NHS Waltham Forest Clinical Commissioning Group Governing Body Part 1 Minutes

Date:	Wednesday 21 March 2018
Time:	12:00 noon to 2:00pm
Venue:	Boardrooms A, B and C, Kirkdale House, Leytonstone, E11 1HP
Chair:	Dr Anwar Khan, Chairman

Attendees

Members `

Name	Initials	Title
Dr Anwar Khan	AK	Chair
Alan Wells, OBE	AW	Lay Member, Deputy Chair
Jane Milligan	JMi	Accountable Officer North East London
Henry Black	HB	Chief Financial Officer
Dr Ken Aswani	KA	Clinical Director, Leyton and Leytonstone
Dr A Q Sheikh	AS	Clinical Director Walthamstow
Dr Dinesh Kapoor	DK	Clinical Director Leyton/Leytonstone
Dr Ravi Gupta	RGu	Clinical Director Walthamstow
Dr Mayank Shah	MS	Clinical Director Walthamstow
Helen Davenport	HD	Director of Nursing, Quality & Governance
Dr Tonia Myers	TM	Clinical Director Chingford
Jane Mehta	JMe	Interim Managing Director
Joe McDonnell	JMc	Acting Director Public Health, London Borough of Waltham Forest
Tim Spilsbury	TS	Chief Executive Officer, YVHSC Provider Partner
Caroline White	CW	Lay Member

In Attendance

Name	Initials	Title
Caoimhe Garland	CG	Business Manager

Apologies

Name	Initials	Title
Vineeta Manchanda	VM	Lay Member, Chair Audit Committee
Dr Rizwan Hasan	RH	Secondary Care Consultant
Dr Abdul Sheikh	AS	Clinical Director
Althea Bart	AB	Healthwatch Manager
Linzi Roberts-Egan	LRE	Deputy Chief Executive, London Borough of Waltham Forest

Members of the Public in Attendance

Name	Initials	Title
Paul Rosenbloom	PR	Waltham Forest Save Our NHS
Brian Steedman	BS	Waltham Forest Save Our NHS
Noel Hayes	NH	Waltham Forest Save Our NHS
Julia Walsh	JW	Head of Communications NEL CSU

1.	**General Business**	
1.1	**Apologies and Announcements**	**AK**
	Apologies were noted as above.	
1.2	**Declarations of Interest**	**ALL**
	In line with statutory guidance a declarations of interest checklist was reviewed by the Chair ahead of the meeting in order to identify any conflicts or potential conflicts of interest relative to the meeting agenda. There were no declarations or potential declarations of interest identified and none declared. The *Governing Body Declaration of Interest Register* is available on the NHS Waltham Forest Clinical Commissioning Group (WFCCG) website. A copy of the register was available to the Governing Body for this meeting.	
1.3	**Draft minutes from February's Board**	**AK**
	The minutes of the Governing Body meeting, 28 February 2018, were approved.	
1.4	**Matters Arising**	**AK**
	None	
1.5	**Chair and Accountable Officer Update**	**AW/JMi**
	Chair's Update Queen Mary University has been awarded additional medical school places. AK felt that this was good news as it was imbedding medical school within the local community. Queen Mary had also received positive feedback from their application and noted that it was good to see academics and NHS working together. Jeremy Hunt acknowledged Waltham Forest in his speech outlining the seven key principles that will guide the Government's thinking ahead of the social care green paper, to be published later in 2018. There are many good examples of progress nationally. He stated that "in Waltham Forest they have introduced a managed network of care and support to meet the needs of local residents through individually selected services – and seen emergency admissions reduced by a fifth during 2015/16".	
1.6	**Accountable Officer Update** The Joint Commissioning Committee (JCC) continues to meet in shadow form. The JCC lay member and vice chair have been appointed, this will be	

Kash Pandya. Recruitment is now underway for the outstanding committee roles including nurse and secondary care consultant. The last JCC development meeting was held on 14 March due to local elections the JCC will meet formally for the first time in public in May.

The first phase of the stocktake of services across North East London is complete; chairs will receive briefings and further information on key areas of focus within the next two weeks. Alliance organisational development is underway; examining key CCG pathways and infrastructure. Staff focus groups are being set up as part of the second phase, these will gather views from mixed groups of staff across all seven CCGs. As part of the stocktake a review of NEL CSU support is underway to ensure the best arrangements possible for working together.

The initial operating plan was submitted on 8 March that set out the picture for NEL between all CCGs and providers. Although there were still significant differences between commissioners and providers at this point further meetings have been arranged to reconcile any differences before the final submission at the end of April 2018. If this is not addressed there is a risk of financial over performance that may impact on service provision.

CW asked how the JCC can ensure attendance from the public.
JMi confirmed that local groups had been contacted to make them aware of the dates. In addition, planning is in place to ensure that the JCC held in the right venue to encourage attendance and participation. It is expected that for the first JCC the public will have a lot of questions and the organisers are trying to ensure that questions are received in advance to optimise the meeting time.

1.7	**Questions from the Public**	**AK**

Q1 **Personal Budgets**:

How much has been committed and spent, 2017/18 in providing personal budgets for maternity care?

The CCG has not spent any of its own maternity allocation on personal maternity care budgets (also known as PMCBs). All monies used for this were successfully bid for, from the National Maternity Transformation Programme as part of being a pioneer of the ideas of the National Maternity Review Better Births.

The CCG received for the pioneer work £55,000 that could only be spent on project management and a further £38,000K for training and resources around PMCBs.

To date we have spent £17,270 on training, development and printing of resources and have allocated a further £9,450 for further printing costs – this is not just in Waltham Forest but across the whole of East London.

It should be noted that the project manager has not solely worked on PMCBs but has supported the Neighbourhood Midwives project (also part of the pioneer programme), the East London Local Maternity System and sub-groups and worked with the London Clinical Network on developing a

London wide on line resource for maternity, and supported the development of the Local Maternity System Plan.

What % is this of the total budget for maternity services?
0% - as does not come out of CCG resources.

What does the CCG plan to commit for 2018/19?
The CCG will not be committing any funds for 2018/19 in line with previous years. We are waiting to hear if there are further funds coming from the National team.

How many women will this provide for?
The East London Local Maternity System would like to make PMCBs available to all women in East London.

What are the criteria for someone to receive a personal budget?
Attending an East London Provider of maternity services.

Are there any exclusions in accessing a personal budget?
What can it be used for?
It is not intended or foreseen that there will be.
This is a notional budget and in fact is about women having full access to the range of choices that they can make in relation to providers of maternity services. Money does not change hands.
Can it be used for non NHS providers of maternity services?
No - all providers must have a contract with CCGs for the delivery of maternity services.

Was an EIA conducted when setting up personal budgets?
This was considered as part of our bid. It is intended that they will be available to all women and therefore increase access to information, services so improving experience for all women.

What consideration was given to the impact on NHS providers when establishing personal budgets?
This was considered at length as there is concern that some providers are already over subscribed for maternity care. The principle is therefore that there is honest exchange of information about what a woman's choices are including whether a service will not be available to her because of distance from a provider's catchment area.

Q2 **Neighbourhood Midwives:**

What evidence based criteria/approved standards will be used when assessing the pilot?

The evaluation of the pilot will include quality measures such as continuity of care, safety, outcomes of pregnancy, patient satisfaction as well as financial viability indicators.

Will user feedback be sought from both cohorts (NM and NHS) to compare patient satisfaction?
Yes and a survey is currently being undertaken with NM using the same CQC questions asked of NHS Trusts.

How much has been committed, and spent, 2017/18, in providing the Neighbourhood Midwives service?
£341,000

What % is this of the total budget for maternity services?
Circa 1%

What does the CCG plan to commit for 2018/19?
£555,000

How many women will this provide for?
est 304
What are the criteria for someone to use the NM service?
Are there any exclusions in accessing the NM service?
The criteria is that women must be resident of Waltham Forest and registered with a Waltham Forest GP. A low risk pregnancy (as applied by all maternity providers) – defined as aged between 19-40. Normal BMI, no previous complications during pregnancy or birth plus absence of some other medical conditions/ issues that could increase risk during pregnancy/labour.

We understand one of the aims of the NM service is to provide continuity of care to expectant mothers. Can NHS providers promise the same standards for their patients?
As part of the maternity transformation NHS providers are working to improve their continuity of care models. Whipps Cross is trialling a new approach at the moment in one team. However it is recognised that for large acute providers to provide continuity of care can be challenging due to the demands of shift work and the labour ward make this more difficult for NHS providers.

When deciding to commission the service, what consideration was given to the risk of it attracting midwives from local NHS providers?
This was considered as part of the pilot, and is monitored with the provider.

What consideration was given to the risk that, over time, the service could be bought up by private equity companies as has happened with private fostering?

The provider is commissioned as a pilot and appropriate safeguards will need to be in place if the pilot is procured (and if Neighbourhood Midwives is the successful provider).

What consideration was given to the fact that services like NM will divert budgets and people from NHS providers, leaving the latter to provide to those with more complex and risky health conditions, with less income?
All maternity services are commissioned on a cost and volume basis at the same rates. The pilot equates to 1% of the CCG Maternity Budget and so impact is anticipated for the pilot to be minimal.

Was an EIA conducted when deciding to commission the service?
Not for the pilot but will be undertaken via the evaluation and any decision to procure the pilot long term.

Does the CCG have any concerns that an unintended consequence of these two developments is that we will have a two tier maternity service. One that will benefit healthy articulate women and an NHS provided maternity service that cannot, as currently resourced, deliver similar standards of care for everyone else.
This is one of the areas that will be considered as part of the pilot. At this point it is too early to judge however the pilot is commissioned to support a low number of women ensuring that NHS providers are still commissioned to provide support to low risk women and those that choose a home birth.

Q3 ***Has the CCG taken part in the London Choosing Wisely programme, and if so, have any decisions been made regarding a reduction of access to treatments?***
The CCG has been participating in a review of the London Choosing Wisely (POLCE – Procedures of Limited Clinical Effectiveness) programme with its CCG neighbours across NE London. A clinical review should be complete by the end of March 2018 and a public consultation will follow after local elections in May 2018.

Q4 ***Does the CCG know how many patients are sent outside the borough for tests conducted by InHealth, as concerns have been raised about distance and transport costs, particularly for the elderly?***
The CCG does not hold information on the number of patients for InHealth tests seen outside the borough. MRI scans are the only test not available within Waltham Forest. The scanner is sited in Stratford. The scanner previously within Waltham Forest was not maintained as it was underutilised.

For context the community Direct GP access diagnostic contract value is £2,083,870 for 2017/18. InHealth services account for £1,075,482 of this amount - 51.6%. InHealth provides 4 diagnostic services. There are 14 different providers delivering the range of diagnostic services.

2 Governance

2.1 Joint Commissioning Committee Update

See Accountable Officer's report for update.

2.2 Board Assurance Framework

HD requested that the Governing Body approve the Board Assurance Framework.

Currently there are six risks reported through the Board Assurance Framework (BAF) of which four are extreme and two are high.

One new risk has been added to the BAF:
There is a risk that agreement will not be reached in respect to the achievement of a balanced plan for 2018/19.

Three risks have been removed from the BAF:

- Risk relating to Waltham Forest CCG being unable to demonstrate compliance with the Improvement Assessment Framework required to provide assurance to NHS England.
- London Ambulance Service performance continuing to fail the nationally set 'Category A' eight minute response time target.
- Inadequate nursing standards and quality management processes within a Care Home in Waltham Forest.

The risk relating to the achievement of planned surplus has increased from 12 (high) to 15 (extreme).

HD requested that the committee note in particular risk number one relating to referral to treatment time. Currently Waltham Forest CCG does not achieve its targets due to poor performance of Barts Health.

From April 2018 Barts Health will be required to report to national targets however there is no confirmation of the date reporting will become formal.

HD confirmed that assurance was in place via two specific forums: The Oversight and Assurance Committee and The Clinical Harm Review Panel.

From April 2018 national guidance has stated that only e-referrals will be accepted.

KA requested that a more detailed report goes to The Performance and Quality Committee relating to Referral to Treatment reporting.

Action 13/18: HD to ensure a report to The Performance and Quality Committee with more detail on the referral to treatment issues.

AW stated that he felt that the risk should be higher. HD agreed.

Action14/18: HD agreed to update and increase the risk on the BAF.

CW questioned the narrative and rating on Risk Two, 95% A&E target. HD noted that the rating was aspirational and this was why the rating had been nine. CW felt that this was unrealistic.

JMe noted that the CCG have not reached this aspiration and HD agreed to revise.

Action 15/18: HD to revise the rating on risk two.

Action 16/18: HD also requested that the Audit Committee review target risk ratings.

AK noted that Healthwatch Enfield had completed a review of patients attending A&E particularly where patients had not attempted to or were aware of the process of contacting their GP for an urgent appointment. AK requested that Healthwatch share the report with KA.

TS noted that the first port of call for most people was A&E and there was a need to improve understanding of where patients should be going to avoid A&E.

MS noted that patients often present at A&E because of previous bad experiences and are not aware of the changes and work that has taken place to ensure that patients have other options.

HD emphasised that NELFT had presented reports at the CQRM relevant to the success of pilot schemes specific to admission avoidance. To note this included falls and rapid response. HD also noted the importance of highlighting the positive work achieved to date to support mitigation.

DK requested a list of patients who are frequent flyers at A&E as this would be useful to target the issue.

HD informed the committee that this information is readily available as the CCG funds a dedicated nursing post to lead and manage the requisite improvement for high intensity user patients.

RG noted that he had been contacted by A&E directly when a patient had presented at A&E and asked if he could see the patient. This highlighted another way that primary and secondary care can work together to inform patients of the alternatives.

Regarding risk 5, Primary Care, the committee noted that 8 of the performance metrics were rated very low for Waltham Forest Primary Care.
JMe noted that a full report had come to Governing Body.
AK requested that an OD session be conducted in relation to primary care performance..
AW stated that it would be important to include clinical leads and other GPs in the OD session.
AK suggested that Fed Net could also be involved.

Action 17/18: JMe to arrange an OD session relating to risk five and primary care.

3.	**Performance and Quality**	**JMe/HD**
3.1	**Performance Report**	JMe

JMe requested that the Governing Body approve the performance report.
JMe noted that there was not much new to report from last month's Governing Body as due to Easter it has only been three weeks since the last report.

The CCG has currently assessed that there are now 14 low risks which should be achieved, four medium risks and nine high risks. 60% of targets should be achieved 17/18. HD

The nine high risk targets are:

- Cervical Cancer Screening
- Diabetes Structured Education
- Renal
- CHC Assessments in 28 days
- E-referrals
- A&E performance

JMe noted that the Diabetes Structured Education Programme data from NELFT is now looking a lot more positive than at the time of reporting.

JMe noted to the Governing Body that A&E continues to be an issue as referenced in the BAF report.

DK requested clarity on whether the 80% target for e-referrals was a national or local target. JMe confirmed that this was a national target.

AK noted that several GPs who are already using e-referrals are currently visiting practices to show how the easy process is and will continue to do this throughout April – July. AK emphasised that it would be useful for all practices to have a system of process related to e-referrals and that there should be one system in place for all GP practices. MS noted that access, user processes and governance are incredibly important.

CW asked a question in relation to Cervical Screening and whether the CCG had data to reflect how many women are currently screened outside of the borough? JMe agreed to find this information out.

MS noted that this data should be captured as it would be useful in meeting the targets. MS also emphasised that out of women who have cervical screening tests completed either privately or out of the country are not counted towards the targets.

HD noted that there was a clinical safety issue related to women having more than the required level of cervical screening amount of smears therefore it was vitally important that the data is captured for women screened outside of the NHS. HD also noted that the CCG cancer team are currently working with NHS England to include data where GPs can evidence that patients have had screening elsewhere.

The report was approved.

Quality Report
HD presented the quality report to the Governing Body for approval.

Whipps Cross Hospital

Barts Health NHS Trust have been out to procurement for a new patient experience solution to collate the Friends and Family Test (FFT). The November and December FFT data was not available at the time of writing this report.

- FFT response rate in the Emergency Department (ED) did not achieve the 20% response rate target in December, reaching 16%.
- There were four overdue serious incidents (SIs).
- One grade 4 pressure ulcer was reported in November and seven grade 3 pressure ulcers were reported.
- There was one case of MRSA reported in November.
- There were 0 Never Events reported.
- 38 complaints were received in December with 56% of complaints responded to within the agreed timeframe.

North East London Foundation Trust (NELFT)

- Currently NELFT are non-compliant with an 85% target for Safeguarding Children Level 2 and Infection Prevention and Control training.
- No complaints were open more than 90 days and 100% of complaints were responded to within the agreed timeframe.
- There were 0 cases of MRSA and Clostridium Difficile (C.Diff) reported and 0 overdue Serious Incidents.
- Percentage of staff sickness is reported above the 4% target at 4.20%

Care Home Care Quality Commission (CQC) reports

In December, the Care Quality Commission published a report on St Ives Lodge Residential Care Home which is a residential home in Chingford. The service was rated good against the five domains of care.

Clinical Quality Review Meeting (CQRM) NELFT

Topics discussed were the organisational data quality report, access and assessment and brief intervention (AABIT) decommissioning, open dialogues research trail, Looked After Children (LAC) Deep Dive, Compliance with NICE guidance and NRLS Bi-annual report.

Clinical Quality Review Meeting (CQRM) Whipps Cross

Topics discussed were CQC and quality improvement, patient experience, emergency medicine, GP alerts themes and serious incident tracker and overdue incidents.

The committee had no questions and the report was approved.

3.2 **Terms of Reference Planning and Finance Committee** **JMe**

JMe presented the draft terms of reference for the new Planning and Finance Committee which will replace Finance and QIPP and Planning and Innovation. JMe requested that the Governing Body approve the proposed terms of reference.

HB noted that the Director of Finance was not included on the core membership and this will need to be amended.

AW requested that the wording relating to the frequency of the meeting reads; the committee will meet no more than 10 times per annum rather than the committee will meet a minimum of 10 times per annum.

AS noted that the quoracy should not be recorded in percentage but should read four voting members including two clinical directors.

MS questioned why only four Clinical Directors were required for the new committee. AW noted that there was no need for all eight as other committees were in place that did not include all Clinical Directors. AW also noted that four Clinical Directors should be sufficient for clinical input.

JMe highlighted that the CCG was at point in time where most of the strategy has been completed.

MS stated that all CDs have expertise in different areas.
AS noted that if a specific agenda item related to particular Clinical Director's expertise they can be invited to attend the committee to participate.

AK agreed to review who the four best suited Clinical Directors were and discuss off line while reviewing who is on the Performance and Quality Committee.

AW explained that the lay member who is Chair of Audit Committee cannot be the Chair of the Finance Committee. The Governing Body agreed that AW would be the Chair for the new committee.

The committee approved the Terms of Reference subject to the small changes and AK will take a chair's action following the changes being completed.

4.	**Finance & QIPP**	**HB**
4.1	**Finance Report**	**HB**

HB presented the finance report to update the Governing Body on the financial position as of the end of February. HB noted that the CCG was facing an extremely challenged financial position.

Financial pressures have meant that at month 11 we are now projecting an in year deficit of £1.0 million. This follows discussions with NHSE regarding the treatment of pressures on non-stock medicines where the full overspend has been included in the Month 11 forecast. It is expected that this will revert to plan at Month 12 when the currently uncommitted non-recurrent headroom of £1.7 million is released.

AW stated that the CCG will need to take further action to ensure they do not a have deficit next year in relation to non-stock medicines.

HB noted that it was important to have the challenges in the system tidied up before agreeing plan for following year.

HB noted that the Section 75 for the Better Care Fund has not been signed and requested permission from the Governing Body for delegated authority to take place outside of the meeting. HB assured the Governing Body that everything had been approved and that all governance had been followed correctly.

The Governing Body approved the report.

4.2	**Budget 2018/19**	**HB**

HB presented the budget report for 2018/19. The plan cannot be approved until the final version is completed and this will be before the submission date of 20th April. HB noted that there was considerable work still to be done before the plan was completed. HB requested that the Finance and Planning Committee sign off the final plan in place of the Governing Body.

AW noted that the Finance and Planning Committee would have to sign this off as the Governing Body does not meet in April.

JMe agreed that if the new Finance and Planning Committee is in place it will be able to sign off the final version of the plan otherwise it can be arranged for the old Finance and QIPP Committee to co-opt a Clinical Director for one committee to ensure the committee will be quorate.

Action: AK suggested that JMe/AW work out mechanisms and arrange sign off for April.

5.	**Health and Well-Being Strategy**	
	No items	
6.	**Strategy and Planning**	**JMi/JMe**
6.1	**Healthy London Partnership**	**JMi**

JMi presented an overview of the proposed Healthy London Partnership 2018/19 funding and programmes for agreement.

The Governing Body was asked to:

- Note the review undertaken to establish Healthy London Partnership funding and programmes for 2018/19.
- Approve the recommended 2018/19 Healthy London Partnership portfolio envelope of £9,244k. This equates to a total London CCG contribution of £7,777k with a Waltham Forest CCG contribution of £237,264.
- Approve the pan-London transformation leadership and governance arrangements.

TM noted that Children and Young People had taken the biggest loss with funding and that this was disappointing. JMi stated that priorities at North East London level would be reviewed with a view of how do we recycle back to Children and Young People.

JMe noted that primary care workforce and enablers workforce were two separate pieces of work.

The Governing Body approved the report.

6.2	**Integrated Strategic Commissioning Functions**	**JMe**

JMe presented the paper on the Integrated Strategic Commissioning Function to the Governing Body and requested that they approve the recommendations.

The proposal is to move towards a new way of working from 1st April 2018. The CCG and Local Authority will:

- Publish a new vision and commissioning priorities for the Strategic Commissioning Function in line with existing strategies across both organisations.

- Establish a joint committee in common, with delegated responsibility.
- Sharing the new vision for the Strategic Commissioning Function with staff, partners and providers.
- Launch a new brand identity for the joint commissioning activity.
- Agree joint roles and responsibilities for taking this forward.

The recommendations to the Governing Body were:

- To agree the vision for the new Integrated Commissioning Function.
- Agree the proposed scope of taking a broader approach to health and wellbeing including the wider determinants of health.
- Agree the new commissioning framework, which sets out the key principles underpinning integrated commissioning and the activities and outputs to be delivered for each theme and cohort.
- Agree that joint roles to take responsibility for commissioning across both organisations are established according to key priority themes and cohorts.
- Establish a new joint committee to take responsibility for integrated commissioning decisions delegated by Cabinet and Waltham Forest CCG's Governing Body.

JMe noted that a joint piece of work between the CCG and the Local Authority has been done with Learning Disabilities with a backdrop of Section 75 which has been successful. In addition work on mental health continues to have a joined up approach and the Better Care Together work has engagement from both organisations. JMe also sighted SEND as an example of where the CCG and Local Authority worked thorough their differences.

JMe also noted that there were still issues that needed to be resolved regarding finance, contracting and around governance including things like a single email system and shared drive/folders. And that there was a need for one contracting and commissioning system rather than how they currently work, separately. But that working together made things better for the patients and residents as well as being better value for money in the borough and eradicating duplication. The creation of a Joint Commissioning Board with councillors and clinical representation will also make things more formal.

JMe also noted that the Local Authorities definition of commissioning was very different to the NHS definition. JMe stated that this was also an opportunity to work more closely with the Health and Wellbeing Board and to bring more structure to this and make it more of an effective body. JMcD stated that Public Health would be supportive and that the Health and Wellbeing Board would be very open for development.

AS raised constitutional issues in relation to the creation of a Strategic Commissioning Joint Committee. AW noted that it was not possible to set up a Joint Committee with the Local Authority because of the health and wellbeing act as this would be double delegation. AW also emphasised that it was important that the changes required to the constitution took place as soon as possible.

The Governing Body also noted that primary care cannot be delegated and that the CCG may require legal advice to see if some decisions can be made in relation to primary care. TM stated that the Joint Commissioning Board would require strong leadership. JMe emphasised that both councillors and Clinical Directors will be on the Strategic Commissioning Board and clarification will be needed on delegation of Section 75.

AK noted that relationships were forming the identity of the joint working and that OD work was important.

CW requested clarity on how budgeting will work. JMe explained that the CCG was not proposing a pooled budget but that the aspiration should be to have a pooled budget although there was a need to be cognisant of the alliance work.

AW noted that the Local Authority bidding for services would be conflicted and that this would need to be addressed.

The Governing Body supported the principle and approved the report subject to clarification regarding double delegation, any constitution issues, conflict resolution and Section 75. The paper will then go to Cabinet in April for approval from the Local Authority.

7.	**For Information**	
7.1	**Minutes of Performance and Quality Committee**	**HD**
	There were no comments.	
7.2	**Minutes of Finance and QIPP Committee**	**JMe**
	There were no comments.	
7.3	**Minutes of Primary Care Commissioning Committee**	**JMe**
	There were no comments.	
7.4	**Actions from Leyton/Leytonstone, Chingford and Walthamstow Locality Meetings**	**All CDs**
	There were no comments.	
8.	**Forward Plan**	
	N/A	
9.	**AOB**	
	AW emphasised that the Governing Body had approved the request to reduce the number of times it met per year to six. Therefore AW requested that this was actioned from April 2018.	**AK**

AK suggested that there was a discussion at the away day in April and following this the new dates would be fixed.

AW requested that the CCG use the terminology of up to rather than minimum when referring to the number of meetings a committee is required to hold. HD noted that this would feed into governing body review.

Signature **Date**

Next meeting

Date: 23 May 2018

Time: 12.00-14.00

Venue: Boardrooms A,B and C, Ground Floor, Kirkdale House, Leytonstone, E11 1HP