

**Public CCG Governing Body Meeting (12 December 2013) – Item 3.0**

<b>MEETING:</b>	10 <sup>th</sup> Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 <p align="center"><b>GOVERNING BODY</b></p>
<b>MEETING DATE:</b>	Thursday 10 October 2013	
<b>VENUE:</b>	Board Room, Health Place, Brigg	
<b>TIME:</b>	13:30	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Dr Margaret Sanderson ( <i>MS</i> )	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Allison Cooke ( <i>AC</i> )	Chief Officer	NHS North Lincolnshire CCG
Therese Paskell ( <i>TP</i> )	Chief Finance Officer & Business Support	NHS North Lincolnshire CCG
Caroline Briggs ( <i>CB</i> )	Director of Commissioning	NHS North Lincolnshire CCG
Frances Cuning ( <i>FC</i> )	Director of Public Health	North Lincolnshire Council
Dr Andrew Lee ( <i>AL</i> )	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr James Mbugua ( <i>JM</i> )	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler ( <i>RJF</i> )	CCG Member/General Practitioner/Medical Director	NHS North Lincolnshire CCG
Dr Nick Stewart ( <i>NS</i> )	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Ian Reekie ( <i>IR</i> )	CCG Lay Member, Patient & Public Involvement/Vice CCG Chair	NHS North Lincolnshire CCG
Paul Evans ( <i>PE</i> )	CCG Lay Member, Governance	NHS North Lincolnshire CCG
<b>IN ATTENDANCE:</b>		
Clare Smith ( <i>CS</i> )	PA ( <i>Note Taker</i> )	NHS North Lincolnshire CCG
Denise Hyde ( <i>DH</i> )	Director of People <i>In attendance for Item 6.4 only</i>	North Lincolnshire Council
Steve Mason ( <i>SM</i> )	Legal and Governance Lead <i>In attendance for Item 7.1 only</i>	North Yorkshire and Humber Commissioning Support Unit

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Dr Fergus Macmillan ( <i>FM</i> )	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Jagrit Shah ( <i>JS</i> )	Secondary Care Doctor	NHS North Lincolnshire CCG
Catherine Wylie ( <i>CW</i> )	Director of Risk & Quality Assurance/Nurse Member	NHS North Lincolnshire CCG

<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
<b>1.0 WELCOME, ANNOUNCEMENTS AND APOLOGIES</b>		
MS welcomed all attendees to the tenth meeting ‘in public’ of the Clinical Commissioning Group Governing Body. Apologies were noted, as detailed above.	<b>Decision:</b> Noted	Chair
<b>2.0 DECLARATION OF INTERESTS</b>		
MS invited those with any Declarations of Interest to make them known to the meeting. RJF declared an interest in relation to Item 6.3, as the petition related to medical services in Barton-upon-Humber. It was noted that RJF was a General Practitioner within the Central Surgery in Barton-upon-Humber. RJF was invited to remain in the meeting for the discussion.	<b>Decision:</b> Noted	Chair
<b>3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 8 AUGUST 2013</b>		
The minutes were accepted as an accurate record of the meeting.	<b>Decision:</b> Noted	Chair

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<b>4.0 ACTION LOG – ACTIONS UPDATE FROM 8 AUGUST 2013</b>		
<ul style="list-style-type: none"> <li>• <b>Item 7.2: Statement on Whistleblowing Policy</b> <ul style="list-style-type: none"> <li>○ This had been discussed at the Council of Members meeting on 26 September 2013</li> </ul> </li> <li>• <b>Item 6.1: Individual Funding Request Policy</b> <ul style="list-style-type: none"> <li>○ All actions had been completed and the policy was now available to the public on the CCG website</li> </ul> </li> <li>• <b>Item 6.2.3: Report: Keeping Well and Living an Independent Life</b> <ul style="list-style-type: none"> <li>○ The report had been discussed by CCG Governing Body members on 22 August 2013. CB advised that the report had also been presented to the Health &amp; Wellbeing Board on 3 October 2013. In considering the report, the CCG had identified proposed priorities for taking forward during 2013/2014, some of which were for the CCG to action, and some would require wider partnership support. The Health and Wellbeing Board considered and supported the proposed priority actions</li> </ul> </li> <li>• <b>Item 7.4: North Lincolnshire CCG Equality and Diversity Plan 2013-2015 (Population Figures)</b> <ul style="list-style-type: none"> <li>○ FC advised that both the CCG Equality and Diversity Plan 2013-2015, and the North Lincolnshire Joint Health and Wellbeing Strategy 2013-2018, had used the correct figures, but they had been presented in different ways. The Equality and Diversity Plan had now been amended to ensure the information was presented in the same format in both documents</li> </ul> </li> <li>• <b>Item 7.4: North Lincolnshire CCG Equality and Diversity Plan 2013-2015 (Governing Body Appraisals)</b> <ul style="list-style-type: none"> <li>○ AC and MS advised that they had discussed Governing Body appraisals. It was suggested that CCG Director/senior management appraisals would be picked up via the annual appraisals undertaken for all CCG staff. GP members could have a brief 1:1 to highlight concerns. Paperwork from the 1:1 could be taken forward as part of the annual GP appraisals. Further discussion to take place with PE, IR and JS with regard to appraisals for CCG Lay Members and the Secondary Care Doctor                             <ul style="list-style-type: none"> <li>▪ RJF advised that GP appraisals would be taking place between October and January 2014, so the 1:1 meetings would need to be organised shortly</li> </ul> </li> </ul> </li> </ul>	<p><b>Decision:</b> Noted</p>	<p>Chair</p>
<b>5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)</b>		
Nothing discussed.	<b>Decision:</b> Noted	
<b>6.0 CLINICAL COMMISSIONING</b>		
<b>ITEMS FOR APPROVAL</b>		
<p><b>6.1 Section 75 Partnership Agreements to underpin more integrated commissioning between the Clinical Commissioning Group and the Local Authority in North Lincolnshire</b></p> <p>CB presented Item 6.1 and the report was taken as ‘read’. The report updated Governing Body members on the progress in developing the Section 75 Partnership Agreements that would underpin integrated commissioning between the Clinical</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Noted the progress in the development of the Section 75 Partnership Agreements</li> <li>• Supported the review of the areas covered by the</li> </ul>	<p>DoC</p>

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<p>Commissioning Group and the Local Authority. Approval was sought for the proposed approach. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>○ The Health &amp; Wellbeing Board approved a statement of intent that confirmed the continued commitment to working in partnership between health and the Local Authority, whilst the Section 75 Partnership agreements were being finalised</li> <li>○ The Transforming Complex Care stocktake and action plan, in response to the national Transforming Care (Winterbourne) recommendations included a requirement to have in place a pooled budget <ul style="list-style-type: none"> <li>▪ The current pooled budgets did not include this area. Consideration needed to be given as to whether this was covered by the development of an additional Section 75 agreement, or incorporated into one of the others</li> </ul> </li> <li>○ Three Section 75 Partnership Agreements were in development in North Lincolnshire, one in respect of services to adults with learning disabilities, one in respect of services to adults with mental health needs and one for services to children <ul style="list-style-type: none"> <li>▪ Work was also underway to scope the complex care requirements to determine if that should be incorporated into one of the above, or be covered in a separate agreement</li> <li>▪ The development of separate agreements reflected best practice</li> </ul> </li> <li>○ It was noted that there was an error in paragraph 5.1 of the report, the figures for Mental Health and Learning Disability had been transposed. It was noted that the report should read <ul style="list-style-type: none"> <li>▪ <i>Mental Health S75 pool is £13,956k</i> <i>Learning Disability S75 pool is £7,120k</i> <i>Children’s Service S75 jointly commissioned contracts (aligned) is £307k</i></li> <li>▪ The report had been updated and corrected on the CCG website</li> </ul> </li> </ul>	<p>agreements as set out in the report</p>	
<b>ITEMS FOR AWARENESS, NOTING AND RATIFICATION</b>		
<p><b>6.2 Healthy Lives, Healthy Futures Update</b></p> <p>AC advised that the review of all health and care services in Northern Lincolnshire was on-going. A structured programme to drive the process forward had been established. Stakeholder, clinical and public engagement had commenced regarding the case for change, commissioner vision and evaluation criteria. This would continue and the CCG is still receptive to comments. Following this engagement exercise it is expected that an overview of options will have been developed before Christmas. If required a second period of engagement would take place from February 2014, with a consultation period (if required) no sooner than June 2014. It was noted that if any changes identified could be made without the need for formal consultation, they would be implemented prior to June 2014.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>● Noted the Healthy Lives, Healthy Futures update</li> </ul>	<p>CO</p>

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<p>AC advised that she had attended a number of stakeholder/public engagement events and the two areas which prompted the most discussion were Stroke and Maternity Services:</p> <ul style="list-style-type: none"> <li>○ Stroke Services <ul style="list-style-type: none"> <li>▪ Current possibilities were that hyper-acute stroke care (the first 72 hours for all suspected stroke patients) would be provided at either Scunthorpe General Hospital (SGH), the Diana Princess of Wales Hospital in Grimsby (DPoW) or another place, possibly Hull, although no long term decisions had been made to date</li> </ul> </li> <li>○ Maternity Services <ul style="list-style-type: none"> <li>▪ In isolation, there were no issues with the individual site service, although a full review of maternity services across Northern Lincolnshire needed to be completed</li> </ul> </li> </ul> <p>It was suggested that prior to any further public engagement sessions, the sites and timings for the events should be reviewed as some had proved to be less productive than others. CB confirmed that the Engagement Team were currently producing an evaluation of the events.</p> <p><b>Public Questions relating to Healthy Lives, Healthy Futures</b> MS invited members of the public to ask questions specifically related to the above. A question was asked in relation to Stroke Services, and whether future service provision would be provided in Hull, as there had recently been information in the media regarding a new hospital for stroke and dementia patients.</p> <p>AC reiterated that current possibilities were that hyper-acute stroke care (the first 72 hours for all suspected stroke patients) would be provided at either Scunthorpe General Hospital (SGH), the Diana Princess of Wales Hospital in Grimsby (DPoW) or another place, possibly Hull, although no long term decisions had been made to date. The review of stroke services had taken place further to recommendations made in the Keogh report. Professor Rudd, the national clinical stroke lead, had already visited Northern Lincolnshire to help inform short term decisions, but work would continue towards a long term solution. It was noted that some Northern Lincolnshire patients already travelled to Hull for certain treatments.</p>		
<p><b>6.3 Petition regarding medical services in Barton-upon-Humber</b> RJF declared an interest in relation to Item 6.3, as the petition related to medical services in Barton-upon-Humber. It was noted that RJF was a General Practitioner within the Central Surgery in Barton-upon-Humber. RJF was invited to remain in the meeting for the discussion.</p> <p>AC presented Item 6.3 and the report was taken as 'read'. The CCG had received a petition containing 1032 signatures</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>● Acknowledged receipt of the petition</li> <li>● Was assured that the actions with regard to ensuring information about access to primary care services in Barton was</li> </ul>	CO

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<p>concerning medical services in Barton-upon-Humber. The paper described some of the background to the petition, considered whether there was any basis to consider the request for an Out of Hours (OOH) facility, separate to the work underway linked to Healthy Lives, Healthy Futures (HLHF), or the current mobilisation of the new Unplanned Care pathway. A supporting document was 'tabled' in relation to Accident &amp; Emergency attendance by Practice (Northern Lincolnshire &amp; Goole Hospitals NHS Foundation Trust and Hull), population profile and key outcome indicators.</p> <p>Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> <li>○ Meeting with Barton Town Council <ul style="list-style-type: none"> <li>▪ AC and RJF have recently met with Barton-upon-Humber Town Council regarding patient concerns about the availability and access to appointments at Central Surgery. This had been exacerbated by GP turnover. At that meeting, RJF was able to explain how services were currently organised, improvements that had been made, and in turn provide a level of reassurance</li> <li>▪ It was clear that some patients were not fully aware regarding the booking of appointments, opening hours, availability of clinics etc. At the meeting, an action for the practice was agreed with the Town Council to provide and promote information about the surgery</li> </ul> </li> <li>○ Healthy Lives, Healthy Futures (HLHF) <ul style="list-style-type: none"> <li>▪ The CCG priority was to complete the work to develop options that would enable it to respond to the identified local challenges</li> <li>▪ HLHF is looking at how the needs of all North Lincolnshire communities can best be addressed going forward, including those living in the Barton-upon-Humber area</li> </ul> </li> <li>○ Access to Out of Hours (evening and weekends) Doctor <ul style="list-style-type: none"> <li>▪ From the beginning of October 2013, access to a GP 'out of hours' in North Lincolnshire was all part of the Unplanned Care pathway</li> <li>▪ Patients or carers can access the pathway over the telephone using NHS111</li> <li>▪ The service will help patients or carers determine whether the need is urgent or whether a GP can be seen in their own practice, thus avoiding unnecessary travel</li> <li>▪ If the need is urgent, patients may be asked to go to the Urgent/Emergency Care Centre at Scunthorpe General Hospital (SGH). Depending on their need, they may be seen there by a GP.</li> <li>▪ As now if the need is an emergency, carers can call 999 or go direct to SGH or Hull</li> <li>▪ The CCG's rationale for consolidating the unplanned care pathway, including the GP Out of Hours services, was to ensure that patients</li> </ul> </li> </ul>	<p>sufficient</p> <ul style="list-style-type: none"> <li>● Was assured that the CCG priority remained to complete work with regard to Healthy Lives, Healthy Futures, which will impact on the whole population, including Barton. This was because there was no evidence of poorer outcomes to support dealing with the needs of Barton in isolation</li> <li>● Was assured that as part of the CCG's role, it would continue to work with NHS England to ensure that all North Lincolnshire residents have access to appropriate 'in hours' Primary Care medical services, including as necessary extended hours</li> </ul>	

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<p>who have an urgent need receive a consistent quality and outcome response from health services, seven days a week. The SHMI indicator has amplified that this has not always been the case. Consolidation into one service is also ensuring that with the limited medical manpower available locally, and no additional funding, every opportunity is being taken to deliver a better outcome for all North Lincolnshire residents</p> <ul style="list-style-type: none"> <li>▪ The impact of a move to a fragmented model, as suggested by the petition, would need to be fully assessed in terms of the ability to ensure adequate staffing, deliver consistently high standards and contain costs. But before any further changes are considered the new unplanned care pathway needs to be allowed time to bed in, and be fully evaluated.</li> </ul> <ul style="list-style-type: none"> <li>○ Is there any evidence that Barton residents are receiving poorer health outcomes currently or that there is unmet need? <ul style="list-style-type: none"> <li>▪ The joint strategic needs assessment (ward level) and the health outcomes information (practice level) do not indicate that people in Barton have poorer outcomes, relative to other populations in North Lincolnshire. People in Barton tend to live longer than other parts of North Lincolnshire, and the Quality Measures in terms of the Quality and Outcomes Framework (QoF) for primary care in Barton are very good. There is no evidence of unmet need relative to other populations</li> <li>▪ The population is older than the North Lincolnshire average, and the numbers of very elderly are increasing. Most of the needs of this population are best managed locally and with appropriate access to social care, primary medical and community services. There is no evidence to suggest that people from Barton are using or needing to use Emergency or urgent services at higher rates than other populations, because of poorer access to ‘in hours’ medical services</li> <li>▪ As part of HLHF the needs of Barton in the context of North Lincolnshire populations overall will be considered. Further engagement is planned for early in 2014, followed as necessary by public consultation</li> </ul> </li> <li>○ It was agreed that after a period of time the new unplanned care model should be evaluated</li> <li>○ It was felt by Governing Body members that services did need to be publicised to ensure patients were aware of what was available at their surgery</li> <li>○ It was noted that nationally there was a shortage of</li> </ul>		

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<p>GPs, and North Lincolnshire did struggle with recruitment.</p> <ul style="list-style-type: none"> <li>○ It was noted that the delivery of services to rural areas was an issue for much of North Lincolnshire and that Barton could not be looked at in 'isolation'</li> </ul>		
<p><b>6.4 Integrated Transformation Fund</b> AC presented Item 6.4 with DH.</p>  <p>Item 6.4</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>○ Integration Transformation Fund (<i>slides 2 &amp; 3</i>)</li> <li>○ Impacts (<i>slide 4</i>) <ul style="list-style-type: none"> <li>○ This is not new money</li> <li>○ Spending on new investments would mean stopping spending on current commitments</li> </ul> </li> <li>○ How do we take forward in North Lincolnshire? (<i>slide 5</i>) <ul style="list-style-type: none"> <li>○ Proposed use as a catalyst for change to support delivery of Healthy Lives, Healthy Futures, and Local Authority transformation plans</li> <li>○ Initial focus on joint commissioning of elderly services, which will support the movement of resources across the system</li> </ul> </li> <li>○ Proposed principles for Integration Transformation Fund (<i>slide 5 &amp; 6</i>)</li> <li>○ Handling and Implications (<i>slide 7</i>)</li> <li>○ Query raised regarding what happens to those who are registered with a CCG practice, but do not live in the North Lincolnshire Council area <ul style="list-style-type: none"> <li>○ Agreement would have to be in place with another Local Authority</li> </ul> </li> <li>○ Suggestion that Autism in Adult Services should be prioritised</li> <li>○ The use of co-design was discussed. Need to adopt the methodology</li> <li>○ Need to be clear regarding funds</li> <li>○ Need to explore the primary care viewpoint</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>● Noted the presentation</li> </ul>	CO
<b>7.0 CORPORATE GOVERNANCE AND ASSURANCE</b>		
<b>ITEMS FOR DISCUSSION AND/OR APPROVAL</b>		
<p><b>7.1 Claims Management Policy</b> SM presented Item 7.1 and the report was taken as 'read'. NHS North Lincolnshire CCG was committed to effective and timely investigation and response to any claim that included allegations of clinical negligence or personal injury, and would follow the requirements of the National Health Service Litigation Authority (NHSLA) in the management of claims.</p> <p>Every member of staff within any NHS organisation was expected to co-operate fully as required, in the assessment and management of each claim. The CCG also aimed to ensure that its policies would be compliant with the Human Rights Act 1998.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>● Approved the policy</li> </ul>	L&GL

<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
<p>The Claims Management Policy was based on current guidance from the NHSLA. Any future changes in guidance would be followed, and may supersede the procedures laid down in the policy.</p> <p>The NHSLA was, in effect, an insurer to NHS bodies. The CCG would undergo an assessment of risk by the NHSLA, and a contribution or premium for membership of the scheme was then calculated.</p> <p>CCG Governing Body members were asked to approve the policy. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>○ It was confirmed that the policy was consistent with the CCG Constitution</li> <li>○ SM advised that the current premium for membership of the scheme was approximately £5,000. It was highlighted that this figure could alter significantly in the future</li> </ul>		
<p><b>7.2 Policy Framework Document</b></p> <p>MS presented Item 7.2 on behalf of the Assistant Senior Officer, Quality and Assurance and the report was taken as ‘read’. The aim of the document was to provide a framework for policy development, review and approval that would ensure a consistent approach for all strategy, policy, guidelines and any other procedural documents produced by the CCG.</p> <p>Individual documents would vary according to their nature and intended audience, however, the format outlined in the framework set a minimum standard. When a new policy was drafted or an existing one reviewed, the author should ensure that it complied with the framework. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>○ AL referred to an e-mail he had forwarded to CCG Engine Room members regarding HYMS. It was agreed that the Impact Analysis/Assessment section needed to be broadened to include other impacts a document may have (e.g. in the above case, consideration of the impact on HYMS of any changes in commissioning, in a similar way that we routinely consider the equality and diversity impact)</li> <li>○ It was queried whether the policies that have recently been approved by the Governing Body were in line with the Policy Framework Document, or whether the policies would be aligned when reviewed</li> <li>○ Page 31 – reference was made to an individual from East Riding, this needed correcting</li> </ul>	<p><b>Decision/Action:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>● Approved the Policy Framework document, subject to the specific areas highlighted, being addressed</li> </ul>	ASO Q&A
<p><b>7.3 Audit Group Workplan and Briefing</b></p> <p>PE and TP presented Item 7.3 and the report was taken as ‘read’. The report provided assurance that there was an appropriate workplan for the Audit Group in place for the remainder of 2013, until June 2014. The report also updated on new audit arrangements.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>● Approved the Audit Group’s workplan until June 2014</li> </ul>	CFO& BS
<p><b>7.4 Finance Report – Month 5 (August 2013)</b></p> <p>TP presented Item 7.4 and the report was taken as ‘read’. The report briefed the Governing Body members on the finance</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>● Received and noted the</li> </ul>	CFO& BS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>position and achievement of duties so far for 2013/2014 (as at the end of August 2013). Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>○ Overall Month 5 Position: The CCG had reported achievement of all its key financial targets, including management of its cash balances to the target level (<i>page 5</i>)</li> <li>○ Revenue Target: Achieve £2m surplus: The CCG was planning to use £2.0 million financial flexibility to increase its target surplus by £2.0 million up to £4.0 million in total. The public were assured that this would ensure the CCG were in the best position possible for the next financial year</li> <li>○ Risk Management: Spire Hospital (<i>page 9</i>) It was queried why £250k appeared under ‘other risks’ for Spire Hospital. There was a query whether this was due to recent adverse publicity affecting Northern Lincolnshire &amp; Goole Hospitals NHS Trust (NLGFT). It was stated that more information had been requested in relation to this, although it was felt that this reflected patient choice</li> <li>○ 2% Recurrent Headroom (<i>page 7</i>) The 2013/2014 financial plan contained provision to ensure that 2% of the recurrent financial allocation was used on a non-recurrent/one-off basis. The proposals had a total value of £3,918k. Business cases had been submitted to the Area Team and their approval was awaited, so that the funding could be released</li> </ul>	<p>finance report</p>	
<p><b>7.5 Performance Report – June 2013 (Quarter 1) Position</b> TP presented Item 7.5 and the report was taken as ‘read’. The report informed and advised the CCG members of the corporate performance position. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>○ Executive Summary (<i>page 6</i>)</li> <li>○ C17 – Category A calls resulting in an emergency response arriving within 8 minutes (Red 1) (<i>page 26</i>) <ul style="list-style-type: none"> <li>▪ National Target or tolerance - 75%</li> <li>▪ Period Actual – 74.5%</li> <li>▪ Discussion took place regarding the 25% of patients where an emergency response does not arrive within 8 minutes</li> <li>▪ Suggestion that more information is needed regarding the timings for the 25%</li> <li>▪ Under C19 – <i>Category A calls resulting in an ambulance arriving at the scene within 19 minutes</i>, the period actual was 94% against a national target/tolerance of 95%</li> <li>▪ Request that the Commissioning Support Unit should be asked for the available data regarding the ambulance times</li> <li>▪ Discussion regarding the level of care provision where targets are being met</li> </ul> </li> <li>○ CCG Development Scorecard 2: Domain 1 – preventing People from Dying Prematurely (<i>page 11</i>) <ul style="list-style-type: none"> <li>▪ Request to add Indicator for ‘Under 75 mortality rate from mental health’</li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and noted the report and were assured that areas of underperformance were being addressed at a local level to meet agreed targets and commitments</li> </ul>	<p>CFO&amp;BS</p>

**Public CCG Governing Body Meeting (12 December 2013) – Item 3.0**

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> <li>▪ Discussion took place regarding ‘national’ and ‘local’ indicators</li> </ul>		
<b>ITEMS FOR AWARENESS AND NOTING</b>		
<b>7.6 CCG Quality Group Minutes – 25 July &amp; 22 August 2013</b> AC presented Item 7.6 on behalf of the Director of Risk and Quality Assurance. The report was taken as ‘read’. The CCG Quality Group minutes were for information only.	<b>Decision:</b> The CCG Governing Body: <ul style="list-style-type: none"> <li>• Received and noted the CCG Quality Group minutes</li> </ul>	DoR& QA
<b>7.7 CCG Audit Group Minutes – 4 June 2013</b> TP presented Item 7.7 and the report was taken as ‘read’. The CCG Audit Group minutes were for information only.	<b>Decision:</b> The CCG Governing Body: <ul style="list-style-type: none"> <li>• Received and noted the CCG Audit Group minutes</li> </ul>	CFO& BS
<b>7.8 Keogh Review Report</b> AC presented Item 7.8 on behalf of the Director of Risk and Quality Assurance. The report was taken as ‘read’. The CCG Governing Body was asked to note the progress made by Northern Lincolnshire & Goole Hospitals NHS Foundation Trust (NLaGFT), against the recommendations and issues raised within the Keogh report of July 2013.	<b>Decision:</b> The CCG Governing Body: <ul style="list-style-type: none"> <li>• Discussed and noted the report and enclosed documentation</li> </ul>	DoR& QA
<b>7.9 Commissioning Support Unit – Financial Services Briefing</b> TP presented Item 7.9 and the report was taken as ‘read’. The report briefed the Governing Body on issues, progress and residual risks in relation to CSU financial services.	<b>Decision:</b> The CCG Governing Body: <ul style="list-style-type: none"> <li>• Received and noted the report, progress made and residual risks</li> </ul>	CFO& BS
<b>8.0 PUBLIC QUESTION TIME</b>		
<p>Two questions/issues were raised by members of the public relating to:</p> <ul style="list-style-type: none"> <li>• <b>Information sharing between organisations</b>                It was queried why there was no ‘joined up writing’ between organisations, and why organisations were not working together to ensure all the required information was available when needed. It was confirmed that information was being shared and relevant discussions were taking place between organisations, but at times information was delayed due to a number of reasons. It was felt that problems occurred where information was requested, but was not forthcoming at all, rather than delayed.                 The member of the public highlighted a particular Experience Led Commissioning workshop that he had attended relating to Dementia. CB to pick up with Jane Ellerton, regarding the problems that occurred.</li> <li>• <b>Shingles Vaccination</b>                The confusion regarding the shingles vaccination was highlighted. FC confirmed that this was a ‘national’ issue and not related to the CCG in isolation. Confusion had arisen as the vaccinations were to be given to 70 and 79 year old patients, rather than patients aged between 70 and 79.</li> </ul>	<b>Decision:</b> Noted	Chair
<b>9.0 ANY OTHER BUSINESS</b>		
<b>9.1 Urgent Items by Prior Notice</b> No urgent items were discussed.		
<b>10.0 DATE AND TIME OF NEXT PUBLIC MEETING</b>		
Thursday 12 December 2013	<b>Decision:</b> Noted	Chair

**Public CCG Governing Body Meeting (12 December 2013) – Item 3.0**

<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
13:30 Board Room, Health Place, Brigg		
<b>11.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY</b>		
<b>11.1 Health &amp; Wellbeing Board Minutes – 14 June 2013</b>	<b>Decision:</b> Noted, for information only	CO