Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

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# Bristol, North Somerset, South Gloucestershire CCG Governing Body meeting

**Minutes of the meeting held on Tuesday 1st September 2020 at 1.30pm**

## Minutes

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| **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 |
| Brian Hanratty | GP Locality Representative Bristol South | BH |
| Nick Kennedy | Independent Clinical Member Secondary Care Doctor | NK |
| Rachael Kenyon | GP Representative North Somerset Woodspring | RK |
| Lisa Manson | Director of Commissioning | LM |
| Alison Moon | Independent Clinical Member Registered Nurse | AM |
| Julia Ross | Chief Executive | JR |
| John Rushforth | Deputy Chair, Lay Member Audit and Governance | JRu |
| Rosi Shepherd | Director of Nursing and Quality | RS |
| Sarah Talbot-Williams | Lay Member Patient and Public Involvement | STW |
| Sarah Truelove | Chief Financial Officer | ST |
| **Apologies** | | |
| Christina Gray | Director of Public Health | CG |
| Kevin Haggerty | GP Representative North Somerset Weston and Worle | KH |
| David Jarrett | Area Director South Gloucestershire | DJ |
| Martin Jones | Medical Director Commissioning and Primary Care | MJ |
| **In attendance** | | |
| Sarah Carr | Corporate Secretary | SC |
| Anne Fry | Head of Safeguarding Children (Designated Nurse) | AF |
| Paulette Nuttall | Head of Adults Safeguarding | PN |
| Lucy Powell | Corporate Support Officer | LP |
| Michael Richardson | Deputy Director of Nursing and Quality | MR |
| Michelle Smith | Head of Communications | MS |

| | Item | Action |
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| 1 | **Apologies**<br>Apologies were received from Kevin Haggerty, David Jarrett, Martin Jones and Christina Gray. | |
| 2 | **Declarations of interest**<br>There were no new declarations of interest or any declarations pertinent to the agenda.<br>Nick Kennedy noted that two of his declared interests were scheduled to be removed from the register of interests at the end of August; Partner of Staplegrove Anaesthetic Group and Partner of Blackdown Orthopaedic and Spinal Services. | |
| 3 | **Minutes of the previous meeting of the 4th August 2020**<br>The minutes were agreed as a correct record with the following amendments:<br>• Page 2, 1st paragraph of item 5 "…and was now progressing at locality level" was removed.<br>• Page 2, 2nd paragraph of item 5 "…expected in the next month" was amended to read "…expected in the Autumn."<br>• Page 5, 3rd paragraph was amended to clarify that the query regarding choice related to covid-19.<br>• Page 10, 3rd paragraph, was amended to read "JR asked the Governing Body to consider whether the assurance rating should be green…"<br>• Page 11, 2nd paragraph of item 9.2, it was clarified that the Quality Committee had not reviewed the Lone Working Policy. | |
| 4 | **Actions arising from previous meetings**<br>The Governing Body reviewed the action log:<br>05-Nov-19 6.4 – Deborah El-Sayed (DES) confirmed the Equality Impact Assessment continued and that the CCG had met with SARI and a full update would be provided to the October meeting.<br>03-Mar-20 11.1 – Lisa Manson (LM) noted that the first part of the action had been closed as the pharmacy remained open. The CCG was working with NHS England to develop a paper for Governing Body which would describe the arrangements for the opening and closure of pharmacies.<br>All other due actions were closed. | |
| 5 | **Chief Executives Report**<br>Julia Ross (JR) reported that there had been an Executive to Executive meeting between the CCG and Vita Health during which Vita Health assured of their ambition and plans to respond to the significant service demand and waiting list whilst | |

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| | committing to provide the innovative services that were outlined in the specification.<br><br>JR reported that Healthier Together had started the recruitment process for the Independent Partnership Chair and noted that a small sub group had been set up to oversee the recruitment process. It was expected the Chair would be appointed early 2021 to start on the 1st April 2021. | |
| 6.1 | **NHS 111 First**<br>Lesley Ward (LW) was welcomed to the meeting and DES provided the background to the NHS 111 First programme noting that this built on the work undertaken during the covid-19 to keep patients safe and ensure that people attended the right healthcare setting the first time. DES noted that the programme was bringing together clinical teams to work across organisational boundaries. DES highlighted that the 111 service had been reviewed and as part of the programme there was the potential for increased call handling. DES noted that as part of the work the service was calling services to let them know that people were attending or providing appointments to patients. DES noted that by providing a positive experience to patients more people would utilise the service.<br><br>LW highlighted that system wide clinical huddles were taking place weekly to discuss the programme, oversee the technical model and test the clinical pathways. LW noted that the system was engaged and was jointly suggesting solutions to any issues. LW noted that a trial was planned to identify how to get the information needed when booking the patients into other services. Engagement meetings have been arranged with system partners and the team leading the programme were proactive and well organised to deliver.<br><br>DES highlighted that clinicians were starting to welcome patients to the NHS when attending A&E noting that there were other NHS services available which may be more suitable for the patient. The programme was designed around the principle that the NHS was a organisation of connected services. DES noted that encouraging NHS 111 First would keep people from social distance queuing in the cold for A&E this winter.<br><br>Further discussions were taking place with primary care and discussions have been held with GPs. LW noted that the working | |

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| | group were reviewing using the Directory of Services for potential pathways noting that there were many pathways to review.<br><br>Pilots to direct people to NHS 111 would begin mid-September. Evaluation had begun and the national learning from other areas was being reviewed. The launch would be driven by clinicians and the system.<br><br>Felicity Fay (FF) supported the programme and noted that success was dependent on the quality of the triage from NHS 111 and asked how much expansion and upskilling would be required and asked whether vulnerable groups had been considered as part of the programme. DES noted that increasing clinical validation was important and the teams were looking at upskilling around pathway triage and increasing the number of clinicians reviewing the pathways. DES confirmed that a group was working through the stakeholder plan and in addition the communications team were testing the messaging with the public. DES highlighted the Bridging the Digital Divide workshop which would ask the public whether there was concerns with the digital aspects of the programme. Michelle Smith (MS) confirmed that communications was working with vulnerable people to identify any general concerns and feedback would be provided to the clinical huddles to be considered. MS noted that an Equality Impact Assessment would be developed and this would identify groups who may not be able to utilise NHS 111 and ways to improve access would be reviewed. DES noted that Brisdoc was looking to hire more staff and Sirona were considering more Minor Injury Unit staff as more patients would likely be directed to these services. DES noted that the call handlers were non clinical but that clinical validation would take place to book patients into the most appropriate clinics.<br><br>Jonathan Evans (JE) asked whether the clinical huddles were operational or strategic. DES noted that the group would need to undertake both roles. JE asked whether this approach was sustainable. LW confirmed that each organisation had offered clinician time to support the programme, and once live the group would meet more frequently.<br><br>Rachael Kenyon (RK) asked about patient access to the system and asked whether patients knew to use NHS 111 or digital access and how would this be communicated. DES noted that | |

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| | this was part of the communications campaign and testing was taking place now on what messaging was clear to people and whether the public understood the ask. DES noted that moving to online access would be simple for those who were comfortable using this type of platform and there would be an efficiency gain in patients utilising this.<br><br>Alison Moon (AM) noted that the work was positive but required engagement from the system to work. AM asked for assurance around data sharing and the single electronic patient record. It was confirmed that NHS 111 now had access to EMIS and Connecting Care and that electronic data for children's services was now live. DES noted that the CCG was mapping the data flow between systems and a design session was taking place next week to review this.<br><br>Colin Bradbury (CB) asked for assurance that A&E can safely move patients to other parts of the system and asked whether the patterns of patient flow and the impact of these changes would be monitored. DES noted that patients would not be turned away from A&E but redirected to the most appropriate service. NHS 111 would be available in A&E to undertake this redirection and highlighted that there was a consent element to consider when booking appointments elsewhere. LW noted that there was a pilot at North Bristol Trust (NBT) for redirecting patients and accessing NHS 111 from A&E and part of the pilot was monitoring the shift in activity following clinical validation.<br><br>JR noted that the hospitals could see the benefit of this approach to both themselves and patients as overcrowded A&Es were a risk and making sure that patients receive the right care in the right place at the right time was important.<br><br>Sarah Talbot-Williams (STW) noted that the insights team had discussed this at the Patient and Public Involvement Forum working group and had been clear on the need for clarity of the information and the adjustments required for population groups. DES noted that the ambition was to measure patient experience of the programme as well as patient flow and redirection.<br><br>**The Governing Body discussed and approved the continuation to the implementation phase of the programme.** | |

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| 6.2 | **Recovery and Phase Three Planning Summary**<br>Sarah Truelove (ST) noted that the paper built on the recovery updates presented to the Governing Body previously and the seven first wave goals identified.<br><br>ST highlighted the data showing over 104 day waiting patients and noted that 58 out of 200 patients had chosen to delay treatment due to covid-19 concerns. The total number of patients waiting over 104 days had reduced.<br><br>Draft phase three plans were to be submitted on the 1st September with the final plans submitted on the 21st September. The modelling continued to be updated weekly including test data and the changes in national guidance. There had been an increase of cases in younger people but the levels of hospitalisation have not returned to the previous high levels.<br><br>JE noted the IAPT waiting list initiative and the 20 new staff and asked whether this was an additional cost. LM confirmed that these were agency staff that had been brought in to clear the waiting list, however Vita Health were currently recruiting more staff as per their business case and the agency staff would leave once the substantive staff were recruited.<br><br>JR highlighted the increase of covid-19 cases in Bristol, North Somerset and South Gloucestershire and noted that the modelling ensured that the system was responding rapidly. ST confirmed that the weekly update provided a new forward trajectory and judgements were made on required bed numbers based on the modelling. ST noted that dependent on the demographic, the system could receive four weeks notice on the need for critical care and hospital beds and the system could then flex for this. LM noted that this was complemented by the dashboards received from the Local Authorities regarding test and trace. LM noted that a resilience forum reviewed the dashboard data and clear indicators and processes have been put in place for when the system would need to step up. It was noted that the Local Authorities had published their response plans for outbreaks in every setting.<br><br>Nick Kennedy (NK) asked about the capital prioritisation process decision. ST noted that the CCG had been notified of some additional funding available through Adopt and Adapt schemes, | |

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| | however there were tight parameters on what the funding could be used for and the team were working through what would be deliverable.<br><br>**The Governing Body noted:**<br>• **The updates related to service delivery**<br>• **The key requirements set out within the 2020/21 phase 3 planning guidance**<br>• **The approach the BNNSG system is taking to progress planning**<br>• **The milestones which need to be achieved** | |
| 6.3 | **Covid-19 Communications Report**<br>MS provided an update on the communications and engagement work throughout the covid-19 response noting that the guiding principle was people at the heart of the work. MS provided examples of the work including pictures and videos which had been produced to communicate the messages. It was explained that work had been undertaken with local community groups to ensure that messaging was produced in a number of accessible formats and languages. MS also outlined the work of the communications team following the outbreak at Weston General Hospital.<br><br>MS noted the approach taken was to raise awareness and understanding of local processes and the ambition was to encourage behavioural change and connect services with population needs and values.<br><br>MS outlined the phase three system plans and confirmed that the communications team were considering the capacity needed to respond to winter pressures and possible covid-19 outbreaks.<br><br>The citizens panel results informed the challenges and opportunities that underpinned the communications plans. As a result, access to services had been identified as a challenge for some communities and so communication on access has been a focus and tailored to these communities. The team were currently reviewing how best to provide messaging regarding flu vaccinations and were considering the most effective way to work with local people to ensure that the right information was communicated to the right populations. | |

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| | MS noted that the CCG was reviewing how to evaluate the outcome of the social media campaigns and the team would work with the universities on how to measure the impact.<br><br>STW noted that the challenge of national campaigns was providing the information to the local population in a timely and understandable way. MS explained that it had been more difficult at the start of the pandemic to strike the right balance but after engaging with the population and the voluntary sector the communications team identified the most effective ways to communicate. MS highlighted that all available channels were used, such as notices in school newsletters and the system was looking at ways to jointly fund initiatives such as door drops to those without the internet. Kirsty Alexander (KA) asked how flexible the CCG could be in altering national messaging for the local population. MS noted that there were mechanisms in place which had been identified from learning from Weston Hospital, the local lockdown in Leicester and engagement with local communities. This learning would be considered when communicating national messages to the local population.<br><br>JE asked whether the communications had required any additional resource. MS noted that it had all been resourced through existing funds, however additional funding has been identified for phase three in case the CCG has to respond to any local challenges through door drops or social media advertising.<br><br>**The Governing Body received the update.** | |
| 6.4 | **Mental Health and Wellbeing Covid-19 Response Business Case Including IAPT**<br>LM provided the background to developing the mental health business case noting that this was developed using modelling to understand and recognise the impact on mental health on the local population and the potential increased requirement for services. The business case reviewed the needs of the population and the preventative actions that could take place rapidly. Colleagues with lived experience and the Local Authorities had worked alongside health partners to review the impact on health inequalities and support mechanisms for the public. Support has been provided to Vita Health to address the waiting list in order to deliver the preventative measures as soon as possible. | |

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| | AM asked whether there was an impact for mental health patients waiting for secondary planned care procedures and asked whether these patients would be considered a priority for treatment. AM also noted that an increase in people with new mental health considerations was expected due to housing and financial issues arising through lockdown. AM asked how this would link and what could the CCG do. LM noted that the response would be tested and evaluated and schemes with the most impact would be prioritised. It was noted that there was no support mechanism specified for supporting through planned treatment but there would be cross over between services that had not yet been identified. DES added that mental health crisis would most likely be triggered by social determinants and a 24/7 support line had been set up to support people. It was noted that the Local Authorities had invested money in the business case to support people in the community through dedicated mental health services.<br><br>FF highlighted the Children and Young People's Mental Health Services for eating disorders and asked whether this was an area that needed further support. LM confirmed that the increased capacity included the 24/7 crisis team provided for children and young people. LM noted that these were interventions that could be actioned quickly and provide an immediate impact.<br><br>**The Governing Body noted the actions and progress made within the mental health and wellbeing covid-19 response business case and noted the IAPT improvement trajectory.** | |
| 7.1 | **LeDeR Programme 2020/21 – Expectations of CCGs in Supporting Delivery**<br>Rosi Shepherd (RS) highlighted the letter that had been received from the National Director for Learning Disabilities regarding the LeDeR programme 2020/21 which outlined the recommendations to restore LeDeR processes during the response to covid-19. RS noted that the CCG had continued the LeDeR programme throughout the response.<br><br>One of the recommendations was that all eligible deaths notified to the CCG by 30th June 2020 needed to be reviewed by the 31st December 2020. RS confirmed that there were 30 eligible cases to allocate to reviewers and the risk of non-completion was mitigated by allocating further paid hours to reviewers with capacity. RS highlighted that the other recommendations | |

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| | included; publication of the LeDeR annual report by September 2020, which the CCG had already published, the identification of a BAME lead for the LeDeR steering group, and the CCG was identifying a lead to join the steering group in September 2020, as well as the requirement to engage with primary care for release of clinical notes for reviews. RS noted that this had not been an issue for the CCG.<br><br>JR highlighted the risks to delivery of completing the eligible reviews by the end of the year and noted that alongside reviewer capacity, sustainability of reviews needed to be considered and the reviewers for the long term needed to be identified. RS highlighted that the assurance rating was amber due to the requirement to complete the reviews. The quality team were working with the finance team to review current and future capacity.<br><br>JR noted that the paper did not outline the regulatory obligations under the legal and regulatory section and noted that this needed to be made clearer in future papers.<br><br>JE explained that some practice managers were unaware of the LeDeR reviews and suggested that the team meet with them to discuss the positive impacts resulting from the reviews. RS suggested that the team attend the practice manager forums so that the importance to the families and the importance of the learning into the system was highlighted.<br><br>**The Governing Body noted the contents of the report.** | **RS** |
| 7.2 | **Safeguarding Annual Report 2019/20**<br>Michael Richardson (MR), Paulette Nuttall (PN) and Anne Fry (AF) were welcomed to the meeting to present the safeguarding annual report 2019/20.<br><br>The annual report highlighted the safeguarding activities over the past year and the exceptional challenges faced during quarter 4 during the covid-19 response. The key focus was to have a learning assurance approach so the team were able to seek assurance and evidence how the identified learning was implemented.<br><br>PN outlined that the annual report reflected the work prior to the covid-19 response and highlighted that business critical functions | |

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| | had continued throughout the response. AF highlighted that the number of rapid reviews had increased during lockdown and the volume of work had increased nationally due to service disruption during the covid-19 response.<br><br>JE asked whether historic cases were reviewed for further learning. RS noted that Multi Agency Summits reviewed both new and historic cases. MR highlighted that the team would be developing a robust checking mechanism to ensure that all learning would be embedded through a learning assurance framework which would include historical learning and recommendations from various sources including prevention of death reports.<br><br>FF highlighted the section relating to links with primary care and noted that going forward this would be through the national Directed Enhanced Service (DES) rather than the Local Enhanced Service (LES). FF queried where the actions and themes from care home reviews were reported. PN confirmed that the actions would be reported through another route but noted that the Adult Boards were waiting for national guidance relating to care homes and it was expected that actions from care homes would be shared through multi agency review and noted that the Continuing Healthcare team were reviewing how information was gathered from care homes and how this could be utilised in development work.<br><br>JR welcomed the positive training figures and asked how a learning framework would be articulated and reported noting that this approach would need to be consistent and encompass work from across the system including LeDeR. RS noted that an additional GP had been appointed to work alongside the safeguarding team to provide support for developing the learning approach. KA welcomed the additional support for the team and highlighted that the training, although robust, needed to be even more challenging to be more effective.<br><br>**The Governing Body noted the Safeguarding Annual report and approved the report for publication.** | |
| 7.3 | **Special Educational Needs and Disability (SEND) Quarter 1 Report**<br>DES described how SEND was managed across the CCG directorates and noted that SEND Ofsted inspections had not yet | |

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| | resumed and outlined the current situations across the Local Authorities.<br><br>An Accelerated Progress Plan was in place across South Gloucestershire with progress against the plan monitored 6 monthly. The new autism hub went live within South Gloucestershire which was designed to reduce the associated waiting lists.<br><br>The Written Statement of Action for Bristol was approved in March and the Joint Children's Improvement Board was reviewing the statement and accelerating the work to achieve the actions.<br><br>North Somerset have not yet received a follow up on the Written Statement of Action and this was expected in 2021 due to the current pause on inspections. To facilitate improvement of the local offer the UX lab team were working with North Somerset colleagues to develop a fully co-produced specification in October. The North Somerset Parent and Carer Forum have requested additional funding and the CCG and Council are reviewing the business case with a formal response expected in September. LM noted that the Parent and Carer forum had been invited to meet with Sirona virtually in September to further discuss the service transfer.<br><br>DES highlighted that the CCG and Local Authorities were supporting children with SEND returning to school and noted that there were some concerns for those who have requirements for aerosol generating equipment. The CCG was working with Sirona to identify system solutions. FF asked when the children requiring suction were able to go back to school. LM noted that a proposal had been presented to the Clinical Cabinet on how the infection prevention and control risk would be managed and a solution would be agreed for the system.<br><br>JRu asked whether there was a case for an accelerated programme for Bristol and North Somerset and asked whether both areas had a similar scorecards to the one presented for South Gloucestershire. DES confirmed that all areas had a detailed scorecard and also noted that accelerated programme was the terminology used when an area no longer had a Written Statement of Action. | |

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| | JR highlighted that there needed to be consistency and equity across the whole population and noted the challenge of working across three local authorities. DES explained that North Somerset services were now within the CCHP contract which improved equity. JR noted that resource to the parents and carer forums needed to be equal and DES confirmed that £10k had been provided to each forum to ensure that resources were equitable.<br><br>Nick Kennedy (NK) asked whether the risks to achievement should be included within the CCG risk registers noting that the accelerated programme risks were not expressed as a number and therefore queried how these would be scored alongside the CCG risks. DES agreed to take these comments back to the groups.<br><br>KA emphasised the need for a joint working approach and ensuring that all information was integrated. KA noted that there were positive examples of where joint commissioning had occurred and there was opportunity to build on this and identifying where value could be added into the system.<br><br>**The Governing Body noted:**<br>• **The approval and publication of the South Gloucestershire Accelerated Progress Plan**<br>• **The ongoing actions to deliver the Written Statement of Actions in Bristol and North Somerset**<br>• **The creation of the three Assistant DCO roles within Sirona, to ensure compliance with the requirement to provide timely health advice and support children not currently known to NHS services through the EHCP assessment process**<br>• **The CCG's legal responsibilities to children and families with SEND during the covid-19 pandemic, and the action being taken** | **DES** |
| 8.1 | **BNSSG Quality and Performance Report**<br>LM provided the key points for performance noting that the paper reflected month 3 and the move towards reinstating services:<br>• A&E performance worsened to 90.3% which was above the national average for type 1 Emergency Departments. A&E's continued to manage patient flow and social distancing.<br>• For planned admissions, the waiting list size had increased as had the number of patients waiting over 52 weeks. Patients have been prioritised as per the Royal College of | |

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| | Surgeons guidelines, which included the prioritisation of long waiters.<br>• 2 week wait cancer performance improved and the number of referrals increased.<br>• Routine referrals had not yet been opened and therefore the data showed an artificial suppression of referrals.<br><br>FF highlighted the increased C Diff rate and increased antibiotic prescribing in both primary and secondary care and asked whether this was a result of remote consulting. RS confirmed that the team were reviewing the causes and this would be included in the next report.<br><br>JE asked how the CCG had improved performance nationally against other CCGs and noted the significant number of patients waiting for allergy testing and asked whether there was alternative provision for this. LM confirmed that the system had been able to maintain a greater flow of elective activity due to Emersons Green Treatment Centre capacity, however there were still concerns regarding patients waiting over 40 weeks and the CCG were reviewing learning from other areas through the Adopt and Adapt programme. LM noted the allergy testing waiters and confirmed that the CCG was reviewing alternative pathways for all specialities with long waiters. JR noted that summary information on the up to date waiting list information was available and asked that this be included as part of the performance report so that the Governing Body could be sighted on real time increases.<br><br>RS provided the key points from the quality report:<br>• Infection, Prevention and Control (IPC) has been a focus of the team and they have been deployed across the system to undertake a range of functions. Additional training has been undertaken across Primary Care and Personal Protective Equipment (PPE) training has been provided to domiciliary care providers.<br>• System arrangements for the future have been developed and multi-agency IPC workshops and options were being worked up for the winter.<br>• Post infection reviews have been reinstated and a deep dive on these will take place. | |

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| | • The team continued to work with the Local Authorities and educational organisations to support children going back to school.<br>• The Continuing Healthcare team were working on the recovery of assessments following assessment suspension and additional support may be required to clear the back log.<br>• There has been a reduction in serious incident reporting which may be due to a reduction in activity, this was being investigated.<br>• Additional reviewer capacity continued to be sourced to ensure that the LeDeR review deadlines can be met.<br><br>AM reported that the Quality Committee had raised concerns that the C Diff cases had increased and a deep dive would be undertaken, the results of which would be presented to the Quality Committee.<br><br>Brian Hanratty (BH) noted that providers were preparing for flu vaccinations and asked whether Trusts were able to administer vaccinations to patients whilst patients attended for treatment. RS reported that the Trust plans had been received and would be incorporated into the system flu vaccination plan. MR noted that the message was that any opportunity to vaccinate should be taken.<br><br>**The Governing Body received the Quality and Performance report** | |
| 8.2 | **BNSSG Finance Report**<br>ST reported that the revised financial framework was in place and extended to the end of September. The resources would be made up in arrears and money provided to break even. The CCG was monitoring all areas of spend and reviewing the covid-19 costs and tracking how the system was moving towards recovery.<br><br>**The Governing Body discussed and noted the financial position and noted the changes to the NHS financial regime.** | |
| 9.1 | **Children's and Young People's Continuing Healthcare Policy**<br>RS provided the background noting that the policy had been developed with input from the Local Authorities as well as families and carers. The policy was noted as legally compliant with the national framework and had been reviewed by the CCG Quality Committee and Corporate Policy Review Group. | |

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| | JRu asked whether there were any health inequality implications as some families would be better equipped to support their child throughout the process. JR noted that the policy would ensure that the process was consistent for each child. RS noted that the assessment process ensured consistency and noted that assessment teams would advocate for families if required. JR asked how these considerations could be added to the assurance process and RS noted that this would be through the co-commissioning of funded care teams with the Local Authorities.<br><br>JE agreed that consistency was important and noted that multi-disciplinary assessments could provide consistency. RS noted that the CCG assessed children on need through a multi-disciplinary funding panel where a ratification process was undertaken and reviews were in place to support the assessors.<br><br>**The Governing Body approved the policy for publication.** | |
| 10.1 | **Minutes of the Quality Committee**<br>**The Governing Body received the minutes** | |
| 10.2 | **Minutes of the Strategic Finance Committee**<br>**The Governing Body received the minutes** | |
| 10.3 | **Minutes of the Commissioning Executive Committee**<br>**The Governing Body received the minutes** | |
| 11 | **Questions from Members of the Public**<br>There were none | |
| 12 | **Any Other Business**<br>There was none. | |
| 13 | **Date of Next Meeting**<br>Tuesday 6th October 2020, at 1.30pm | |

**Lucy Powell, Corporate Support Officer, September 2020**