


Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 13 August 2015

MEETING:	21 st Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 <p style="text-align: center;">GOVERNING BODY</p>
MEETING DATE:	Thursday 11 June 2015	
VENUE:	Board Room, Health Place, Brigg	
TIME:	14:00	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Ian Reekie (<i>IR</i>)	CCG Lay Member, Patient & Public Involvement/Vice CCG Chair	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
Dr Faisal Baig (<i>FB</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Andrew Lee (<i>AL</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr James Mbugua (<i>JMb</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
Professor John Mayberry (<i>JM</i>)	Secondary Care Doctor	NHS North Lincolnshire CCG
Paul Evans (<i>PE</i>)	CCG Lay Member, Governance	NHS North Lincolnshire CCG
Frances Cuning (<i>FC</i>)	Director of Public Health	North Lincolnshire Council
IN ATTENDANCE:		
Clare Smith (<i>CS</i>)	PA (<i>Note Taker</i>)	NHS North Lincolnshire CCG
John Pougher (<i>JP</i>)	Assistant Senior Officer, Quality & Assurance <i>In attendance for Item 7.2 only</i>	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Margaret Sanderson (<i>MS</i>)	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Dr Nick Stewart (<i>NS</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, APOLOGIES AND QUORACY		
IR welcomed all attendees to the twenty-first meeting 'in public' of the Clinical Commissioning Group Governing Body. Apologies were noted, as detailed above. It was noted that the meeting was quorate to proceed.	Decision: Noted	Vice Chair
2.0 DECLARATION OF INTERESTS		
IR invited those with any Declarations of Interest, not previously declared, to make them known to the meeting. It was noted that all CCG Governing Body GP members were now members of the Federation. This would be a declaration for all CCG meetings going forward, until the new Declaration of Interests forms for 2015/2016 had been completed.	Decision: Noted	Vice Chair


SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 9 APRIL 2015		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Vice Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 9 APRIL 2015		
<ul style="list-style-type: none"> Item 7.2 (09.04.15): Corporate Performance Executive Summary (April 2015): Statistics in relation to life expectancy for older people in North Lincolnshire FC advised that the action had been completed. A response had been forwarded to the CCG Governing Body via email. Item 7.8 (09.04.15): Quality and Risk Report: To be added to the Corporate Governance and Assurance – Items for Discussion and/or Approval section of the agenda Action completed. 	Decision: Noted	Vice Chair
5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
Nothing discussed.	Decision: Noted	Vice Chair
6.0 CLINICAL COMMISSIONING		
ITEMS FOR DISCUSSION AND/OR APPROVAL		
<p>6.1 All Age Carers Commissioning Strategy 2015 - 2020 CB presented Item 6.1 and the report was taken as 'read'. In November 2014 the Integrated Commissioning Partnership (ICP) received an options paper regarding revising the North Lincolnshire Carers Commissioning Strategy. The ICP recommended the initiation of a project to develop and publish a whole life approach to developing a Commissioning Strategy for Carers in North Lincolnshire.</p> <p>Following work by a North Lincolnshire Council led multi-agency steering group, the strategy had been prepared and was presented to the CCG Governing Body for approval.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> Earlier drafts of the strategy had involved dialogue and feedback by carers from the Carers Advisory Partnership, Parents Involvement and Participation Forums, Empathy, key professionals/managers and providers A formal on-line consultation was undertaken from 18 March 2015 to 3 April 2015 Consultation was also undertaken specifically with young carers A focus group for carers was held on 17 April 2015, which provided further comments and feedback on the strategy A formal launch was due to take place at an event on Friday 12 June 2015 at the Community Wellbeing Hub, Alvingham Road Day Centre in Scunthorpe 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Approved the All Age Carers Commissioning Strategy 2015 - 2020 	DoC
ITEMS FOR AWARENESS, NOTING AND RATIFICATION		
<p>6.2 Joint Commissioning Update IR advised that the second meeting of the Joint Commissioning Committee had taken place prior to the CCG Governing Body meeting. Substantial progress had been made, although it was noted that there were significant challenges ahead. The</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Noted the verbal update 	Vice Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
minutes of the meetings would be presented to future CCG Governing Body meetings, for information.		
<p>6.3 Chair/Chief Officer Update AC provided a verbal update regarding:</p> <ul style="list-style-type: none"> Yorkshire and Humber Transition: Commissioning Support AC advised that the matter would be considered by the CCG Governing Body in 'private', due to information not being in the public domain. It was noted that the Yorkshire and Humber CCGs were working together to ensure continued delivery of services 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Noted the verbal update 	CO
7.0 CORPORATE GOVERNANCE AND ASSURANCE		
ITEMS FOR ADOPTION		
<p>7.1 Audited Annual Accounts 2014/2015 TP presented Item 7.1 and the report was taken as 'read'. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> In liaison with Yorkshire and Humber Commissioning Support, the Audited Annual Accounts were approved by the CCG Audit Group on behalf of the CCG Governing Body, and submitted to NHS England The Annual Report including the Audited Annual Accounts had been published on the CCG's website prior to the 5 June 2015 national deadline http://www.northlincolnshireccg.nhs.uk/data/uploads/annual-reports/annual-report-final-draft-2014-15.pdf The report provides assurance that the CCG has met its main statutory financial duties in 2014/2015 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Adopted the Audited Annual Accounts for 2014/2015 	CFO&BS
ITEMS FOR DISCUSSION AND/OR APPROVAL		
<p>7.2 Risk Report: Assurance Framework (AF) JP presented Item 7.2 and the report was taken as 'read'. The report informed the Governing Body of the risks identified for North Lincolnshire CCG on the Governing Body Assurance Framework (AF). Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> The AF identifies key strategic risks in line with the North Lincolnshire CCG Risk Management Strategy. All other identified risks are held on the North Lincolnshire CCG Risk Register. Both the AF and Risk Register are administered by Yorkshire and Humber Commissioning Support As part of the development of the AF it is intended to increasingly provide links to relevant supporting policies and underpinning action plans that mitigate the risks It was noted that an assurance map had been developed to ensure that internal and external assurances map back to the AF To make the report easier to read, all risks have been re-numbered and grouped by risk 'owner' Discussion took place regarding ensuring risks were being passed to the CCG The Risk Register and AF are reviewed on a regular 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Approved the Assurance Framework and was assured that it gave sufficient evidence that key risks were being managed effectively 	ASO Q&A

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<p>basis by the CCG Senior Management Team, and each risk has a nominated 'senior owner'. The AF and Risk Register are also reviewed regularly by the Quality Group</p> <ul style="list-style-type: none"> • Public bodies must provide assurance that they appropriately manage and control resources that they are responsible for. The HM Treasury requires all public bodies to produce an annual governance statement that demonstrates how they manage their resources – the AF and Risk Register are key elements of this document • Risk ID A02: <i>Yorkshire and Humber Commissioning Support (YHCS) fails to maintain sufficient support to enable the CCG to deliver its duties and sustain business continuity whilst transitioning from CS to a new way of working</i> <ul style="list-style-type: none"> ○ The Yorkshire and Humber Commissioning Support Unit Transition Board is overseeing the transition 		
<p>7.3 Quality and Risk Report CW provided a verbal update in relation to:</p> <ul style="list-style-type: none"> • Report of the Morecambe Bay Investigation <ul style="list-style-type: none"> ○ To be discussed under Item 7.5 • Hull and East Yorkshire Hospitals NHS Trust (HEY) <ul style="list-style-type: none"> ○ Discussion took place in relation to performance at HEY. It was noted that the position is being closely monitored 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the verbal update 	DoR&QA
<p>7.4 Corporate Performance Executive Summary 7.4.1 2014/2015 Year End Position TP presented Item 7.4.1 and the report was taken as 'read'. The report provided the Governing Body with an updated summary position, on an exception basis, of the corporate performance position (found on the Business Intelligence Zone). Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Areas RAG rated as 'amber' at year end: <ul style="list-style-type: none"> ○ Referral To Treatment (RTT) Waiting Times: Admitted Pathways (page 5) ○ Referral to Treatment (RTT) Incomplete Waiters > 52 Weeks (page 5) ○ A&E 4 Hour Waiting Times (page 6) ○ Cancer 62 Day Waits; Screening Service (page 6) ○ Category A Ambulance Response Times <ul style="list-style-type: none"> ▪ 8 Minutes Red 1 (page 6) ▪ 8 Minute Red 2 (page 7) ▪ 19 Minute (page 7) ○ Mixed Sex Accommodation (page 7) 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the report and was assured that areas of underperformance were being addressed at a local level to meet agreed targets and commitments 	CFO&BS


SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> • CCG Quality Premium: 2014/2015 Achievement (<i>page 8</i>) • Provider Assurance Dashboard: Appendix 1 (<i>page 9</i>) • Highlight Report (<i>pages 9 & 10</i>) <p>7.4.2 May 2015 (2015/2016) TP presented Item 7.4.2 and the report was taken as 'read'. The report provided the Governing Body with an updated summary position, on an exception basis, of the corporate performance position (found on the Business Intelligence Zone). Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Areas RAG rated as 'amber' at Month 2 (May 2015): <ul style="list-style-type: none"> ○ Referral To Treatment (RTT) Waiting Times: Admitted Pathways (<i>page 5</i>) ○ A&E 4 Hour Waiting Times (<i>page 5</i>) ○ Category A Ambulance Response Times <ul style="list-style-type: none"> ▪ 8 Minutes Red 2 (<i>page 6</i>) ▪ 19 Minute (<i>page 6</i>) • Clostridium Difficile (<i>page 7</i>) <ul style="list-style-type: none"> ○ Since the beginning of the 2015/2016 financial year, there have been four cases of Clostridium Difficile, higher than the profiled trajectory of three for April 2015 ○ All four cases were reported at Scunthorpe General Hospital, two of which were deemed to be hospital acquired and two community acquired ○ Root Cause Analysis has been undertaken • CCG Quality Premium: 2014/2015 Achievement (<i>page 7</i>) • 2015/2015 Quality Premium (<i>page 8</i>) <ul style="list-style-type: none"> ○ The CCG has now submitted its quality premium plan for 2015/2016 <ul style="list-style-type: none"> ▪ Reducing Premature Mortality was discussed • Highlight Report (<i>page 9</i>) <ul style="list-style-type: none"> ○ A&E 4 Hour Waits <ul style="list-style-type: none"> ▪ The Scunthorpe General Hospital: Hospital Escalation Alert was discussed. It was suggested that the alerts 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the report and was assured that areas of underperformance were being addressed at a local level to meet agreed targets and commitments 	<p>CFO&BS</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>should contain information in relation to how many people are fit for discharge</p> <ul style="list-style-type: none"> ○ Ambulance Reporting <ul style="list-style-type: none"> ▪ EMAS has developed online reporting that has been made available to commissioners for self-service reporting. A summary was available at Appendix 1 ▪ It was suggested that the CCG Quality Group could look at the information, and decide which reports were the most helpful for regular monitoring by the CCG 	<p>Action: CW to take forward via the CCG Quality Group</p>	DoR&QA
<p>7.5 Report of the Morecambe Bay Investigation CW presented Item 7.5 and the report was taken as 'read'. The paper briefed the CCG Governing Body on the content and recommendations of the Report of the Morecambe Bay Investigation (Kirkup Report 2015), published in March 2015, and the assurance process with local providers.</p> <p>The report was an independent investigation into the management, delivery and outcomes of care provided by the maternity and neonatal services at the University Hospitals of Morecambe Bay NHS Foundation Trust from January 2004 to June 2013.</p> <p>The CCG commissions maternity services from Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT). A request has been made to review NLaGFT's response to the Kirkup report. NLaGFT has assured the CCG that a report will be submitted, once it has been through its own governance and Trust Board processes.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the report of the Morecambe Bay Investigation 	DoR&QA
<p>7.6 Claims Management Policy Item 7.6 was taken as 'read'. It was noted that the Claims Management Policy had been approved by the CCG Governing Body on 10 October 2013, and had been reviewed and updated as required by Steve Mason, Legal and Governance Lead and Nick Kurth, Legal and Governance Assistant, Yorkshire and Humber Commissioning Support.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the Claims Management Policy 	L&GL
<p>7.7 Annual Public Health Report 2014 FC presented Item 7.7 and the report was taken as 'read'. The Annual Public Health Report 2014 for North Lincolnshire focuses specifically on public mental health, well-being and resilience.</p> <p>A PowerPoint presentation was also provided entitled 'Mindful of Health: Mental Wellbeing & Resilience in North Lincolnshire'.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received the Annual Public Health Report 2014 • Considered the recommendations • Identified action required by the CCG to implement 	DPH

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
 <p>Presentation</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Annual Public Health Report 2014 (<i>slides 2 & 3</i>) • For every £1 spent (<i>slide 4</i>) • Mental health and wellbeing (<i>slide 5</i>) • Mental ill health (<i>slide 6</i>) • Emotional wellbeing (<i>slide 7</i>) • Resilience (<i>slide 8</i>) • Factors which can help (<i>slides 9, 10 & 11</i>) <ul style="list-style-type: none"> ○ Spirituality discussed • Factors which can impede (<i>slides 12 & 13</i>) • Annual Public Health Report 2014 (<i>slide 14</i>) <ul style="list-style-type: none"> ○ On a number of key indicators of mental health and wellbeing, North Lincolnshire outperforms its regional and near neighbours ○ North Lincolnshire has issues with premature deaths • Annual Public Health Report 2014 (<i>slide 15</i>) <ul style="list-style-type: none"> ○ Recommendations focus on actions to: <ul style="list-style-type: none"> ▪ Promote mental health across the population ▪ Prevent illness and suicide <ul style="list-style-type: none"> ○ Suicides ○ Self Harm ▪ Improve the quality and length of life of people with mental illness • Chapters (<i>slides 16, 17 & 18</i>) <ul style="list-style-type: none"> ○ Chapter 1: What is Public Mental Health? ○ Chapter 2: How do we measure the mental health of our communities? ○ Chapter 3: The Public Health Outcomes Fund <ul style="list-style-type: none"> ▪ Describes some new initiatives funded wholly or in part by North Lincolnshire's Public Health Outcomes Fund ○ Chapter 4: Health Protection <ul style="list-style-type: none"> ▪ Provides an update on Health Protection issues ○ Chapter 5: Healthcare Population Health and Premature Mortality <ul style="list-style-type: none"> ▪ Considers recent developments in health care and public health, as well as recent trends in premature mortality ○ Chapter 6: Progress with last year's recommendations ○ Chapter 7: Recommendations for 2015 ○ Appendix 1: Public Health Update 2014 <ul style="list-style-type: none"> ▪ Provides a brief health profile of North Lincolnshire and progress 	<p>those directed at the CCG/Primary Care</p>	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>against national outcomes frameworks</p> <ul style="list-style-type: none"> ○ Appendix 2: What works to build resilience and strengthen public mental health <ul style="list-style-type: none"> ▪ Summarises some of the evidence of 'what works to promote public mental health' at individual and population level ○ Recommendations (<i>slides 19, 20 & 21</i>) <ul style="list-style-type: none"> ▪ 1. Advice North Lincolnshire and North Lincolnshire Council lead the development of an action plan to deliver the recommendations of the recent poverty needs assessment, 'A Needs Assessment Considering the Provision of Advice Services and the Impact of Poverty in North Lincolnshire' (2015) ▪ 2. North Lincolnshire Council work with partners to ensure there is adequate access to consistent, timely and high quality public mental health universal targeted services and 'specialist' services, (including peer support, brief interventions, counselling), for all children and young people in North Lincolnshire <ul style="list-style-type: none"> ○ In line with recommendations from the Government Taskforce, 'Future in Mind' was published. Commissioners and providers of universal and targeted services are charged to improve children's mental health services and how they are organised, commissioned and provided, to build resilience throughout the wider system and make it easier for young people to access help and support ▪ 3. The Health and Wellbeing Board drive the development of an 'age friendly' conversation in North Lincolnshire, consolidating and expanding efforts to combat and support the social isolation, loneliness and dementia agendas for older people, and incorporating a wider environmental approach ▪ 4. Public Health in North Lincolnshire Council and partners develop a 	<p>Action: 'Future in Mind' to be discussed at a future CCG Engine Room meeting</p>	<p>DoC</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>public mental health strategy for North Lincolnshire with a robust suicide prevention plan</p> <ul style="list-style-type: none"> ▪ 5. The physical health needs of people with serious mental illness are given higher priority <ul style="list-style-type: none"> ○ Public Health commissioned stop smoking services and weight management services target and work with people with serious mental illness ○ Primary Care and mental health services ensure that physical health monitoring commences when a person is diagnosed with a serious mental illness ○ NHS North Lincolnshire CCG, North Lincolnshire Council and Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and partner agencies review pathways between services to ensure that the needs of people with dual diagnosis are identified and met ▪ 6. The Strategic Assessment Group (SAG) should work to ensure that all services and actions follow the best available evidence base in terms of approaches, quality, outcomes, and value for money. Where knowledge gaps have been identified in the JSA (such as perinatal, children's, and parental mental health) these should be prioritised within the SAG work plan • Discussion regarding 'mindfulness' <ul style="list-style-type: none"> ○ For individuals, good mental health can begin with better understanding ourselves, our own thoughts and feelings and the world around us. This is known as 'mindfulness'; knowing directly what is going on inside and outside ourselves, moment by moment ○ Being aware is one of the five evidence-based steps we can all take to improve our mental wellbeing ○ Areas highlighted: <ul style="list-style-type: none"> ▪ Access to psychological therapies ▪ Mentoring in schools <ul style="list-style-type: none"> ○ Public Health England Guidance: <i>'Promoting</i> 		

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<p style="text-align: center;"><i>children and young people's emotional health and wellbeing: A whole school and college approach'</i></p> <ul style="list-style-type: none"> • Access to the Primary Care Chaplaincy service to meet the spiritual needs of patients <ul style="list-style-type: none"> ○ There are currently three volunteer chaplains. The service will be available in practices in the autumn • Public Health Grant to Local Authorities <ul style="list-style-type: none"> ○ The Government has announced that the Public Health Grant to Local Authorities will be subject to an in-year reduction, this is likely to have a significant impact on the Public Health budget across North Lincolnshire 		
ITEMS FOR AWARENESS AND NOTING		
<p>7.8 CCG Audit Group Minutes: 4 March and 21 April 2015 TP presented Item 7.8 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
<p>7.9 CCG Quality Group Minutes: 26 February 2015 and 23 April 2015 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
8.0 HEALTHY LIVES, HEALTHY FUTURES		
<p>RJF provided an update regarding Healthy Lives, Healthy Futures (HLHF), via a PowerPoint presentation, in his role as Clinical Lead for the programme.</p> <p> Presentation</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • HLHF is the framework for all health and adult social care organisations across Northern Lincolnshire; working together to improve quality and outcomes for local people • Why HLHF is the way forward (<i>slide 3</i>) • Where we are now (<i>slide 4</i>) <ul style="list-style-type: none"> ○ Years 1 – 2 2015 – 2017 (laying the foundations) <ul style="list-style-type: none"> ▪ Transform current services ▪ Use new technologies ▪ Build new and improved ways of working ○ Hyper Acute Stroke services <ul style="list-style-type: none"> ▪ Improvement in outcomes with the changes made • Delivering more non-critical care away from hospital (<i>slide 5</i>) <ul style="list-style-type: none"> ○ Patients should manage their health where it is safe and appropriate to do so, making positive lifestyle choices, and taking responsibility for their own wellbeing 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the update 	HLHF CL

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> • Current clinical work-streams to improve services (<i>slide 6</i>) • Year One: Draft implementation timeline (<i>slide 7</i>) • Community hubs are the first order of transformation (<i>slide 8</i>) <ul style="list-style-type: none"> ○ What <ul style="list-style-type: none"> ▪ A range of health and care professionals working together to meet all of the health and care needs of their residents ▪ Actively liaising with professionals where onward referral for specialist support is needed ○ How <ul style="list-style-type: none"> ▪ Doctors (family health and medical), Nurses, Social Care, AHPs and Pharmacists ▪ Working from health and care facilities integral to the Hub ▪ Accountable for outcomes and funding across all settings in and outside the Hub ○ Cross boundary hubs/working <ul style="list-style-type: none"> ▪ Link with the Local Authority boundaries • Next Steps (<i>slide 9</i>) <ul style="list-style-type: none"> ○ June 2015 <ul style="list-style-type: none"> ▪ Defining measures of success for all programmes (outcomes framework and KPIs) ○ Summer 2015 <ul style="list-style-type: none"> ▪ Progress plans for the Community Hubs ○ 2015 – 2016 <ul style="list-style-type: none"> ▪ Progress implementation of Ear, Nose and Throat services ▪ Continue transformation of other existing services, including those under the banner of the Better Care Fund • Terminology used <ul style="list-style-type: none"> ○ Local Authority Community Hubs are different to the Community Hubs being referred to as part of the HLHF programme • North Lincolnshire savings requirement <ul style="list-style-type: none"> ○ Short and long term objectives 		
9.0 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"> • NHS North Lincolnshire CCG Annual Report 2014 – 2015 <ul style="list-style-type: none"> ○ Page 112: Section 2 (Other Operating Revenue: Prescription Fees and Charges) It was queried why the 'prescription fees and charges' had reduced from £286,000 in 2013/2014 to £34,000 in 2014/2015. TP agreed to confirm with the member of the public outside of the meeting. ○ Page 114: Section 4.3 (Staff Sickness Absence and Ill Health Retirements) The total number of days lost due to staff sickness 	Decision: Noted	Vice Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD																	
<p>absence in 2014 – 2015 was queried.</p> <table border="1" data-bbox="336 315 914 477"> <thead> <tr> <th></th> <th>2013 - 2014</th> <th>2014 – 2015</th> </tr> </thead> <tbody> <tr> <td>Number of people employed</td> <td>15</td> <td>17</td> </tr> <tr> <td>Total days lost due to staff sickness absence</td> <td>55</td> <td>184</td> </tr> </tbody> </table> <p>It was noted that the increase in the number of days lost was due to a single period of planned long term sickness absence from one employee of the CCG.</p> <ul style="list-style-type: none"> ○ Page 117: Section 5 (Operating Expenses: Other Costs) ‘Other costs’ in relation to the Chair and Non-Executive Members was queried. <table border="1" data-bbox="336 703 933 786"> <thead> <tr> <th>2014 – 2015 Total</th> <th>2014 – 2015 Admin</th> <th>2014 – 2015 Programme</th> <th>2013 – 2014 Total</th> </tr> </thead> <tbody> <tr> <td>£392,000</td> <td>£381,000</td> <td>£11,000</td> <td>£494,000</td> </tr> </tbody> </table> <p>TP agreed to confirm with the member of the public outside of the meeting.</p> <ul style="list-style-type: none"> ○ Related Party Transactions: Explanation of Quoted Figures Further to the discussion that had taken place as part of Public Question Time at the CCG Governing Body on 11 December 2014, a member of the public thanked TP for the explanatory note that had been added to page 139 (section 28: Related Party Transactions) advising that the payments to related parties are the total value of expenditure between the CCG and the named organisation, rather than transactions attributable to the listed individual. It was highlighted that the purpose is to report total expenditure that could be influenced with the identified supplier. ● Healthy Lives, Healthy Futures (HLHF) A member of the public thanked RJF for his report on the progress made in relation to Healthy Lives, Healthy Futures. ● Mental Health Services Discussion took place regarding the vision for the future in relation to Mental Health services. A member of the public suggested that where in some cases mental health issues are symptoms of other problems, the cause of those problems needs to be identified. RJF advised that the ‘community hubs’ highlighted in the Healthy Lives, Healthy Futures presentation would ensure that a range of health and care professionals would be working together to meet all of the health and care needs of North Lincolnshire residents. 		2013 - 2014	2014 – 2015	Number of people employed	15	17	Total days lost due to staff sickness absence	55	184	2014 – 2015 Total	2014 – 2015 Admin	2014 – 2015 Programme	2013 – 2014 Total	£392,000	£381,000	£11,000	£494,000		
	2013 - 2014	2014 – 2015																	
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10.0 ANY OTHER BUSINESS																			
<p>10.1 Urgent Items by Prior Notice</p> <p>Finance Update TP advised that the Finance Plan 2015/2016 had been submitted and approved.</p> <p>The first draft of the Finance Report: Month 2 (May 2015) had highlighted two overspend pressures for the CCG Governing Body to be aware of in relation prescribing and mental health</p>	<p>Decision: Noted the verbal update</p>	<p>Vice Chair</p>																	

Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 13 August 2015

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placements.		
11.0 DATE AND TIME OF NEXT PUBLIC MEETING		
Thursday 13 August 2015 14:00 Board Room, Health Place, Brigg	Decision: Noted	Vice Chair
12.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY		
12.1 CCG Engine Room – Decisions Made Log: April and May 2015	Decision: Noted, for information only	CO

DRAFT