

MEETING:	11 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 GOVERNING BODY
MEETING DATE:	Thursday 12 December 2013	
VENUE:	Board Room, Health Place, Brigg	
TIME:	13:30	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
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
Catherine Wylie (<i>CW</i>)	Director of Risk & Quality Assurance/Nurse Member	NHS North Lincolnshire CCG
Frances Cunning (<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 Fergus Macmillan (<i>FM</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
IN ATTENDANCE:		
Clare Smith (<i>CS</i>)	PA (<i>Note Taker</i>)	NHS North Lincolnshire CCG
Jackie France (<i>JF</i>)	IMT Programme & Business Manager (Humber Locality) <i>In attendance for Item 6.1 only</i>	North Yorkshire and Humber Commissioning Support Unit
Julie Killingbeck (<i>JK</i>)	Relationship Manager <i>In attendance for Item 6.2 only</i>	NHS North Lincolnshire CCG
Gary Metcalfe (<i>GM</i>)	Procurement Lead <i>In attendance for Item 7.1 only</i>	North Yorkshire and Humber Commissioning Support Unit
John Pougher (<i>JP</i>)	Assistant Senior Officer, Quality & Assurance <i>In attendance for Item 7.2 only</i>	NHS North Lincolnshire CCG
Tim Fowler (<i>TF</i>)	Principal Contract Manager <i>In attendance for Item 7.5 only</i>	North Yorkshire and Humber Commissioning Support Unit

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Jagrit Shah (<i>JS</i>)	Secondary Care Doctor	NHS North Lincolnshire CCG
Dr James Mbugua (<i>JM</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 WELCOME, ANNOUNCEMENTS AND APOLOGIES		
MS welcomed all attendees to the eleventh meeting 'in public' of the Clinical Commissioning Group Governing Body. Apologies were noted, as detailed above.	Decision: Noted	Chair
2.0 DECLARATION OF INTERESTS		
MS invited those with any Declarations of Interest to make them	Decision: Noted	Chair

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known to the meeting. No declarations were received.		
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 10 OCTOBER 2013		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 10 OCTOBER 2013		
<ul style="list-style-type: none"> • Item 7.4: Governing Body Appraisals <ul style="list-style-type: none"> ○ MS advised that she had discussed Governing Body appraisals with AC. This would be picked up in January 2014 • Item 7.2: Policy Framework Document <ul style="list-style-type: none"> ○ It was noted that the specific areas highlighted at the Governing Body meeting on 10 October 2013 had been addressed, the document was now complete 	Decision: Noted	Chair
5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
<ul style="list-style-type: none"> • Update regarding Stroke Services (Item 6.2, page 4) CB confirmed that hyper-acute stroke services (<i>the first 72 hours for all suspected stroke patients</i>) had been centralised at the Scunthorpe General Hospital (SGH) site from 4 November 2013. This was a short-term solution. Long-term plans for stroke services would be picked up via 'Healthy Lives, Healthy Futures' 	Decision: Noted	
6.0 CLINICAL COMMISSIONING		
ITEMS FOR APPROVAL		
<p>6.1 IMT Strategy JF presented Item 6.1 and the report was taken as 'read'. It was noted that the CCG would commission from the North Yorkshire and Humber Commissioning Support Unit a full range of IMT services including: -</p> <ul style="list-style-type: none"> ○ Secure high availability IT infrastructure ○ Responsive IT Service management ○ IMT strategy and programme management ○ Training and application support and system configuration ○ Development services for data warehouse and web enabled tools and systems ○ NHS mail ○ Information Governance and IT security ○ IT infrastructure for both the CCG and primary care contractors supporting access, independent of physical estate ○ Assurance on security, performance and resilience requirements <p>CCG Governing Body members were asked to approve the IMT Strategy and approach. Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> ○ Primary Care systems (<i>page 3</i>) ○ Patient and public access to information (<i>pages 3 and 4</i>) ○ Clinical/corporate access and use of information (<i>page 4</i>) ○ Information sharing and integration (<i>page 5</i>) ○ IT infrastructure (<i>pages 5 and 6</i>) <ul style="list-style-type: none"> ▪ Data storage ▪ Access and networking ▪ Desktop strategy 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the IMT Strategy and Approach 	IMTP & BM

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<ul style="list-style-type: none"> ▪ Corporate systems ▪ Support services ○ Query regarding 'NLCCG commissioning plan, Healthy Lives, Healthy Futures' (<i>page 1, Approach, paragraph 5</i>) <ul style="list-style-type: none"> ▪ Agreement that the sentence should read 'NLCCG Commissioning Plan and Healthy Lives, Healthy Futures' ○ Discussion took place regarding 'Primary Care Contractors' (<i>page 1, Approach, paragraph 1</i>) <ul style="list-style-type: none"> ▪ The NHS England Area Team (North Yorkshire and Humber) commissioned the provision of services for primary care contractors 		
<p>6.2 Sustainable Development Management Plan</p> <p>JK presented Item 6.2 and the report was taken as 'read'. The report highlighted that in recent years it has become increasingly clear that as a result of global issues such as climate change, depleting natural resources and financial constraints, the NHS needs to be committed to the principles of sustainable development. The CCG, as an employer and a purchaser of goods and services, recognises its role to promote sustainability and actively contributes to the Government's sustainable development agenda.</p> <p>The Sustainable Development Management Plan reflects the CCG's commitment to continual improvement. It provides a framework for setting and reviewing sustainability objectives and targets for NHS North Lincolnshire Clinical Commissioning Group.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the Sustainable Development Management Plan 	RM
<p>6.3 Yorkshire and the Humber Fertility Policy</p> <p>CB presented Item 6.3 and the report was taken as 'read'. The document represented the commissioning policy for tertiary fertility services for adults registered with a CCG in the Yorkshire and Humber region.</p> <p>The policy aimed to ensure that those most in need and able to benefit from NHS funded treatment were given equitable access to tertiary fertility services across the Yorkshire and Humber area, by identifying the clinical care pathway and relevant access criteria. It was in line with revised NICE guidance issued in February 2013.</p> <p>The document was discussed by the North Yorkshire and Humber CCG Collaborative meeting on the 13 November 2013, and recommended for adoption by each CCG.</p> <p>The CCG Governing Body was recommended to adopt the commissioning policy and to continue to offer couples one cycle of In vitro fertilisation (IVF) in line with the previous commissioning policy.</p> <p>Areas highlighted:</p> <ul style="list-style-type: none"> ○ Key implications for the new policy were extending the age range for IVF down from 23 to 18 and up from 40 to 42, and an emphasis on single embryo transfer 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the Fertility Policy and the continuation of offering couples one cycle of IVF, subject to a review of the number of cycles to be offered, as part of the Prioritisation work • Noted the potential cost pressure arising 	DoC

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<ul style="list-style-type: none"> ○ South Yorkshire and Bassetlaw CCG's offered to undertake a collaborative review of the existing policy on behalf of Yorkshire and the Humber CCG's led by a small review team from Rotherham CCG ○ The mandate of the review group was to review eligibility and equity of access and the number of funded cycles was for each CCG to determine locally ○ Commissioning of fertility services across the NHS had received much political and public attention, not least as a result of inconsistent eligibility criteria and therefore access and variation in terms of numbers of NHS funded cycles ○ From April 2013, the responsibility for commissioning fertility services rests with CCG's. Currently, access to those services is governed by a single policy which was developed by the Yorkshire and the Humber Expert Fertility Group, in consultation with the public via the Specialised Commissioning Group (SCG) and Primary Care Trust (PCT) leads ○ Within the 2013 NICE clinical guideline on fertility new recommendations state that: <ul style="list-style-type: none"> ▪ Women less than 40 years who have not conceived after 2 years of regular unprotected intercourse (previously 3 years) or 12 cycles of artificial insemination are offered 3 full cycles of IVF ▪ The minimum age for NHS IVF treatment has been lowered from 23 to 18 years ▪ Women aged 40-42 should receive one NHS funded full cycle of IVF (the previous upper limit was 39 years) ○ The review group did not have any mandate from commissioners to recommend on number of cycles and therefore this is for each CCG to determine based on local priorities ○ Financial implications <ul style="list-style-type: none"> ▪ The attached costing schedule was based on the NICE costing tool, and designed to give each CCG an indication of the cost of implementing the new guidance <p>Specific areas highlighted/discussed by the CCG Governing Body:</p> <ul style="list-style-type: none"> ○ The presentation of the policy was discussed. It was agreed that there were typographical and grammatical errors throughout the document <ul style="list-style-type: none"> ▪ CB advised that an updated version of the policy had been received on the 11th December 2013, with the errors corrected ○ It was noted that the North Yorkshire and Humber Commissioning Support Unit were in the process of populating the local costing information for the NHS North Lincolnshire CCG ○ The consultation process that had taken place was discussed ○ Discussion regarding the NICE recommendation to offer 		

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<p>3 full cycles of IVF</p> <ul style="list-style-type: none"> ▪ It was agreed that this would need further discussion as part of the Prioritisation Framework ○ It was agreed that further work was required to understand the local implications, prior to making a decision regarding the number of cycles, although decisions were ‘time critical’ 		
<p>6.4 Ethical Commissioning Policy</p> <p>CB presented Item 6.4 and the report was taken as ‘read’. The Clinical Commissioning Group receives a fixed budget from NHS England and must arrange for the provision of healthcare to the extent it considers necessary to meet the reasonable requirements of its patients, subject to the duty to stay within its allocated resources.</p> <p>The ethical framework and supporting prioritisation framework, was designed to underpin the CCG’s priority setting processes and inform decision making by the CCG and its associated committees. In particular, it supports decision making in:</p> <ol style="list-style-type: none"> i. the development of strategic plans for individual services ii. making investment and disinvestment decisions during the annual commissioning cycle iii. making in-year decisions about service developments or disinvestments iv. the management of individual funding requests <p>The Governing Body was asked to adopt the framework and agree to its use in supporting the development of the 2014/2015 Commissioning Plan.</p> <p>Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> ○ Prioritisation Approach (<i>page 19 and 20</i>) ○ Annual Planning Process Overview – Annex 1 (<i>page 22</i>) ○ Prioritisation Criteria – Importance - Annex 2a (<i>page 23</i>) ○ Prioritisation Criteria – Deliverability – Annex 2b (<i>page 24</i>) ○ Prioritisation Map – Annex 3 (<i>page 25</i>) ○ Suggestion to adopt as a ‘trial’ document for this year 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Approved and adopted the policy ● Agreed to its use in supporting the development of the 2014/2015 Commissioning Plan 	DoC
<p>6.5 CCG Commissioning Plans – 2014/2015 Planning Process and Timeline</p> <p>CB presented Item 6.5 and the report was taken as ‘read’. In March 2012 the CCG Committee approved a 5 year Commissioning Plan for 2012/2013 to 2016/2017 that built on the previous PCT strategic plan. In March 2013, the Committee received and approved the draft Commissioning Plan for 2013/2014. Item 6.5 set out the process and timescales for production of plans for 2014/2015 and beyond, this would be kept under review as further guidance was published.</p> <p>A joint letter from NHS England, Monitor, NHS Trust Development Agency and the Local Governance Association was</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Agreed the process and timelines proposed ● Delegated to the CCG Engine Room oversight of the process ● Agreed to receive an update at the CCG Governing Body meeting on 13 February 2014 ● Agreed the formal sign off of the plan for 2014/2015 	DoC

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<p>published on 4 November 2013, in relation to Strategic and Operational Planning in the NHS. This sets out the significant challenges facing the NHS and provides draft guidance on the process and expectations for planning and an agreed joint timetable.</p> <p>Full guidance was expected to be published week commencing 16 December 2013, along with CCG allocations for 2014/2015 and 2015/2016 and broad assumptions for years 3 to 5; the 2014/2015 tariff; standard contract for 2014/2015; final CQUIN scheme.</p> <p>The draft guidance sets out requirements for CCGs to develop a 5 year strategic and 2 year operating plan. The plan will need to reflect the agreed plan for 2014/2015 and 2015/2016 for the Integration Transformation Fund (ITF).</p> <p>CCGs were required to agree the ‘planning unit’ for 5 year plans with the NHS England Area Team by the 12 November 2013. Following discussion the unit will be the NLCCG footprint, however there will be elements of the 5 year plan where we will work closely with our neighbouring CCGs, particularly North East Lincolnshire CCG (e.g. Healthy Lives, Healthy Futures).</p> <p>Key Dates – NHS England:</p> <table border="1" data-bbox="248 1122 954 1659"> <tbody> <tr> <td>Planning Units received from CCGs</td> <td>12 November 2013</td> </tr> <tr> <td>Final guidance, templates and tools issued</td> <td>w/c 16 December 2013</td> </tr> <tr> <td>Allocations issued</td> <td>w/c 16 December 2013</td> </tr> <tr> <td>First submission</td> <td>14 February 2014</td> </tr> <tr> <td>Contracts signed</td> <td>28 February 2014</td> </tr> <tr> <td>Refresh of plan post contract sign off</td> <td>5 March 2014</td> </tr> <tr> <td>Dispute resolution for 2014/2015</td> <td>From 5 March 2014</td> </tr> <tr> <td>Plans approved by Boards</td> <td>31 March 2014</td> </tr> <tr> <td>Submission of final 2 year plans and draft 5 year</td> <td>4 April 2014</td> </tr> <tr> <td>Submission of final 5 year plans <ul style="list-style-type: none"> • Years 1 & 2 of the 5 year plan will be fixed per the final plan submitted on 4 April 2014 </td> <td>20 June 2014</td> </tr> </tbody> </table> <p>Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> ○ Plans to be considered in ‘draft’ at the March 2014 CCG Workshop ○ Plans to be formally approved at the April 2014 CCG Governing Body ○ PE expressed concern with regard to signing the contracts on the 28 February 2014, prior to the approval of the Commissioning Plans ○ It was queried whether the contracts would cover the 2 year period 	Planning Units received from CCGs	12 November 2013	Final guidance, templates and tools issued	w/c 16 December 2013	Allocations issued	w/c 16 December 2013	First submission	14 February 2014	Contracts signed	28 February 2014	Refresh of plan post contract sign off	5 March 2014	Dispute resolution for 2014/2015	From 5 March 2014	Plans approved by Boards	31 March 2014	Submission of final 2 year plans and draft 5 year	4 April 2014	Submission of final 5 year plans <ul style="list-style-type: none"> • Years 1 & 2 of the 5 year plan will be fixed per the final plan submitted on 4 April 2014 	20 June 2014	<p>would take place at the CCG Governing Body meeting on 10 April 2014</p>	
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<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ It was confirmed that more information would be obtained from the guidance which was due week commencing 16 December 2013 ○ It was agreed that further discussion would take place at the January 2014 CCG Workshop, once the guidance had been received ○ An update would be provided at the CCG Governing Body meeting on 13 February 2014 ○ It was noted that the project plan included consideration of the public and patient involvement in the development of the plan. This included: - <ul style="list-style-type: none"> ▪ Building on the work undertaken using Experience Led Commissioning (ELC) in 2012 and 2013, to include and reflect on the insights and agreed commissioning plans for those areas ▪ The continued use of ELC in 2014 to take forward commissioning priorities ▪ The engagement undertaken in 2013 and that planned for 2014 in relation to Healthy Lives, Healthy Futures ▪ Linking with the GP practice Patient Participation Groups ▪ Stakeholder event ○ The public and patient involvement would run in parallel with Healthy Lives, Healthy Futures 		
<p>6.6 Integration Transformation Fund</p> <p>CB presented Item 6.6 and the report was taken as ‘read’. The Comprehensive Spending Review (CSR) announced the ‘transfer from the NHS to Social Care of an additional £200m (to the £900m) in 2014/2015; and in 2015/2016 a further £3.8bn nationally and in turn the creation of an Integration Transformation Fund (ITF)’. The ITF was described as:</p> <p>‘a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities’</p> <p>‘the funding must be used to support adult social care services in each local authority, which also has a health benefit. However, beyond this broad condition we want to provide flexibility for local areas to determine how this investment in social care services is best used.’</p> <p>‘A condition of the transfer is that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. Health and Wellbeing Boards will be the natural place for discussions between the Board, Clinical Commissioning Groups and Local Authorities on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources’.</p> <p>The ITF creates a ring fenced budget to improve outcomes and wellbeing, with effective protection of social care and integrated</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Received the briefing on the creation of the Integrated Transformation Fund and supported the Chief Officer in taking forward the development of the plans with North Lincolnshire Council, for sign off by the Health and Wellbeing Board ● Agreed to receive the final plan at the CCG Governing Body on 13 February 2014 	DoC

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<p>activity to reduce emergency and urgent health demand. The CSR mandated minimum levels of investment in the ITF. Locally CCGs and Local Authorities can decide to place additional resources in the ITF. Health and Wellbeing Boards are encouraged to extend the scope of the plan and the pooled budgets.</p> <p>The Joint briefing had been developed by the CCG and North Lincolnshire Council to set out the implications for North Lincolnshire and the work underway to take the ITF forward.</p> <p>The Plan template which is required to be submitted by the 15 February 2014 will be considered at the CCG Governing Body on the 13 February 2014, and the Health and Wellbeing Board on the 14 February 2014.</p> <p>Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> ○ Discussion at the Integrated Commissioning Partnership (ICP) and a joint CCG and Local Authority senior team meeting held in September 2013 supported the principle of increasing the scope of the ITF beyond the minimum mandated investment. In terms of the potential to achieve delivery and transform outcomes through local Health and Social Care services working more closely together, it was felt this can best be done by initially targeting a pooled budget for the care of those who are frail and elderly ○ Implications on contracts ○ Performance (<i>page 4</i>) <ul style="list-style-type: none"> ▪ In terms of the performance related element there are likely to be a combination of local and national measures ▪ If performance is not achieved there is likely to be a process of peer review undertaken by NHS England and the Local Government Association (LGA) to avoid large financial penalties, resulting it is thought in funding remaining allocated but reconsideration of arrangements for commissioning services ○ Frail and Elderly budget <ul style="list-style-type: none"> ▪ Local Authority has not made a commitment to include its budget in the pool at this stage ▪ Both organisations have to be clear on spend ▪ Final guidance on the ITF will be issued as part of the NHS planning guidance in December 2013 ○ Next Steps <ul style="list-style-type: none"> ▪ Agree vision and strategy for frail and elderly ▪ Further analysis of spend, outcomes and performance to inform proposals ▪ Engagement with stakeholders regarding plans ▪ Alignment with the strategic planning processes of the CCG and Council ▪ Consideration of governance arrangements 		

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<p>that will be required to manage the pooled arrangements and delivery of ITF</p> <ul style="list-style-type: none"> ○ Frail and Elderly Strategy <ul style="list-style-type: none"> ▪ Consultation would take place on the Strategy 		
ITEMS FOR AWARENESS, NOTING AND RATIFICATION		
<p>6.7 Healthy Lives, Healthy Futures Update</p> <p>AC presented Item 6.7 and the report was taken as 'read'. The report provided an update to Governing Body members on the outcomes of the recent public engagement programme, and outlined the timeline for next steps.</p> <p>During August and September 2013, the CCG undertook an engagement programme to raise awareness of the challenges, the case for change and the evaluation criteria through which options for change might be measured.</p> <p>A detailed engagement report about the engagement activities has been produced. It provided a wealth of detailed analysis about the feedback and detailed comments that have been received via the leaflet and questionnaire.</p> <p>Following the engagement, there is a group now established to look at transport and travel issues. The comments and insight about services have also been fed into the work of the programme board for consideration as part of service development.</p> <p>In terms of next steps</p> <ul style="list-style-type: none"> • A second engagement exercise is planned for February 2014. It is planned that services that it is believed can be sustained and provided in the locality i.e. within both North and North East Lincolnshire will be shared. In addition those services which, for example, because of the need to sustain quality or due to their specialist nature might result in people having to travel out of their locality will be identified. • Following the evaluation of the second phase of engagement and final consideration of the options, should there be a need to formally consult with the public about any significant changes this will happen in June 2014. 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the outcome of the Healthy Lives Healthy Futures engagement and the next steps 	CO
7.0 CORPORATE GOVERNANCE AND ASSURANCE		
ITEMS FOR DISCUSSION AND/OR APPROVAL		
<p>7.1 Procurement Policy</p> <p>GM presented Item 7.1 and the report was taken as 'read'. The purpose of the report was to set out the governance arrangements surrounding procurement procedures applicable to the CCG.</p> <p>The policy would be refreshed as further NHS Procurement Policy guidance was issued. All procurements will comply with the European Union (EU) Procurement Directives (as enacted by the UK Procurement Regulations). Under the current EU Procurement Regulations, Healthcare Services are treated as Part B services. However, there is still a requirement to adhere</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the Procurement Policy 	PL

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<p>to the principles of the Procurement Regulations. Significant changes to EU regulations, including Part B services, are currently being finalised. The Procurement Policy will be updated when the EU regulations have been finalised. User guides will be issued to support the policy.</p>		
<p>7.2 Board Assurance Framework JP presented Item 7.2 and the report was taken as 'read'. The report informed the Governing Body of the highest rated risks identified for North Lincolnshire CCG.</p> <p>The register was last reviewed on 25 November 2013 and one new risk relating to the integration transformation fund had been added (Risk A04). Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> ○ Risk Q2 Discussion regarding whether due to the recent reduced SHMI score for Northern Lincolnshire & Goole NHS Foundation Trust, the risk would reduce. It was agreed that the impact (5) did not change. The likelihood may reduce, but it would be appropriate to wait for the 'official' figures before reducing the risk 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Approved the Board Assurance Framework and were assured that it gave sufficient evidence that key risks were being managed effectively 	ASO Q&A
<p>7.3 Corporate Performance Executive Summary – December 2013 TP presented Item 7.3 and the report was taken as 'read'. The report informed CCG Governing Body members on an exception basis of its corporate performance position. Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> ○ EMAS Category A Ambulance Response Times – 8 Minute Red 1, Red 2 and 19 minute (<i>page 2</i>) ○ Mixed Sex Accommodation Breaches (<i>page 2</i>) <ul style="list-style-type: none"> ▪ CW advised that she was planning to visit NLaGFT to review ○ C Difficile (<i>page 2</i>) ○ Unplanned Care Reporting Pack (<i>page 4</i>) <ul style="list-style-type: none"> ▪ Feedback welcome ○ BIZ Support (<i>page 4</i>) 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● 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 	CFO& BS
<p>7.4 Finance Report – Month 7 (October 2013) TP presented Item 7.4 and the report was taken as 'read'. The report briefed Governing Body members on the finance position and achievement of duties so far for 2013/2014 (as at the end of September 2013). Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> ○ Overall Month 7 Position (<i>page 3</i>): Achievement of all key financial targets, with the exception of reducing cash balances down to 5% of the cash draw down at the end of the month ○ QIPP (<i>page 3</i>): The in-year savings target is currently being delivered ○ Continuing Care (<i>page 6 and 7</i>): A number of actions are being taken to provide the CCG with additional assurance concerning the accuracy of the reported outturn for Continuing Care and Non Contract Mental Health ○ Capital Expenditure (<i>page 12</i>): The CCG will not receive any Capital Resource Limit (CRL) to finance capital expenditure in 2013/2014, but any minor capital expenditure that is required for the CCG e.g. IT, will go 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Received and noted the finance report 	CFO& BS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>through the Area Team's balance sheet, subject to an approvals process</p> <ul style="list-style-type: none"> ○ Risk Management (<i>page 10</i>) <ul style="list-style-type: none"> ▪ SCG – HEY (£1,650k) ▪ Ironstone (£400k) ○ Financial Governance: PCT Ledger Closure The physical return of relevant balances is awaited, pending the national assurance and review process and sign off of all the legacy work ○ SCG Reserves 		
<p>7.5 Contract Report – September/October 2013</p> <p>TF presented Item 7.5 and the report was taken as 'read'. The report detailed the year to date trading position for the CCG for key providers as reported in the October 2013 Contract Monitoring report for EMAS and the September 2013 Contract Monitoring Reports for all other key providers.</p> <p>The Governing Body was asked to note that the overall overtrade for the key providers as listed on the report was £293k, made up of an overtrade of £233k for acute providers and an overtrade of £60k for the emergency ambulance provider.</p> <p>The Governing Body was also asked to note that: -</p> <ul style="list-style-type: none"> ○ NLaGFT were challenging the CCG's intention to transact the 2012/2013 contract penalties, as set out in the Contract for non-achievement of the C-Difficile and A&E targets, and non-achievement of CQUIN targets (<i>see report, page 1</i>). It was confirmed that this would be discussed further at the Contract Board on 13 December 2013 ○ The Governing Body was asked to note the overtrade position with East Midlands Ambulance Service (EMAS). CSU had requested an explanation from EMAS as to the reasons for the overtrade, which is largely driven by higher than expected attendances on scene and conveyances to hospital from a lower than expected number of calls ○ A discussion took place regarding Unplanned Care and admissions being logged as Accident and Emergency cases. TF agreed to look into this further 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Received and noted the Contract Report 	CFO&BS
<p>7.6 Career Break Policy</p> <p>AC presented Item 7.6 and the report was taken as 'read'. The policy reflected the Career Break scheme, set out in the Agenda for Change Terms and Conditions of Employment. The local policy extended the scheme to all CCG employed staff and provided a local procedure for implementing and monitoring applications made. All CCG staff had previously had the opportunity to contribute to the development of the policy.</p> <p>It was noted that since the policy had been distributed to Governing Body members, a sub group of the Joint Trade Union Partnership Forum (JTUPF) had met, and further minor changes had been identified. The policy was subject to final approval</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Reviewed and approved the Career Break Policy 	CO

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
from the JTUPF.		
<p>7.7 Professional Registration Policy</p> <p>AC presented Item 7.7 and the report was taken as 'read'. The policy detailed the requirements for professional registration in line with statutory requirements and included the process for monitoring compliance and managing lapses. All CCG staff had previously had the opportunity to contribute to the development of the policy.</p> <p>It was noted that since the policy had been distributed to Governing Body members, a sub group of the Joint Trade Union Partnership Forum (JTUPF) had met, and further minor changes had been identified. The policy was subject to final approval from the JTUPF.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Reviewed and approved the Professional Registration Policy 	CO
<p>7.8 Absence Management Policy</p> <p>AC presented Item 7.8 and the report was taken as 'read'. The policy replaced the North Lincolnshire Primary Care Trust (PCT) Managing Sickness Absence Policy. It updated the previous policy, bringing it in line with employment requirements and best practice. It provided informal guidance and a formal procedure for managers and staff to follow to manage issues regarding attendance. All CCG staff had previously had the opportunity to contribute to the development of the policy.</p> <p>It was noted that since the policy had been distributed to Governing Body members, a sub group of the Joint Trade Union Partnership Forum (JTUPF) had met, and further changes had been identified, in particular regarding the appeal process (<i>page 21</i>). The policy was subject to final approval from the JTUPF.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Reviewed and approved the Absence Management Policy <p>Action: AC to share a copy of the updated Absence Management Policy with CCG Governing Body members, for information</p>	CO CO
ITEMS FOR AWARENESS AND NOTING		
<p>7.9 CCG Quality Group Minutes – 26 September & 24 October 2013</p> <p>CW presented Item 7.9 and the report was taken as 'read'. The CCG Quality Group minutes were for information only.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Received and noted the CCG Quality Group minutes 	DoR& QA
<p>7.10 CCG Audit Group Minutes – 5 September 2013</p> <p>TP presented Item 7.10 and the report was taken as 'read'. The CCG Audit Group minutes were for information only.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Received and noted the CCG Audit Group minutes 	CFO& BS
8.0 PUBLIC QUESTION TIME		
<p>A number of questions/issues were raised by members of the public relating to:</p> <ul style="list-style-type: none"> Soundproofing of the Board Room It was queried whether the meeting room could be made 'sound proof', as members of the public struggled to hear what was being said during the meeting, due to background noise from neighbouring offices and the layout of the meeting room. It was confirmed that the building was owned by NHS Property Services (PropCo) and not the CCG Integrated Transformation Fund (ITF) It was noted and welcomed that support for the principle of increasing the scope of the ITF beyond the minimum mandated investment for the care of those who are frail and elderly was being considered. It was suggested that the investment was 	<p>Decision: Noted</p> <p>Action: TP to pick up with PropCo</p>	Chair CFO& BS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>needed as a matter of urgency, rather than in the future. It was stressed that the deadline for submission of the planning template was 15 February 2014, and national legislation meant that the fund could not be made available sooner. It was confirmed that the ITF was a main priority for the CCG. It was highlighted by a member of the public that he agreed with RJF regarding social care and health care working together. RJF confirmed that he expressed an opinion in the Scunthorpe Telegraph as a private individual, rather than a CCG member</p> <ul style="list-style-type: none"> Hospital Appointments It was highlighted by a member of the public that he was aware of 3 occasions when hospital appointments had not been made further to a referral. It was confirmed that specific incidents could not be discussed in a public meeting, but that the patients concerned should go back to their GP or contact the Patient Advice and Liaison Service (PALS) for further advice Attendance at Patient Participation Groups (PPG's) by MPs It was queried by a member of the public whether MPs could attend Patient Participation Group meetings. It was confirmed that MPs are not always in the area for meetings, however, MS agreed to discuss further when she meets with the local MPs in January 2014 Patient Participation Groups (PPGs) It was confirmed that most practices in North Lincolnshire have a PPG, with some meeting regularly 'face to face' and others holding 'virtual' meetings. Issues highlighted at a meeting should be picked up via the Practice Manager, and if applicable, highlighted by the practice Council of Members GP representative during the 'GP Feedback on Patient Insight' agenda item, at the Council of Members meetings that take place bi-monthly Pharmacy in Burton-upon-Stather It was queried whether a Pharmacy could be opened in Burton-upon-Stather, as nearest pharmacies were in Winterton or Scunthorpe. It was noted that Pharmacies would need to be approached (possibly by a local PPG) to see if they wanted to open a Pharmacy. It was highlighted that the contracts were held by NHS England, and not the CCG. 	<p>Action: MS to discuss with the local MPs in January 2014</p>	<p>MS</p>
9.0 ANY OTHER BUSINESS		
<p>9.1 Urgent Items by Prior Notice No urgent items were discussed.</p>		
10.0 DATE AND TIME OF NEXT PUBLIC MEETING		
<p>Thursday 13 February 2014 13:30 Board Room, Health Place, Brigg</p>	<p>Decision: Noted</p>	<p>Chair</p>
11.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY		
<p>11.1 Health & Wellbeing Board Minutes – 3 October 2013</p>	<p>Decision: Noted, for information only</p>	<p>CO</p>
<p>11.2 CCG Engine Room – Decisions Made Log</p>	<p>Decision: Noted, for information only</p>	<p>CO</p>