

DRAFT

Bristol, North Somerset, South Gloucestershire CCG Governing Body meeting

Minutes of the meeting held on Tuesday 5th November 2019 at 1.30pm at the Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Minutes

Present		
Jon Hayes	Clinical Chair	JH
Kirsty Alexander	GP Locality Representative Bristol North and West	KA
Colin Bradbury	Area Director, North Somerset	CB
Peter Brindle	Medical Director Clinical Effectiveness	PB
John Cappock	Lay Member Finance	JC
Deborah El-Sayed	Director of Transformation	DES
Jon Evans	GP Locality Representative South Gloucestershire	JE
Felicity Fay	GP Locality Representative South Gloucestershire	FF
Christina Gray	Director of Public Health	CG
Kevin Haggerty	GP Representative North Somerset Weston and Worle	KH
Brian Hanratty	GP Locality Representative Bristol South	BH
David Jarrett	Area Director South Gloucestershire	DJ
Martin Jones	Medical Director Commissioning and Primary Care	MJ
Nick Kennedy	Independent Clinical Member Secondary Care Doctor	NK
Rachael Kenyon	GP Representative North Somerset Woodspring	RK
Matthew Lenny	Director of Public Health	ML
Lisa Manson	Director of Commissioning	LM
Alison Moon	Independent Clinical Member Registered Nurse	AM
Justine Rawlings	Area Director Bristol	JRa
John Rushforth	Deputy Chair, Lay Member Audit and Governance	JRu
Julia Ross	Chief Executive	JR
David Soodeen	GP Locality Representative Bristol Inner City and East	DS
Sarah Talbot-Williams	Lay Member Patient and Public Involvement	STW
Julie Thallon	Interim Director of Quality	JT
Sarah Truelove	Chief Financial Officer	ST
Apologies		
In attendance		
Sarah Carr	Corporate Secretary	SC

Stephen Collings	Contract Business Manager, Bristol Dementia Wellbeing Service, Devon Partnerships NHS Trust (For item 6.4)	SCo
Iheoma Green	Trainee LGBTQ+ Children and Young People's Wellbeing Practitioner (For item 6.4)	IG
Cheryl Morgan	Consultant from Diversity Trust and Lead Writer for Toolkit (For item 6.4)	CM
Paulette Nuttall	Head of Adult safeguarding (For items 7.2, 7.3 and 9.2)	PN
Henry Poultney	Team Manager - LGBTQ+ Youth Work and Development / Off the Record (Bristol) and supporting writer for the Toolkit (For item 6.4)	HP
Lucy Powell	Corporate Support Officer	LP
Alex Raikes	Strategic Director, SARI (For item 6.4)	AR
Alex Ward-Booth	Head of Insights and Engagement (For item 9.1)	AWB

	Item	Action
1	Apologies There were no apologies.	
2	Declarations of interest There were no new declarations of interest or declarations of interest relevant to the agenda.	
3.1	Minutes of the previous meeting of the 1st October 2019 The minutes were agreed as a correct record.	
4	Actions arising from previous meetings The Governing Body reviewed the action log: 04.06.19 4.0 – The Integrated Care Bureau paper would be presented in December to the Governing Body. 06.08.19 7.1 – The dashboard would be developed and presented at the November Quality Sub Committee. 01.10.19 6.2 – Lisa Manson (LM) confirmed around 200 patients had been transferred from the previous IAPT providers to Vita Health. This action was closed. 01.10.19 6.3 – Julia Ross (JR) would provide an update on the adult community contract mobilisation as part of their verbal report. This action was closed. 01.10.19 7.2 – Harm reviews have been undertaken and no harm has been reported. This action was closed. 01.10.19 8.2 – Sarah Truelove (ST) reported that a deep dive into Continuing Healthcare spend had been reviewed by the Strategic Finance Committee. External support has been commissioned to undertake a review on Continuing Healthcare spend. This action was closed.	
5	Chief Executives Report	



	Item	Action
	<p>JR welcomed Julie Thallon, Interim Director of Quality, to the Governing Body. The Director of Nursing and Quality role was reported as out for recruitment.</p> <p>The draft version of the Healthier Together Long Term Plan has been submitted to NHS England/Improvement. Healthier Together arranged an excellent public event which around 200 people attended and provided feedback on the plan. JR noted that following the announcement of the general election, the pre-election period standstill on decisions would result in a delay in publishing the final plan.</p> <p>JR reminded the Governing Body that last month they had approved the clinical model for Weston Hospital, subject to final approval from the North Somerset Health Overview and Scrutiny Panel (HOSP). JR reported that the additional information requested by the HOSP was provided and the HOSP voted to approve the outcome of the Governing Body. The HOSP have requested a full review of the new clinical model a year after implementation to consider:</p> <ul style="list-style-type: none"> • Staffing in A&E and the potential for a 24 hour rota • Progress recruiting GPs for the front door • Evaluation of the impact of the mental health crisis centre and recovery centre • The numbers of patients transferring elsewhere and their health outcomes and experience. <p>The CCG would begin working with the HOSP and Local Authority to arrange the evaluation and assess the benefits of the new clinical model.</p> <p>JR reported that the adult community contract mobilisation was continuing. Sirona care and health and the CCG were meeting weekly to discuss the ongoing mobilisation. Quality Impact Assessment and Equality Impact Assessment reporting for services has been agreed and timelines for these were reported as in place. Sirona care and health have completed recruitment of their mobilisation team, the members of which have been recruited from across BNSSG. A Partnership Group has been set up with representatives from across BNSSG including voluntary sector organisations and patients.</p>	

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	<p>Fortnightly meetings have been arranged with the incumbent service providers to discuss service transfers, which were overseen by the Service Transfer Group. This included discussions around the transfer of some children's services North Somerset Community Partnership were providing.</p> <p>JR informed the Governing Body of an NHS England/Improvement roundtable discussion regarding integrated care systems. Clarity had been requested from NHS England/Improvement on what the systems would look like and how these would work for the CCG. An operating framework would be published before the end of 2019.</p> <p>JR reported on a visit from 12 Non-Executive Directors from across NHS Digital and NHS England/Improvement and the Chair of Health Education England who came to view the digital work across the system, this included work the CCG was undertaking with the Local Authorities and Off the Record. The visit also included the work in Weston with AskMyGP. The visitors provided positive feedback on the way the local system was utilising technology.</p> <p>JR attended the Bristol City Council Race Equality Conference which had been a great event which would bring about some changes to how race equality would be thought about locally.</p> <p>Healthier Together launched the pelaton programme this month, which was an organisational development programme for system partners across BNSSG set up in order to determine how to operate the whole system to get the best performance.</p>	
6.1	<p>Mental Health Strategy</p> <p>Deborah El-Sayed (DES) presented the Mental Health Strategy to the Governing Body noting that the document was still draft. DES gave the background to the strategy explaining that this was a single strategy for the whole population that had been co-produced by several organisations across BNSSG. The strategy also considered access to services and what this means to people, the promotion of good mental wellbeing and the use of language used, for example reflecting on the experiences of people by asking 'what has happened to you?' rather than 'what is wrong with you?'. The strategy included consideration of mental health across the whole healthcare system and how this</p>	



	Item	Action
	<p>related to physical health. DES noted that there was a current disconnect of the 'voice' of the document due to the multiple authors, and there were additional sections to be added to include financial considerations and alignment with the Long Term Plan.</p> <p>Felicity Fay (FF) suggested the strategy needed greater detail on student mental health. Christina Gray (CG) highlighted that promoting good mental health was a top priority for Bristol Public Health who were currently reviewing the document and would provide the CCG with comments. DES noted the CCG was currently reviewing governance considerations for each partner organisation and noted that the detail from the Long Term Plan would be included within the strategy which would link the ambition and the more detailed work ongoing such as that related to student mental health.</p> <p>David Soodeen (DS) explained the gap between primary care and secondary care mental health services and noted that developing Primary Care Networks could bridge the potential service gap through development of primary care mental health services. Justine Rawlings (JRa) confirmed the localities teams were working with the mental health teams and joint visits to existing services were planned.</p> <p>Alison Moon (AM) noted the length of the document and suggested that the ambitions were made clearer within the strategy and also that the narrative needed to include further detail on what the CCG planned to do to address the ambitions including what the CCG planned to do with the feedback received from the engagement exercise. DES explained that this has been considered and the team had suggested using an interactive PDF format to keep the connections throughout the document.</p> <p>Jonathan Evans (JE) suggested that more be included in the strategy regarding homeless people. DES noted the strategy didn't contain specific strategies for any cohorts of patients but would overlap with other plans and workstreams throughout the system.</p> <p>John Rushforth (JRu) commented on the length and complexity of the strategy and suggested that the strategy add more on the</p>	



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	<p>work the CCG has undertaken in terms of mental health services. It was asked how the ambition to change the culture outlined in the strategy could be measured to ensure it was embedded within the system. JRu also suggested that the public response to mental health spending be added to the strategy.</p> <p>Rachael Kenyon (RK) suggested that the link between learning disabilities and mental health could be strengthened within the strategy and similarly the provision of services for children. RK noted that the population numbers for cohorts of patients needed to be included in the document to provide background. It was also noted that there was no mention of self-harm or SEND within the strategy. DES confirmed that there was more to include including children's services as well as the transition from child to adult services and the problems this can cause.</p> <p>Kevin Haggerty (KH) outlined the link between deprivation and mental health due to the reduced ability to self-care and suggested this needed to be addressed within the strategy. DES noted that this would be linked to the locality sections within the document.</p> <p>ST commented on the culture change the strategy would produce when put in place and noted whether the relevant organisations were aware of the deliverables they would be expected to deliver as part of the strategy. Sarah Talbot-Williams (STW) asked how the co-production of the strategy linked with the Patient and Public Involvement strategy? It was confirmed that these two documents would be aligned. RK asked about alignment with Primary Care Networks and education. DES confirmed that both had been included in the strategy and involved with the development.</p> <p>JR thanked the teams involved for the huge amount of high quality work involved in the development of the strategy. JR noted the importance that the link between mental health and physical health was embedded throughout the document and the importance for the localities teams to link into the strategy in terms of health inequalities. It was confirmed that the draft strategy would be presented to the locality forums next week.</p>	



	Item	Action
	<p>The Governing Body noted the recommendations set out in the strategy document and approved the approval pathway being through the Healthier Together Partnership Forum.</p>	
6.2	<p>Mental Health Review</p> <p>LM provided the background to the review noting that the legacy CCGs had taken different approaches to commissioning mental health services and noted that following the merger to BNSSG CCG these services were no longer optimal for the whole BNSSG population.</p> <p>LM reported that the CCG was working through a review of the services and all providers had been informed of the process. The CCG has engaged with patients, the public and voluntary sector organisations in order to receive as much feedback as possible as part of the review.</p> <p>CG asked whether mental health performance data was published and LM confirmed that the data was part of the monthly performance report presented to the Governing Body. LM suggested that a deep dive into the current indicators could be presented to the Governing Body as part of the report if required. The Governing Body discussed the challenge of aligning mental health services with those provided by the Local Authorities acknowledging that current mental health services were not optimal. It was agreed an update on the review would be provided in January 2020.</p> <p>The Governing Body noted the CCG was undertaking a review of all adult mental health contracts, with the exclusion of those that have been procured during 2019.</p>	LM
6.3	<p>Integrated Community Equipment Service Procurement Plan</p> <p>LM provided the background to the paper noting that over the last 6 months the CCG has been developing a contract specification for a single integrated equipment service. LM explained that the majority of the contract related to adult's equipment although there was a small children's equipment element. LM reported that as part of the single contract Bristol City Council would hold the contract and manage the relationship with the provider on behalf of the associates to the contract. LM informed the Governing Body that there was a risk associated with North Somerset Council having not yet agreed to be an associate to the</p>	

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	<p>contract. The CCG were in discussions with North Somerset Council regarding joining the contract.</p> <p>LM noted a system wide Programme Board would be set up throughout the procurement and the procurement bids would be scored on a 60% quality evaluation and 40% financial evaluation.</p> <p>LM noted that part of the specification was the requirement for fit for purpose recyclable equipment, and the standardisation of equipment across BNSSG.</p> <p>LM noted that as North Somerset Local Authority had not yet agreed to be associates to the contract the Governing Body was asked to approve the approach subject to North Somerset Local Authority agreement. JRu commented that it was important the CCG had reviewed the impact of North Somerset Council not agreeing to be associates to the contract across the whole of the BNSSG area. JR agreed and stressed the importance of North Somerset Council agreeing to be associates to the contract. The Governing Body agreed to delegate authority of the approval of the procurement plan to the Strategic Finance Committee following the conclusion of discussions with North Somerset Council. Nick Kennedy (NK) asked why North Somerset Council had not agreed to be associates to the contract. LM confirmed this was an operational issue rather than a financial one.</p> <p>The Governing Body agreed to delegate authority of decision making to the Strategic Finance Committee following the conclusion of discussions with North Somerset Council.</p>	
6.4	<p>Supporting Trans People – Guidance</p> <p>DES introduced the item noting that the toolkit was the culmination of two years’ worth of work collating the lived experiences of people using healthcare services to bring together best practice guidance which the CCG would develop into measurable actions.</p> <p>The writers of the toolkit introduced themselves to the Governing Body and outlined their specific roles in developing the toolkit.</p> <p>Alex Raikes (AR) highlighted that the experiences of healthcare services related by transgender people had made it apparent there was a need for accessible guidance to be produced to aid</p>	



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	<p>organisations in providing the right service for transgender people. The toolkit presented had been developed following consultation with transgender people who have run or used NHS services. Voluntary sector feedback was also included as part of the toolkit. There were particular requests such as policies regarding same sex wards and standardised practices across healthcare services. AR reported that following the consultation it became apparent that there were difficulties for transgender people when receiving health care and there was a need for training in order to improve this situation. Steven Collings (SCo) explained that by simply providing guidance for NHS staff this was supplying people with the resources needed to undertake their roles more effectively.</p> <p>It was noted that North Bristol Trust, University Hospitals Bristol and Avon and Wiltshire Mental Health Partnership had reviewed and approved the toolkit.</p> <p>Felicity Fay (FF) praised the accessibility of the document and thanked the group for pulling together the information. FF highlighted the importance of GP training. AR noted that there were groups who were willing to support practices and were developing specific guidance for GPs. David Soodeen (DS) noted that there was an expectation for providers to undertake equality work to monitor how basic services such as toilets and wards were considering transgender people's needs. The Governing Body discussed the specific healthcare requirements of transgender people and how the associated pathways needed to be consistently supported alongside mental health and wellbeing support.</p> <p>JRu noted that alongside dissemination to GPs there were other relevant practitioners to consider as well as non-clinical members of the NHS. Kirsty Alexander (KA) agreed and noted that the training needed to be inclusive of all health and wellbeing needs not just the physical aspects. It was highlighted that this was an area where lots of work was taking place including national and local initiatives.</p> <p>JR asked how many transgender people were registered across BNSSG. It was reported that there were approximately 200 people registered through specific wards but there were other</p>	



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	<p>clinics across the area and it was noted that it was difficult to ascertain the correct number for a number of reasons. JR thanked the group for outlining the challenges faced by this cohort of patients and noted that as commissioners the CCG needed to consider what were the right services to commission to improve health outcomes. AR highlighted that reviewing the lived experience of people would indicate the areas where changes to services were needed.</p> <p>The Governing Body discussed prescribing for transgender people and highlighted the lack of evidence based guidelines in relation to hormones. The work in this area was noted as progressive.</p> <p>It was asked whether the CCG would develop set of words around pathways to include within the toolkit and it was agreed DES would do this.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the contents of the toolkit and its aims to support better care and experiences for trans people • Endorsed the toolkit and its dissemination to relevant practitioners within BNSSG • Agreed that the BNSSG CCG logo can be added to the publication as a reflection of this endorsement 	DES
7.1	<p>Annual Quality Report 2018/19</p> <p>Julie Thallon (JT) highlighted the key points from the annual quality report 2018/19:</p> <ul style="list-style-type: none"> • From April 2018 primary care commissioning was delegated to the CCG. The quality team were responsible for supporting quality improvement throughout primary care services. • The CCG has made significant improvements to reduce the number of pressure injuries during 2018/19, including developing the Pressure Injury Strategy and establishing a multi-agency Pressure Injury Programme Board • Healthcare Associated Infections including MRSA and Ecoli remained a challenge despite a focused work programme in 2018/19 	



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	<ul style="list-style-type: none"> • The quality team worked closely with the CQC and NHS England and Improvement throughout 2018/19 to support provider quality improvement through CQC inspections. • The quality team took an active role in supporting quality improvement in relation to raising awareness of sepsis. <p>JT commented that although the work outlined was undertaken in 2018/19, the work had been continued into 2019/20. JT noted that the future quality work programme had been discussed with Julia Ross and Alison Moon and the ambition was for the CCG to promote quality improvements throughout the system. JT outlined the challenges for the team during 2018/19 and thanked the quality team for their hard work.</p> <p>FF highlighted the Datix system of reporting incidents and mentioned that this had been used to variable degree by practices and suggested that further work was required in this area. JT agreed to take the comments back to the members of the team responsible for primary care.</p> <p>JRu asked whether provider processes have been amended following site assurance visits. JR noted that the role of the CCG was to review processes, undertake harm reviews and assure that the appropriate actions to improve quality were taking place.</p> <p>AM reiterated the challenging year 2018/19 was for the quality team and suggested that the quality work undertaken across the whole CCG should be reflected in the next quality annual report. AM highlighted the successful Never Event workshop and suggested that further events for a range of quality themes should be arranged.</p> <p>The Governing Body discussed the correlation between deprivation of population and quality of services and work the quality team has undertaken on falls. JT confirmed that further work along these themes had continued into 2019/20.</p> <p>JR noted the delay in the year in receiving the report and suggested that the annual quality report for 2019/20 be included as part of the CCG annual report.</p>	<p>JT</p>



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	The Governing Body noted the work undertaken by the quality team during 2018/19.	
7.2	<p>Liberty Protection Safeguards</p> <p>JT explained that the paper provided the background and summarised the changes significant to the CCG resulting from the replacement of the Deprivation of Liberty Safeguards with the Liberty Protection Safeguards. It was reported that the CCG was awaiting further guidance but understood that once the new safeguards were in place those protected under the previous Deprivation of Liberty Safeguards would remain under these safeguards for 12 months and then be transferred under the Liberty Protection Safeguards.</p> <p>DS noted that the new safeguards would provide greater emphasis on encouraging safeguards for Children and encouraging power of attorney to be agreed. AM suggested that providers would be anxious regarding the changes and commented that the information needed to be received sooner. Paulette Nuttall (PN) confirmed they had met with the Deprivation of Liberty Safeguards lead for the CCG and there would be a system wide meeting in December to discuss the implications of the new safeguards system. The outcome of this meeting would be presented to the Quality Committee. The Governing Body discussed the system leads and it was confirmed that the Continuing Healthcare team were leading on this for the CCG, alongside system partners including healthcare providers from across the STP, the Local Authorities and NHS England. A working group was also being arranged to include Directors of Nursing from across the area.</p> <p>The target implementation date for the Liberty Protection Safeguards was Autumn 2020 and a further update was expected in April 2020, a paper summarising this for the CCG would be presented to the Quality Committee.</p> <p>The Governing Body noted the contents of the report.</p>	
7.3	<p>Safeguarding Adults and Safeguarding Children Quarter 1 Reports</p> <p>Jonathan Evans (JE) noted the low attendance for GPs for level 3 safeguarding training. PN noted that the CCG provided training but there were some GPs who had not attended. PN noted that</p>	



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	<p>she was happy to share with the localities where there was low attendance.</p> <p>Post meeting note: <i>It was clarified that JE had asked about the low attendance at Initial Child Protection Care Conferences and not level 3 training. PN provided a response to say that GP attendance at the conferences was low nationally. It was clarified that the priority for General Practice for these conferences was to submit a report and the CCG was working with GP Safeguarding Leads and the Local Authorities to increase the proportion of cases where a report was received from the relevant practice.</i></p> <p>The Governing Body noted the contents of the report.</p>	
8.1	<p>BNSSG Quality and Performance Report</p> <p>Lisa Manson (LM) outlined the key messages from the performance report:</p> <ul style="list-style-type: none"> • BNSSG Trusts' 4 hour A&E performance improved in August and was performing better than national average. A single BNSSG system performance recovery plan was in place. • Total waiting list sizes increased again in August and performance remains below trajectory. • 52 week waiting patients improved from 17 to 15 but failed to meet the trajectory of 5. This continues to be driven by waits at NBT. A revised trajectory has been produced to achieve zero waits by quarter 4 19/20. • 62 day referral to treatment time performance has improved. • 2 week wait performance continues to worsen and failed the 93% national standard and monthly trajectory in August. This continues to be driven by underperformance in the skin speciality at NBT where there was significant growth in demand. <p>LM highlighted the mental health performance data set out in the report noting that this was measured against national indicators. CG noted that these indicators needed to be reviewed alongside physical health reporting and LM noted that the CCG were working through this.</p>	

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	<p>AM highlighted the planned care diagnostics data and noted that for NBT there had been a reduction in performance every month for 7 months and asked for assurance that this would be resolved. LM noted that there were core capacity issues particularly around endoscopy and the expectation was that there would be more capacity within the system soon and noted the plans in place including increased capacity for children’s MRI scanning.</p> <p>Kirsty Alexander (KA) highlighted that they had experienced delays in radiology for appointments and follow ups. LM gave assurance that NBT had an action plan in place to improve reporting. It was asked which specialities were included within the other category. LM noted that this would be a collation of smaller specialities. DJ noted that some of these specialities would include some paediatric specialities and LM agreed to provide an update on the high number shown for the other speciality at UHB.</p> <p>The Governing Body discussed cancer performance at Weston Hospital and LM noted that the small numbers of patients treated at Weston were being individually reviewed. It was noted that there was an issue around reporting and the robustness of the data which was being reviewed.</p> <p>JT provided the Governing Body with the key points from the quality report:</p> <ul style="list-style-type: none"> • It was noted that the exceptions by provider indicated the areas of CCG focus. • The CQC undertook an unannounced visit to Weston Area Health Trust in September to review A&E and CAMHS. The report has not yet been published. • NBT has been rated “Good” following their CQC inspection in June. 11 must do actions have been identified . • Cossham maternity hospital was reported to be reopening at the end of October as a One on Arrival 24/7 service. • A quality summit is to be arranged regarding cancer breach harm reviews. <p>ST highlighted the upward trend in vacancies for some providers including Sirona. It was confirmed that the CCG were meeting fortnightly with Sirona to discuss the mobilisation of the adult</p>	



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	<p>community services contract and vacancies were being discussed at these meetings.</p> <p>JR asked about Weston Hospital and whether the risk assessments being undertaken were assurance that patients were not coming to harm. JT assured the Governing Body that a site assurance visit was booked with the hospital to review.</p> <p>The Governing Body received the Quality and Performance report.</p>	
8.2	<p>Finance Report</p> <p>ST reported that the CCG has changed its forecast position and was now reporting a total forecast deficit of £24.9m with a further net risk of £1.1m. The year to date financial position was currently £14.9m deficit. The key drivers to the position were noted as continuing healthcare complex individual packages, acute independent sector activity and out of area placements for mental health patients and patients with learning disabilities.</p> <p>ST informed the Governing Body that external support has been sought to review continuing healthcare spend and investigate why the spend had increased. ST noted that the CCG previously benchmarked low nationally in this area of spend. The risk to the financial position would be that the CCG was unable to reduce the spend to that of previous levels.</p> <p>The risks and mitigations were outlined and ST noted the challenge in delivering the mitigations. Testing has been undertaken to investigate whether all potential savings have been delivered.</p> <p>The Governing Body discussed whether the Integrated Care Bureau had contributed to reduced length of stay in hospital which could have increased the spend in continuing healthcare. ST noted that all these considerations would be part of the external review into continuing healthcare spend.</p> <p>John Cappock (JC) highlighted that the position had been discussed at the Strategic Finance Committee as well as the position within the Long Term Plan how this was reported as a system. JC noted that the other CCGs in the South West were reporting similar cost pressures.</p>	



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	The Governing Body received the Finance report.	
9.1	<p>Patient and Public Involvement Annual Report</p> <p>Alex Ward-Booth (AWB) explained that the report provided the detail of the patient and public engagement activities of the CCG. The Patient and Public Involvement Forum have reviewed the report and agreed that it represented the work that has been undertaken.</p> <p>AWB noted that key examples of engagement from 2018/19 have been included in the report as well as a high level summary of work starting in 2019/20. AWB highlighted the intention to produce the report in more accessible formats such as audio.</p> <p>KA suggested that the insights and engagement team think about how they can encourage members of the public to think about the strategy of the CCG and how they can engage people to discuss the more complicated conversations around commissioning. JR commented on how this would fit with the Healthier Together system conversations and suggested the need to engage in an informative way.</p> <p>JR commented on how proud they were of the work happening through public engagement and asked that more be added to the report on what changes have been made by the CCG following public consultation and engagement.</p> <p>CG praised the design of the report and noted that the engagement work undertaken by the Local Authorities would fit well with the ambition of the CCG. DES noted that they had met with the council previously and noted that this would provide a good opportunity to meet again and discuss together how they engage with the population.</p> <p>The Governing Body approved the report with the suggestion that more outcomes from the engagement work were included within the document. The Governing Body approved for the production of the report in accessible formats.</p>	DES
9.2	<p>Domestic Abuse Policy</p> <p>PN explained that the policy was a joint piece of work between the safeguarding team and HR. DES stated that the MH Strategy</p>	



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	<p>connected to this policy and PN noted that the Domestic Abuse Policy was not a stand only document.</p> <p>JRu asked whether the policy implied that the CCG would investigate domestic abuse by employees. PN noted that this was a support tool for victims of domestic abuse and was by no means exhaustive. PN noted the CCG would only take action if the associated actions by the employee were impacting their work. CG praised the policy noting that it was good to see an organisational response to domestic abuse.</p> <p>Brian Hanratty (BH) asked whether there were any breaches of confidentiality issues inherent within the policy, and asked how do you support those you work with objectively. PN noted that the policy would provide the framework for support and explained that following recent domestic homicide reviews there was evidence to support that people had discussed their concerns at work with colleagues and the policy would provide support on how to manage this. It was noted that the policy signposted support within the CCG such as HR managers. Nick Kennedy (NK) asked how the message would be reinforced across the organisation. PN noted that there were internal events arranged and learning from recent domestic homicides would be included.</p> <p>The Governing Body approved the Domestic Abuse Policy.</p>	
9.3	<p>Freedom of Information Policy</p> <p>Sarah Carr (SC) noted that the policy had been updated to include clearer definitions on what constitutes a request, clarity on the internal review process, flowchart procedures for processes and details on the exemptions. It was highlighted that FOI training was included as part of Information Governance training and through directorate meetings and internal communications.</p> <p>The Governing Body approved the Freedom of Information policy.</p>	
9.4	<p>Individual Rights Policy</p> <p>SC noted the policy had been updated to include the internal review procedure for individual rights and associated flowcharts. It was highlighted that training was provided through the Information Governance training and through directorate meetings and internal communications.</p>	



	Item	Action
	The Governing Body approved the Individual Rights policy.	
10.1	Minutes of the Audit, Governance and Risk Committee The Governing Body received the minutes	
10.2	Minutes of the Quality Committee The Governing Body received the minutes	
10.3	Minutes of the Commissioning Executive The Governing Body received the minutes	
10.4	Minutes of the Strategic Finance Committee The Governing Body received the minutes	
10.5	Patient and Public Involvement Forum Update The Governing Body received the minutes	
10.6	Minutes of the Primary Care Commissioning Committee The Governing Body received the minutes	
11	<p>Questions from Members of the Public</p> <p>Mr Blethstowe commented on the community equipment procurement and asked how the quality of a service not yet started was evaluated as part of a bid . LM noted that the responses to the quality related questions would be reviewed and relevant evidence would be expected as part of this. The quality aspect also included feedback and successful providers were subject to a due diligence review where previous clients of the provider would be contacted for feedback and reviews of their services.</p> <p>Mr Blethstowe then gave details about their experience with NHS services including continuing healthcare and suggested the CCG use volunteers with lived experience of continuing healthcare services as part of the external review process mentioned as part of the finance report item. JR thanked Mr Blethstowe for the suggestion and asked the communications team to liaise with Mr Blethstowe to set this up. JR reiterated the importance of patient and public engagement when reviewing and commissioning services.</p>	DES
12	Any Other Business There was no other business.	
13	Date of Next Meeting Tuesday 3 rd December 2019, Clevedon Hall, Elton Road, Clevedon, North Somerset, BS21 7RQ	

Lucy Powell, Corporate Support Officer, November 2019

