the disinvestment of monies into some services in secondary care should be explored.

Dr Jacob reported that the meeting had discussed that the early involvement in the design of Local Enhanced Services was essential both for logistical and clinical input. The enhanced services should not include how to deliver these services and that if there is a problem with the capacity this will be managed by the practice delivering it either by skill mix or recruitment.

Dr Jacob informed that the meeting has agreed that the LMC should continue to represent GPs in negotiations. It gives guidance about whether a practice should take on or not, the LESs and gives its recommendation. The meeting had agreed that it is up to the individual practices if they wish to proceed with the LES or not.

204/15 Minutes of the Systems Resilience Group

The Governing Body noted the minutes of the Systems Resilience Group meeting held on 14 October 2015.

205/15 Minutes of the Health & Wellbeing Board

Minutes of the meeting held on 30 September

Cllr Roche informed the meeting that Dame Carol Black had visited Rotherham on 24 September and had been very impressed with services such as the Rotherham Institute of Obesity.

Cllr Roche reported to the meeting that the Sports and Health Conference has been arranged to take place on 13 April 2016, New York Stadium. The aim of the conference is to look at how we use sport to improve health.

Cllr Roche informed the meeting that more discussion was due to take place regarding Safeguarding Children mental health.

Cllr Roche reported to the meeting that there was to be a review around Adult Social Care. The review will look at the transformation of changes of day care and residential care.

Dr Carlisle asked Cllr Roche what will be the formal way of consulting with the CCG regarding the transformation review of day and residential care. Cllr Roche informed the meeting he will be arranging a meeting with Mr Edwards, Dr Kitlowski and himself.

Action: Cllr Roche

Cllr Roche asked the meeting if Mr Graham Betts would be able to attend a future Governing Body meeting to inform them of the transformation review details. The Chair agreed.

Cllr Roche also informed the meeting that there will also be consultations with carer and user groups.

Ms Roche informed the meeting that the 'Engine Room' is looking for a board sponsor, reasonably a representative from outside of RMBC. The 'Engine Room' will be a small working.

206/15 Future Agenda Items

No items discussed

207/15 Urgent Other Business

No items discussed

208/15 Issues For Escalation

No Items discussed

209/15 Exclusion of the Public

In line with Standing Orders, the Governing Body approved the following resolution:

“That representatives of the press and other members of the public be excluded from the meeting, having regard to the confidential nature of the business to be transacted - publicity on which would be prejudicial to the public interest.”

[Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers].

210/15 Date, Time and Venue of Next Meeting

The next Rotherham Clinical Commissioning Group's Governing Body to be held in public is scheduled to commence at 1:00 on **Wednesday 6 January 2016** at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.