

Subject to approval at the next meeting

Item 3.4a

**CLINICAL COMMISSIONING GROUP (CCG)
Minutes of the Governing Body (GB) Meeting held on
Wednesday 11th September 2019 at 1 p.m.
in Rooms 1 and 2, Blackburn Central Library,
Town Hall Street, Blackburn, BB2 1AG**

PRESENT:

Mr Graham Burgess	Chair
Dr John Randall	General Practitioner (GP) Executive Member (Vice Chair)
Mr Roger Parr	Chief Finance Officer/Deputy Chief Officer
Mrs Claire Richardson	Director of Population Strategy and Transformation
Dr Penny Morris	Medical Director
Mrs Kathryn Lord	Director of Quality and Chief Nurse
Dr Zaki Patel	GP Executive Member
Dr Adam Black	GP Executive Member
Dr Geraint Jones	Secondary Care Doctor (Retired)
Dr Nigel Horsfield	Lay Member
Mr Paul Hinnigan	Lay Member – Governance

IN ATTENDANCE:

Mr Alex Walker	Director of Performance and Delivery, EL CCG
Mrs Kirsty Hollis	Chief Finance Officer/Deputy Chief Officer, EL CCG
Dr Gifford Kerr	Consultant in Public Health, Blackburn with Darwen Borough Council (BwD BC) (representing Professor Dominic Harrison)
Mrs Debra Atkinson	Head of Corporate Business, EL CCG
Mrs Pauline Milligan	Governing Body Secretary

Min No.	Item
19.068	<p>Chair's Welcome</p> <p>The Chair opened the meeting by welcoming all attendees and members of the public to the meeting.</p>
19.069	<p>Apologies for Absence and Confirmation of Quoracy</p> <p>Apologies for absence had been received in respect of the following members:</p> <p>Dr Julie Higgins, Joint Chief Officer Dr Ridwaan Ahmed, Clinical Director for Quality and Primary Care Dr Preeti Shukla, GP Executive Member Professor Dominic Harrison, Director of Public Health and Well-being, BwD BC.</p> <p>The Chair also noted that apologies had also been received from Mr Iain Fletcher, Head of Corporate Business.</p> <p>The meeting was confirmed as quorate.</p>
19.070	<p>Declarations of Interest Relating to Items on the Agenda</p> <p>The Chair reminded Members of their obligation to declare any interest they may have</p>

	<p>on any issues arising at Committee Meetings which might conflict with the business of BwD CCG.</p> <p>No declarations were made at this point.</p> <p>Declarations declared by members of the GB are listed in the CCG's Register of Interests. The Register is available, either via the Secretary to the GB or the CCG website via the following link:</p> <p>http://www.blackburnwithdarwencentccg.nhs.uk/about-us/register-interests/.</p> <p>The Chair reminded members that they should, if appropriate, make a declaration should a conflict emerge during the meeting and these would be recorded against the relevant agenda item.</p>
19.071	<p>Questions from Members of the Public</p> <p>There were no questions from members of the public.</p>
19.072	<p>Minutes of the Meeting held on 10th July 2019</p> <p>The draft minutes of the meeting on 10th July 2019 were reviewed.</p> <p>RESOLVED: That the minutes of the meeting held on 10th July 2019 were approved as an accurate record.</p>
19.072.1	<p>Extract from Part 2 of the Minutes of the Meeting held on 10th July 2019</p> <p>The Extract of Part 2 of the Minutes of the Meeting held on 10th July 2019 was approved as an accurate record.</p> <p>RESOLVED: That the Extract of Part 2 of the Minutes of the Meeting held on 10th July 2019 was approved as an accurate record.</p>
19.073	<p>Matters Arising/Action Matrix</p> <p>Matters Arising</p> <p>There were no Matters Arising which were not listed on the Action Matrix.</p>
19.073.1	<p>Action Matrix</p> <p>The Action Matrix was reviewed and the following were noted:</p> <p><u>Minute 18.026 (ii)/18.075.1/18.096.1/19.007.1</u> Dr Adam Black provided a verbal update. It was noted that he was not involved in this work, as it had been picked up on a Lancashire wide basis.</p> <p>Mrs Kathryn Lord informed members that a deep dive into Neurology Services had taken place at the Pennine Lancashire Quality Committee (PLQC) and the minutes and actions from the PLQC would supersede this action. This was agreed.</p>
19.074	<p>Joint Chief Officer's Report</p> <p>Mr Roger Parr presented the Joint Chief Officer's Report in the absence of Dr Higgins. The report provided an overview of work across Healthier Lancashire and South</p>

Cumbria (HL&SC) and locally; along with an update on national policy issues.

He drew members' attention to key items:

- Joint Committee of CCGs;
- Advancing Integration;
- Better Care Fund Planning;
- Lancashire Special Educational Needs and Disability (SEND) Partnership Board;
- Journey to Integration;
- Patient and Public Involvement;
- Policy Updates.

Questions and answers followed.

The Chair referred to the Tripartite work between the CCG, EL CCG and East Lancashire Hospitals NHS Trust (ELHT). He informed members that senior leaders of the organisations planned to meet within the next few weeks to discuss the next phase of the work towards integration and would keep the GB informed of progress.

Mr Paul Hinnigan requested an update on progress in relation to the review of the Integrated Care System (ICS) governance and a formally agreed financial risk sharing agreement and shared single control total.

Mr Parr responded that there was currently no formal agreement in relation to a shared single control total. However, there were governance arrangements in place that allowed the CCG to work with its partners to respond to pressures within the system.

Mrs Kirsty Hollis added that the ICS was being performance managed by the regulators against the delivery of the overall L&SC single control total and, if one of the Integrated Care Partnerships (ICPs) was off plan against the delivery of its single control total, each ICP would take a share of the associated risk in line with guidance from the regulators.

Mrs Claire Richardson explained that some of the points made may be addressed in the Single L&SC ICS Strategy Delivery Plan.

Following a question from Dr John Randall about the Better Care Fund (BCF), Mr Parr explained the purpose of the BCF and how it was used by the CCGs and Local Authorities for integration and transformation.

Mrs Hollis informed members that the next SEND re-inspection in EL was due prior to 25th October. She stated that colleagues were already working to support the next inspection and would be given notice of the inspection 10 days prior.

RESOLVED: That the GB members noted the content of the report.

19.075 Integrated Care Partnership Priorities

Mrs Richardson delivered a presentation on ICP Priorities in order to provide members with an update on the Pennine Lancashire (PL) response to the NHS Long Term Plan (LTP) requirements.

She reminded members of some of the key themes from the LTP. Technical guidance was still being received and the first submission was due by the end of the week.

There were still some planning unknowns but it was clear that ICPs were expected to:

- standardised models of care across the NHS with a new delivery model;
- focus on Primary Care Networks (PCNs) and neighbourhoods;
- maximise resources, whilst improving patient experience and outcomes;
- focus on prevention and early intervention;
- move towards collaboration, rather than commissioner/provider split.

ICSs were expected to develop, on behalf of their constituent organisations, a 5 year strategy that was:

- clinically led and locally owned;
- included workforce, activity and finance;
- focused on health inequalities and variation.

Mrs Richardson explained that, for PL, work was progressing towards the establishment of an ICP.

She outlined the planning requirements for PL at ICS level:

- A single L&SC ICS Strategy Delivery Plan:
 - Describes the 5 year strategy of the ICS and how it will deliver the LTP; 5 year ambitions for transformational change, including interactions between finance, activity and workforce, quality and performance;
- Data and metrics:
 - Setting out 5 year plans at ICS level for finance, activity and workforce;
 - 5 year trajectories at ICS level for metrics outlined within the LTP;
- ICS level assumptions:
 - Finance, activity and workforce assumptions being developed for ICS wide system change priorities by clinical leads – these will need to be adopted by ICPs.

Mrs Richardson highlighted the PL planning response and referred to the Pennine Plan, which was signed off by the PL GBs last year. The planning requirements and responses were:

- Outline and plan for achieving key transformation priorities:
 - Refreshed Pennine Plan priorities and year 1 Interim Delivery Plan developed – ICP mirroring CCG/ELHT plans;
 - Clinical priorities being confirmed via Medical Directors' Group;
 - Strategic narrative revised confirming key delivery priorities;
 - Population Health Management (PHM) approach in development.
- System development activities:
 - Initial Tripartite Board convened to consider direction of travel;
 - Gateways and building blocks in development;
- Key assumptions and supporting narrative for finance, activity and workforce plans:
 - 2018 System planning assumptions being revised and updated;
 - Pennine System Planning Group re-convened, meeting weekly – finance, Business Intelligence, workforce.
- System financial management:
 - System Resources Group and System Sustainability Group established to achieve financial control totals and deliver actions to achieve financial sustainability.

Mrs Richardson displayed an infographic and explained the development of a PL Model of Care; based on the Pennine Plan.

She outlined the key transformation priorities and areas of focus in relation to:

- PHM;
- Prevention;
- Integrated Community Care;
- Urgent and Emergency Care;
- Scheduled Care,
- Mental Health and Well-being;
- Clinical Pathways.

Mrs Richardson referred to the PL system development approach and explained how the CCG would develop the health offer via a stronger alliance with system partners and communities.

She outlined next steps:

- Finalise ICP strategic narrative;
- Activity, workforce and finance modelling:
 - ICS planning assumptions;
 - ICP commissioner and provider plans.
- ICS clinical priority setting;
- Staged submissions – 26th September and 15th November.

Questions and answers followed.

Members discussed the shifting left of resources and if it was realistic to reduce secondary care sector spend over a period of time. A discussion followed about potential future investment in primary and community care and how this could transform care; led by the development of the PCNs and neighbourhoods.

RESOLVED: That the GB accepted and noted the update and agreed to receive further detail, which would be provided at the Development Session in October.

19.076

Clinical Commissioning Group Annual Assessment 2018/19

Mr Parr presented the report, which formally informed members of the results of the CCG's NHS England Annual Assessment for 2018/19 against the indicators in the CCG Improvement and Assessment Framework.

He was pleased to report that the CCG had retained its 'good' rating, with the Quality of Leadership and Finance indicators rated as 'green'.

A formal letter from the Chair and Chief Officer had been sent to all staff thanking them for their efforts and work during the course of the year.

Areas of good practice had been highlighted in the formal notification from NHS England and Improvement and there were also details of key areas for improvement. He explained that the key areas of improvement aligned with the CCG's priorities and workstreams over the next year.

Questions and answers followed.

	<p>ACTION: Following an enquiry from Dr Nigel Horsfield, Mr Parr agreed to explore if detailed parameters of the scoring were available.</p> <p>The Chair congratulated colleagues at EL CCG who had also achieved a ‘good’ rating.</p> <p>RESOLVED: That the GB received the report and noted the headline rating of ‘good’ for the CCG.</p>
<p>19.077</p>	<p>Governing Body Assurance Framework Update</p> <p>Mrs Hollis presented the report and reminded members that, as part of the work to align the corporate functions, it had been agreed to align the PL CCGs’ Risk Management Strategies and Policies.</p> <p>She explained that one of the major differences in the two strategies was how the risks were reported in the individual Governing Body Assurance Frameworks (GBAFs). She stated that only those risks that were directly aligned to the existing BwD Corporate Objectives were recorded in BwD’s GBAF; whereas, in EL, all the risks that were scored at a risk rating of 15 or above were escalated to the GBAF, i.e. those that were considered to be the most serious and have the most potential impact.</p> <p>She reminded members that the two CCGs had recently agreed a set of Corporate Objectives 2019/20 and this could mean that the existing risks reported on BwD’s GBAF were not aligned to the new corporate objective risks.</p> <p>Mrs Hollis requested that the GB agree to delegate a review of the risks on the BwD GBAF to the PL Risk Management Assurance Group and to recommend to the PLQC a set of actions. These would determine whether, under the revised Risk Management Strategy, the risk rating meant they were retained as GBAF risks or were downgraded and held on the Corporate Risk Register.</p> <p>She pointed out that, of the 6 existing risks on the GBAF, only 2 would currently score 15 or above and escalate onto the joint GBAF. She assured the GB that there would be an audit trail of the review and decisions made against each risk.</p> <p>Questions and answers followed.</p> <p>RESOLVED: That the GB agreed to:</p> <ul style="list-style-type: none"> i. noted the content of the report; ii. supported the work underway to align the GBAF risks across both CCGs; iii. identify any further risks which may prevent the achievement of the CCG’s Corporate Objectives.
<p>19.078</p>	<p>Chief Finance Officer’s Report</p> <p>Mr Parr presented the month 4 report.</p> <p>He confirmed that the current year to date position was on plan and, whilst it was early in the financial year, the CCG was continuing to forecast a year end on plan position.</p> <p>There were pressures within the system in acute, physical and mental health services and these were managed with partners.</p> <p>The CCG was reporting a slight overspend of £87k in commissioned services and</p>

some of this pressure was due to referrals to hospitals outside PL.

There was a slight underspend of £8k in Primary Care Services.

The CCG continued to manage risk; however there was a small element of the Quality, Innovation, Productivity and Prevention (QIPP) target still unidentified and the CCG was working towards closing the gap.

He reported that the CCG's main provider was currently underspending against the contract. Continuing Healthcare and complex packages continued to be a key risk, as these were generally high cost and low volume. Prescribing expenditure was currently volatile and the CCG was working with the GP Federation to expand the number of practices that were part of the prescribing hub, to reduce waste and to sustain the progress that had already been made.

Dr Randall raised a point relating to the unavailability of some medicines, e.g. Hormone Therapy Treatment and increased requests from patients to prescribe alternatives.

Dr Gifford Kerr provided an update on plans in terms of the potential impact of influenza on the system this winter. Mr Parr added that the CCG would continue its efforts to increase 'flu vaccination rates. Dr Black highlighted some of the difficulties faced by GPs in obtaining the recommended 'flu vaccine.

Dr Zaki Patel referred to the problem of pork-based gelatine being used as a stabiliser in the 'flu vaccines, which was an issue for some patients. The issue had still not been solved and he suggested that, in order to encourage an increased uptake of the vaccination, it needed to be addressed. He queried if the national decision to allow Pharmacies to provide 'flu vaccinations had increased uptake and wondered if many patients would have already had their vaccination by the time the GP Practices received their deliveries due to the Pharmacies receiving their vaccines more quickly.

The Chair responded that he did not think that action could be taken in relation to the Pharmacies receiving their deliveries quicker than the GP Practices but he was aware that Dr Pervez Muzaffar, GP Engagement Lead, had been working with the Lancashire Council of Mosques and schools to increase awareness about the content of the vaccine.

ACTION: Members to submit any suggestions to solve the issues and increase the uptake of 'flu vaccination to Mrs Lord for her to feed into the 'Flu Coordination Group.

Questions and answers followed.

RESOLVED: That the GB members present noted the contents of the financial summary and financial position of the CCG at the end of July 2019.

19.079

Performance Report

Mr Parr presented the contracting section of the month 3 report and then deferred to Mrs Lord to highlight the key points related to quality and performance.

Mr Parr highlighted the following:

Lancashire Care NHS Foundation Trust (LCFT) Mental Health Services (MHS) (page

3):

- Psychological Therapies – Mr Parr reported that CCG was slightly behind the Improving Access to Psychological Therapies (IAPT) target;
- Referrals – down compared to the previous year;
- Admissions – slightly above plan;
- Out of Area Placements (OAPs) – were still high; however, there was a trajectory for recovery and a lot of work taking place with the provider to improve the position on QAPs and 12 Hour breaches.

ELHT (page 6):

- Elective activity – on plan;
- Non-Elective Admissions (including non-emergency) – under plan. However, there was an over performance against plan in relation to Accident and Emergency (A&E) attendances.

LCFT Community Services (page 10):

- 4 of the CCG's services lines were over performing and 5 were underperforming.

Other Providers (page 12):

- BMI – a small underspend against plan was reported.

Mrs Lord highlighted the following:

LCFT MHS (page 3):

- Early Intervention in Psychosis (EIP) – the 2 week target of 56% was not achieved by LCFT at 44.44%. The CCG achieved the target at 66.67%;
- Attention Deficit Hyperactivity Disorder (ADHD) Service – there were still long waits within the service;
- Memory Assessment Service (MAS) – performance against the access within 6 weeks target for the CCG still continued to be poor at 34.28% against a target of 70%. There were staffing and workforce issues in the service.
- Improving Access to IAPT Prevalence – the monthly target of 1.58% for June 2019 was not achieved by LCFT at 1.41%. The CCG achieved the target at 1.60%.

ELHT (page 6):

- Referral to Treatment (RTT) – the performance had deteriorated to 89.3% for the Trust and 88.9% for the CCG against a target of 92%;
- A&E 12 Hour Breaches – there were 8 breaches in June. Bed availability continued to be the primary cause of delay.

LCFT Community Services (page 10):

Mrs Lord informed members that the CCG had been advised of several data input errors and migration issues as a result of the recent implementation of the RiO Patient Administration System (PAS) in June 2019. She explained that the data was being refreshed and revalidated and advised that some of it may change.

Questions and answers followed.

ACTION: Following a question from Mr Paul Hinnigan, Mr Parr agreed to consider including an explanation for fluctuations in ELHT activity, e.g. a rise of 14.3% in the number of outpatient first attendances and 27.2% in outpatient follow-up attendances, in order to improve understanding of the data.

Mr Hinnigan expressed his frustration about the report that there were several data input errors and migration issues in the Community Service figures as a result of the recent implementation of the RiO PAS. He recalled that data errors had regularly occurred over a prolonged period and had still not been satisfactorily addressed.

The Chair enquired if EL CCG colleagues experienced similar errors in the data they received from their provider. Mrs Lord responded that ELHT did supply more consistent, robust, information.

Dr Black suggested that there were different types of data processing systems that could make data analysis reports easier for members to understand. Mr Parr responded that these systems were already used in reports produced for Right Care for example. It was suggested that the use of the systems could be widened to the GB performance reports.

ACTION: Mr Parr to consider the comments made by members and feed into the work to review the content of the Performance Report that was already underway.

RESOLVED: That the GB noted the content of the report and supported the actions as identified.

19.080

Quality Update Report

Mrs Lord presented the Quality Update Report and highlighted key elements:

- World Sepsis Day;
- Centralised Outpatients and PAS;
- Radiology – Getting it Right First Time (GIRFT);
- Quality Improvement;
- Northumberland Tyne and Wear Mental Health Pathway Review;
- GP Patient Survey;
- Friends and Family Test;
- Patient Safety Strategy;
- First Contact Practitioner for Musculoskeletal.

Questions and answers followed.

ACTION: Mrs Lord agreed to draft and send a letter of congratulations to the staff of the Radiology Department following the successful GIRFT visit to review the services provided.

Dr Geraint Jones raised a point in relation to the age of the some of the equipment in the Radiology Department and how it would be replaced in the future.

Mrs Lord responded that the equipment was linked to the capital replacement programme. Mr Parr added that the CCG would support the lobbying of the system as it looked to replace its equipment.

Drs Black and Randall updated members on the work taking place in the GP Practices in relation to sepsis awareness.

RESOLVED: That the GB noted the content of the report.

<p>19.081</p>	<p>Governing Body and Sub-Committees' Terms of Reference</p> <p>Mrs Debra Atkinson presented the report in the absence of Mr Iain Fletcher.</p> <p>Following a review of the GB Sub-Committees' Terms of Reference (ToR) some revisions had been made to reflect the new arrangements following the appointment of a Joint Chief Officer and move to a single Executive Team across the PL CCGs and updated titles to local and national committees and NHS bodies.</p> <p>Questions and answers followed.</p> <p>ACTION: Following a comment from Mr Hinnigan, it was agreed that the quorum section (6.4) would be updated to reflect the new Executive titles and the recording of proceedings section (6.7) would be updated to reflect that the meeting recording would be destroyed following the ratification of the meeting minutes. Mrs Pauline Milligan to action.</p> <p>Mrs Lord referred to the role of the GB Executive Nurse and stated that the voting rights for the role would be reviewed in the future.</p> <p>RESOLVED: That, following the above amendments being made in line with discussions, the GB received and approved the GB and Sub-Committees ToRs.</p>
<p>19.082</p>	<p>Midlands and Lancashire Commissioning Support Unit Data Migration</p> <p>Mrs Hollis presented the report, apologised and confirmed that the title of the report should read 'Midlands and Lancashire Commissioning Support Unit (M&LCSU) Data Migration' not 'Mitigation'.</p> <p>The purpose of the report was to bring to the attention of GB members the intention of the M&LCSU to migrate the storage of the CCGs' Secondary User Services (SUS) data from a physical server to a cloud based server.</p> <p>She explained that the use of virtual servers was one of the proposed future mitigations to resolve any issues related to mass Information Technology (IT) outages.</p> <p>NHS Digital had worked closely with the M&LCSU on the proposal and there were strict criteria and guidelines that a cloud based server provider had to follow. Details of the relevant policy and guidance were attached to the report.</p> <p>Mrs Hollis drew members' attention to the reasons for the need to procure an alternative data storage facility and the benefits, in particular:</p> <ul style="list-style-type: none"> • The type of data being stored on the cloud would be no different to that already stored on the physical servers; • The way in which the data was processed would be different; • The hardware and software currently being used to support the physical server was becoming out of date and would no longer be supported by the provider; • A full Data Privacy Impact Assessment had been undertaken and reviewed and signed off by the Data Protection Officer (DPO); • NHS Digital had confirmed that the proposal met all necessary requirements for a cloud based server; • The NHS could use cloud based servers that were based within the European Union and the United States of America provided that they were covered by a privacy shield. The proposed hosting area of the cloud based server was within

a United Kingdom (UK) cell; with UK west as the secondary region. There would be no data stored outside the UK.

Questions and answers followed.

Dr Randall stressed the importance of ensuring that IT outages were reduced to a minimum in terms of disruption to patient care.

Mr Hinnigan enquired what impact there would be on the CCG if any data was compromised.

Mrs Hollis responded that accountability for data security rested with the service provider.

Dr Penny Morris enquired if there was any risk that data would be lost. Mrs Hollis assured members that there would still be the same data flow; however it would be stored in a different place.

RESOLVED: That the GB:

- i. **agreed as Data Controller, to be aware of the use of a cloud based storage solution and the processing and controls put into place by M&LCSU as the CCG's Data Service for Commissioners Regional Office;**
- ii. **noted the actions of the Senior Information Risk Owner and DPO to be able to provide the NHS Digital with the required assurance by the deadline of 31 July 2019.**

19.083

Communication and Engagement Update

Mrs Hollis presented the report, which provided an update on Communication and Engagement activity over the last quarter, and highlighted key points:

- Preparations for winter and influenza vaccination campaign well underway;
- Social media use had increased;
- The CCG received a rating of 'good' in the annual Integrated Assessment Framework assessment of Patient and Public involvement – a significant improvement on last year,

Mrs Hollis proposed that the CCG thank all staff involved in the work to improve the CCG's rating. It was noted that work would continue towards improving the CCG's rating to 'outstanding' next year.

She outlined the key priorities for the coming quarter:

- Support the developing PCNs;
- Implement and mobilise "community conversations" following approval by Senior managers and Executives;
- Plan for delivery of the Pennine Winter Plan.

Questions and answers followed.

The Chair commented that he was pleased to see the increase in social media use and offered congratulations to EL CCG on its achievement of an 'outstanding' rating for its annual Integrated Assessment Framework assessment.

	<p>RESOLVED: That the GB:</p> <ol style="list-style-type: none"> i. noted the contents of the report; ii. agreed to feedback any comments or suggestions in relation to communications and engagement activity and comment on future plans; iii. agreed to receive a further report at its joint meeting in November 2019.
<p>19.084</p>	<p>Pennine Lancashire Medical Workforce</p> <p>Mrs Richardson provided a verbal update.</p> <p>She informed members that, following previous discussions at GB, a Workforce Summit had been held last week involving a wide range of health professionals.</p> <p>Discussions had focused on the workforce challenges in the system and possible solutions.</p> <p>There were some positive discussions and agreement to progress areas such as:</p> <ul style="list-style-type: none"> • PCN workforce design – to be coordinated across PL; • North West Ambulance Services – how to bridge the gaps that could be created if colleagues were brought into the PCNs; • Educational learning; • Create a blueprint for GP Practice workforce development; • Different employment models; • Extending education development programme across primary and secondary care; <p>As part of the LTP submission there was a requirement to develop assumptions in relation to workforce and these would be completed via discussions with the 13 PCN Clinical Directors.</p> <p>RESOLVED: That the GB noted the content of the update.</p>
<p>19.085</p>	<p>Review of Register of Interests</p> <p>Mrs Atkinson presented the report in the absence of Mr Fletcher, which provided the GB with an update on its Register of Interests (RoI).</p> <p>GB members had recently been requested to review their Declarations of Interest and the updated register had been presented to the last meeting of the Audit Committee (AC) and published on the CCG's website.</p> <p>Questions and answers followed.</p> <p>Mr Hinnigan reported that the AC had requested that the CCGs' RoIs were reviewed and aligned in terms of consistency, e.g. the types of interests declared and this work would be fed back to the next meeting of the AC.</p> <p>RESOLVED: That the GB noted the content of the report.</p>
<p>19.086</p>	<p>Annual Report of the Audit Committee</p> <p>Mr Hinnigan presented the Annual Report of the AC for 2018/19 for information.</p>

<p>19.086.1</p>	<p>There were no questions.</p> <p>RESOLVED: That the GB noted the content of the report.</p> <p>External Audit Annual Audit Letter</p> <p>Mr Hinnigan presented the External Audit Annual Audit Letter for the CCG for 2018/19 for information.</p> <p>There were no questions.</p> <p>RESOLVED: That the GB noted the content of the letter.</p>
<p>19.087</p>	<p>Blackburn with Darwen Special Educational Needs and Disability Inspection Main Findings</p> <p>Mrs Richardson presented the report, which provided details of the main findings of the SEND inspection in BwD.</p> <p>BwD Local Authority and CCG received a letter from the Office for Standards in Education, Children's Services and Skills (Ofsted) in response to the SEND inspection on 2nd August 2019. The letter outlined the main findings from the inspection which took place in June, where inspectors for Ofsted and the Care Quality Commission spoke with children and young people with SEND, parents, carers and staff from BwD BC, schools, education settings and the CCG.</p> <p>The Inspectors had confirmed that BwD had made considerable progress in implementing the SEND reforms since 2014 and outlined a number of key strengths.</p> <p>There were also a number of key areas for development and these were particularly in relation to outcomes and experiences of children and their families.</p> <p>Mrs Richardson confirmed that a deep dive had taken place in relation to speech and language, occupational therapy and psychology services and meetings were taking place to discuss the improved delivery of services.</p> <p>She concluded that this was a positive outcome for BwD and a reflection of its partnership working.</p> <p>There were no questions.</p> <p>The Chair added that there had been a great deal of work undertaken in relation to the inspection and echoed Mrs Richardson's comments that it was of great credit to the partnership working in the Borough. He thanked all the staff that had been involved.</p> <p>RESOLVED: That the GB:</p> <ul style="list-style-type: none"> i. noted and formally received the letter outlining the outcome of the Joint Local Area SEND inspection in Blackburn with Darwen; ii. noted areas of key strengths and areas of development, particularly in relation to long waits for neurodevelopmental pathways, therapies and some elements of mental health services, identified within the letter; iii. agreed to receive updates in relation to SEND developments, including escalation of risk, via the PLQC and GB.

19.088	<p>Governing Body Sub-Committees and Groups' Minutes</p> <p>Mrs Atkinson presented the report in the absence of Mr Fletcher, which included the minutes of the GB Sub-Committees and Groups for receipt and note by members; to inform the GB of delegated and key decisions taken and provide information regarding items of particular interest or potential risk.</p> <p>There were no questions.</p> <p>RESOLVED: That the GB noted the content of the report.</p>
19.089	<p>Any Other Business</p> <p>No further business was discussed.</p>
19.090	<p>Date and Time of Next Meeting</p> <p>The next meeting will be held on Wednesday 13th November 2019 at 1 pm at Walshaw House, Regent Street, Nelson BB9 8AS.</p> <p>The Chair thanked everyone for their attendance and input and the meeting closed.</p>
	<p>EXCLUSION OF THE PRESS AND PUBLIC – <i>‘That representatives of the press and other members of the public be excluded from the remainder of 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).</i></p>

Signed Chair Date