


Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 8 October 2015

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| MEETING: | 22 nd Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body |  <p style="text-align: center;">GOVERNING BODY</p> |
| MEETING DATE: | Thursday 13 August 2015 | |
| VENUE: | Board Room, Health Place, Brigg | |
| TIME: | 14:00 | |

| 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 |
| Dr Nick Stewart (<i>NS</i>) | CCG Member/General Practitioner | 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 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 |
| 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 |
| 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 7.1 only</i> | NHS North Lincolnshire CCG |
| Lance Gardner (<i>LG</i>) | Programme Director for the Healthy Lives, Healthy Futures (HLHF) Programme <i>In attendance for Items 8.1 and 8.2 only</i> | Care Plus Group |

| APOLOGIES: | | |
|--------------------------------|---------------------------------|----------------------------|
| NAME | TITLE | SERVICE/AGENCY |
| Dr James Mbugua (<i>JMb</i>) | CCG Member/General Practitioner | NHS North Lincolnshire CCG |

| SUMMARY OF DISCUSSION | DECISION/ACTION (including timescale for completion or update) | LEAD |
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| 1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY | | |
| MS welcomed all attendees to the twenty-second 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 | Chair |
| 2.0 DECLARATION OF INTERESTS | | |
| MS invited those with any Declarations of Interest, not previously declared, to make them known to the meeting. No declarations were received. | Decision: Noted | Chair |

| SUMMARY OF DISCUSSION | DECISION/ACTION (including timescale for completion or update) | LEAD |
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| 3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 11 JUNE 2015 | | |
| The minutes were accepted as an accurate record of the meeting. | Decision: Noted | Chair |
| 4.0 ACTION LOG – ACTIONS UPDATE FROM 11 JUNE 2015 | | |
| <ul style="list-style-type: none"> Item 7.4.2 (11.06.15): Corporate Performance Executive Summary (May 2015) 2015/2016: Ambulance Reporting After discussion it was agreed that the CCG Quality Group would look at the information, and recommend which reports would be the most useful for regular monitoring by the CCG Item 7.7 (11.06.15): Annual Public Health Report: 'Future in Mind' to be discussed at a future CCG Engine Room meeting Action completed. 'Future in Mind' was discussed at the CCG Engine Room meeting on 16 July 2015. CB confirmed that the Transformation Plan would be signed off by the CCG Governing Body on 8 October 2015, prior to submission to NHS England by 16 October 2015 | Decision: Noted | Chair |
| 5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA) | | |
| Nothing discussed. | Decision: Noted | Chair |
| 6.0 CLINICAL COMMISSIONING | | |
| ITEMS FOR AWARENESS, NOTING AND RATIFICATION | | |
| 6.1 Chair/Chief Officer Update 6.1.1 CCG Assurance: Quarter 3 2014/2015 MS advised that the Quarter 3 2014/2015 CCG Assurance Report had been received from NHS England - North (Yorkshire and the Humber), further to the meeting on 31 March 2015. Against the six assurance domains, the CCG were assured, with the exception of the 'are CCG plans delivering better outcomes for patients' domain, which was 'assured with support'. The NHS England Area Team would work with the CCG with regard to this domain. The summary report would be added to the CCG website. | Decision: The CCG Governing Body: <ul style="list-style-type: none"> Noted the verbal update | Chair |
| 7.0 CORPORATE GOVERNANCE AND ASSURANCE | | |
| ITEMS FOR DISCUSSION AND/OR APPROVAL | | |
| 7.1 Assurance Framework (AF) Report JP presented Item 7.1 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: <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 To make the report easier to read, all risks have been re-numbered and grouped by risk 'owner' The CCG's Risk Register has been re-formatted to | Decision: The CCG Governing Body: <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 |

| SUMMARY OF DISCUSSION | DECISION/ACTION (including timescale for completion or update) | LEAD |
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| <p>make it easier to understand and access</p> <ul style="list-style-type: none"> • The Risk Register and AF are reviewed on a regular basis by the CCG Director leads, and each risk has a nominated 'senior owner'. The AF and Risk Register are also reviewed regularly by the Quality Group • 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 Q3: <i>Risk of delayed delivery of Continuing Care services due to workforce capacity which may impact on the ability to conduct timely assessments (including retrospectives) and increased challenges through transition of Commissioning Support Unit (CSU) programme to CCG</i> <ul style="list-style-type: none"> ○ It was noted that the Continuing Care service currently had a Leader/Manager vacancy | | |
| <p>7.2 Corporate Performance Executive Summary</p> <p>TP presented Item 7.2 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"> • Overall Constitution Indicator Performance (<i>page 5</i>) <ul style="list-style-type: none"> ○ Green: 22 indicators ○ Amber: 3 indicators ○ Red: 1 indicator • Areas of Exception (<i>page 5</i>) <ul style="list-style-type: none"> ○ Cancer 31 Day Waits (<i>page 5</i>) ○ Category A Ambulance Response Times (<i>page 5</i>) <ul style="list-style-type: none"> ▪ 8 Minute Red 1 (<i>page 5/6</i>) ▪ 8 Minute Red 2 (<i>page 6</i>) ▪ 19 Minute (<i>page 6</i>) ○ C.Difficile (<i>page 6</i>) <ul style="list-style-type: none"> ▪ Trajectory for 2015/2016 is 31 ▪ Since the beginning of the 2015/2016 financial year there have been 12 cases, higher than the profiled trajectory of 11 year to date • 2015/2016 Quality Premium (<i>page 7</i>) • Highlight Report (<i>page 8</i>) <ul style="list-style-type: none"> ○ A&E 4 Hour Waits (2015/2016) (<i>page 8</i>) <ul style="list-style-type: none"> ▪ A&E performance in June 2015 met the required 95% level for the first time this year ▪ The position locally at Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) was 96.8%, with all three hospital sites | <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 |

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| <p>achieving. The Scunthorpe site reported a strong position of 97.4%, with only 4 days in the month below 95%</p> <ul style="list-style-type: none"> ▪ On average there were 4.8 breaches per day (total in the month 144), compared with 13.5 in April (total in the month 404) ▪ Early indications of the July 2015 position indicate that NLaGFT will again achieve the required 95% performance level at all three sites ▪ Weekly monitoring will continue through 2015/2016 in the same format as 2014/2015 and updates against the actions set out in the Resilience Plan will continue to be provided <ul style="list-style-type: none"> • Hospital Escalation Alerts <ul style="list-style-type: none"> ○ Discussion took place regarding the recent Hospital Escalation Alerts received from Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) <ul style="list-style-type: none"> ▪ It was suggested that a delayed discharge status should be shared with the hospital escalation alert ○ Specific areas highlighted/discussed: <ul style="list-style-type: none"> ▪ The North Lincolnshire Resilience Plan will be discussed at the CCG Engine Room on 20 August 2015 ▪ The Frail, Elderly Assessment and Support Team (FEAST) role and model was highlighted ▪ Clinical decision-making regarding patient discharge ▪ Delayed Transfers of Care • Ambulance Reporting (<i>page 8</i>) • Potential Life Years Lost (<i>page 8</i>) <ul style="list-style-type: none"> ○ Appendix 2 (<i>page 11</i>) • Improving Access to Psychological Therapies (IAPT) (<i>page 9</i>) • Future Monitoring (<i>page 9</i>) • Cancer Performance (<i>page 9</i>) • North Lincolnshire CCG Provider Assurance Dashboard 2015/2016 (<i>page 10</i>) | | |
| <p>7.3 Finance and Contract Report: Month 3 2015/2016 TP presented Item 7.3 and the report was taken as 'read'. The report briefed the Governing Body on the finance position and achievement of duties so far for 2015/16 (as at the end of July 2015). Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Executive Summary (<i>page 2</i>) <ul style="list-style-type: none"> ○ Overall Financial Position (<i>page 2</i>) | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Finance and Contract Report | <p>CFO&BS</p> |

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| <ul style="list-style-type: none"> ○ QIPP (page 2) ○ Running Costs (page 2) ○ Risks (page 2) ○ Contract Position (page 2) • Revenue Expenditure: Acute Contracts (pages 4 & 5) • Community, Mental Health and Continuing Care (pages 5, 6 and 7) <ul style="list-style-type: none"> ○ Services for Vulnerable People (including Continuing Care) (page 6) • Other Programme Services (page 8) and Appendix 3: A2) CCG Summary – Commissioning Operating Cost Statement 2015/16 <ul style="list-style-type: none"> ○ Patient Transport Services ○ Renal transport • Risk Management (page 10) <ul style="list-style-type: none"> ○ It was queried whether the table used in relation to risk management in previous reports could be added to future reports • NHS England Dashboard 2015/2016 – Month 3 (page 11) • Contract Trading Position (page 15) <ul style="list-style-type: none"> ○ Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) (page 15) <ul style="list-style-type: none"> ▪ It was queried whether the Length of Stay details could be added to future reports ○ East Midlands Ambulance Service (EMAS) (page 16) <ul style="list-style-type: none"> ▪ The figures highlighted in the first paragraph, in relation to activity were queried • Total Year to Date (YTD) main trading position for month 2 <ul style="list-style-type: none"> ○ Northern Lincolnshire & Goole NHS Foundation Trust (page 15) ○ Hull & East Yorkshire Hospitals NHS Trust (HEY) (page 16) ○ Doncaster and Bassetlaw NHS Foundation Trust (page 17) | <p>Action: TP to add the risk management table to future reports</p> <p>Action: TP to take forward</p> <p>Action: TP to query the highlighted figures</p> | |
| <p>7.4 HR Policy: Retirement Policy AC presented Item 7.4 on behalf of Emma Kirkwood, Human Resources Business Partner, Yorkshire and Humber Commissioning Support, and the policy was taken as 'read'. It was noted that all CCG staff had the opportunity to contribute to the development of the policy. The policy had been approved by the Joint Trade Union Partnership Forum (JTUPF) on 31 July 2015</p> | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Reviewed and approved the Retirement Policy | CO |
| <p>7.5 Dementia Update CB presented Item 7.5 and the report was taken as 'read'. The Prime Minister's challenge on dementia in March 2012 focussed on three key areas:</p> <ul style="list-style-type: none"> • Driving improvements in health and care • Creating dementia friendly communities that | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Supported the North Lincolnshire Dementia Action Alliance Action Plan | DoC |

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| <p>understand how to help</p> <ul style="list-style-type: none"> Better research <p>North Lincolnshire CCG has to date concentrated on driving improvements in health and care through the following:</p> <ul style="list-style-type: none"> Leadership to improving dementia services in North Lincolnshire Supporting the creation of the North Lincolnshire Dementia Action Alliance Utilising Experience Led Commissioning to set the strategy for dementia and action plan to take forward implementation Supporting the creation of the Dementia Directory and website Commissioning in partnership with North Lincolnshire Council the Alzheimer's Society to deliver memory cafes in a number of locations across North Lincolnshire Increasing diagnosis rates <p>Through the North Lincolnshire Adults Partnership the CCG, along with other partner organisations, have supported the development of a Dementia Action Alliance Declaration Action Plan to identify actions to take forward together in relation to dementia. These are:</p> <ul style="list-style-type: none"> To increase the knowledge of dementia across the workforce To make North Lincolnshire a dementia friendly place by ensuring all public access buildings are dementia friendly To develop HR policies and procedures to include dementia friendly approaches for staff who have developed dementia themselves or for staff who have caring responsibilities To promote dementia friendly organisations to others and communicate dementia awareness information | <ul style="list-style-type: none"> Supported CCG staff in undertaking dementia friends training to raise awareness Agreed to review HR policies and procedures to include dementia friendly approaches Agreed to advise member practices of the actions taken in relation to CCG staff and to encourage members to do likewise | |
| <p>7.6 Quality and Risk Report</p> <p>CW presented Item 7.6 and the report was taken as 'read'. The report presented an updated position in relation to key areas of risk and quality assurance within the North Lincolnshire Clinical Commissioning Group.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> Provider Assurance (<i>page 5</i>) Serious Incident Summary Report (<i>pages 6 & 7</i>) Safeguarding <ul style="list-style-type: none"> Female Genital Mutilation (<i>page 9</i>) Transforming Complex Care (<i>page 11</i>) Patient Experience (<i>page 13</i>) | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Received and noted the Quality and Risk Management Report | DoR&QA |
| ITEMS FOR AWARENESS AND NOTING | | |
| <p>7.7 Individual Funding Requests Annual Report: 1 April 2014 – 31 March 2015</p> <p>CB presented Item 7.7 and the report was taken as 'read'. The report highlighted the Individual Funding Request (IFR) activity</p> | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Received the annual report in relation to | DoC |

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| <p>for the financial year 2014/2015, detailing the treatments requested, together with details of the commissioning decisions taken by the North Lincolnshire CCG. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Data Recording System: Blueteq (<i>page 4</i>) <ul style="list-style-type: none"> ○ Yorkshire and Humber Commissioning Support has now implemented the IFR recording system called Blueteq, and historical IFR data has been uploaded • Capacity (<i>page 4</i>) <ul style="list-style-type: none"> ○ The addition of a senior nurse has provided stability and clinical expertise to complement the service already provided. The senior nurse undertakes clinical triage on behalf of the IFR panel. This approach was introduced in July 2014, and has led to a reduction in the number of cases being presented to the IFR panel for consideration. This has improved timelines on decision making for many requests • Activity (<i>page 5</i>) <ul style="list-style-type: none"> ○ Cases considered by IFR Appeals Panel <ul style="list-style-type: none"> ▪ It was requested that 'appeals upheld' should be amended to 'appeals rejected' as the original decision was upheld • Activity by Treatment Category (<i>page 6</i>) <ul style="list-style-type: none"> ○ Orthopaedics: 151 requests <ul style="list-style-type: none"> ▪ It was queried whether a breakdown was available in respect of the 151 requests • Complaints <ul style="list-style-type: none"> ○ The volume of complaints in relation to IFR decisions was discussed. It was suggested that this information could be added to future reports • Breast Surgery (<i>page 11</i>) <ul style="list-style-type: none"> ○ 'Prophelalytic mastectomy' to be amended to 'prophylactic mastectomy' • Further data (<i>page 12</i>) | <p>Individual Funding Requests</p> <p>Action: Excel spreadsheet to be circulated to Governing Body members</p> | |
| <p>7.8 Safeguarding Children Annual Report 2014/2015 CW presented Item 7.8 and the report was taken as 'read'. The annual report outlined the safeguarding children arrangements across the North Lincolnshire health economy during 2014-2015. It outlined the obligations of North Lincolnshire CCG, in collaboration with other health commissioners (and partner organisations), to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.</p> | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received the Safeguarding Children Annual Report 2014/2015, and supported on-going work to challenge and further embed safeguarding children arrangements | <p>DoR&QA</p> |

| SUMMARY OF DISCUSSION | DECISION/ACTION (including timescale for completion or update) | LEAD |
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| <p>7.9 Safeguarding Vulnerable Adults Annual Report 2014/2015 CW presented Item 7.9 and the report was taken as 'read'. The Care and Support Bill (July 2013) received Royal Assent on the 14 May 2014 to become the Care Support Act (2014). The Act, which commenced on 1 April 2015, set out how health, in partnership with the care and support system, will work within a clear framework to protect Vulnerable Adults from abuse or neglect. The financial year of 2014 to 2015 was one of transition moving from non-statutory status for Safeguarding Adults, to preparing for statutory status as from 1 April 2015. The NHS Constitution through the Health and Social Care Act (2012) provides a statutory duty to continually seek to improve the quality of care to patients, and to treat individuals with dignity and respect in accordance with their Human Rights. The Safeguarding Adults Annual Report 2014/2015 detailed how the North Lincolnshire CCG met its duties through the NHS Constitution, and prepared for the Care and Support Act (2014) statutory status as from 1 April 2015.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Independent Providers (Nursing/Care Homes) (pages 10 & 11) <ul style="list-style-type: none"> ▪ Discussion took place regarding 'outbreaks' in nursing/care homes ▪ Links with Public Health, the Health Protection Agency and Infection Control were discussed | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Safeguarding Vulnerable Adults Annual Report 2014/2015 | DoR&QA |
| <p>7.10 CCG Quality Group Minutes: 26 February 2015 and 23 April 2015 CW presented Item 7.10 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>7.11 Joint Commissioning Committee Minutes: 9 April 2015 IR presented Item 7.11 and the report was taken as 'read'. The Joint Commissioning Committee minutes were for information only.</p> | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Joint Commissioning Committee minutes | LMP&PI |
| <p>7.12 Community Dermatology Services CB presented Item 7.12 and the report was taken as 'read'. North Lincolnshire CCG has previously undertaken a procurement of dermatology services for North Lincolnshire patients, with the contract awarded to Virgin Healthcare. The aim of this service is to deliver a comprehensive range of dermatology services within community settings, including cancer services. In delivering services within a community setting, it is recognised that a small proportion of patients will require treatment within an acute hospital for more major surgery or surgery under a general anaesthetic, however the majority of dermatology care can be delivered from non- acute facilities.</p> <p>The Humber and Yorkshire Coast Cancer Network Site Specific Group had previously signed off the cancer pathways for the dermatology service, however in light of the clinical network structure being dissolved as part of the Health and Social Care</p> | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Yorkshire and Humber Clinical Senate Report on North Lincolnshire Dermatology Services | DoC |

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| <p>Act 2012 and the need to ensure robust services are commissioned, North Lincolnshire CCG requested the support of the Yorkshire and Humber Clinical Senate to review the service specification and advise on the appropriateness of the dermatology model.</p> <p>The report from the Yorkshire and Humber Senate was attached.</p> <p>The model in use within North Lincolnshire is a hybrid of model 1 and 2 as set out in the Manual for Cancer Services Skin Measures V1.2, 2012, however the Senate view is that with appropriate governance structure and peer review process it is possible to commission a clinically safe service. However the Senate made a number of recommendations to improve the clarity of the service specification.</p> <p>The service specification is currently being revised to reflect the recommendations set out in the Senate report, and the specification will be subject to CCG approval processes. North Lincolnshire CCG continues to work closely with the current service providers to ensure the revised service specification and pathways are robust and evidence based.</p> | | |
| <p>7.13 Revalidation of Nursing Staff</p> <p>CW presented Item 7.13 and the report was taken as 'read'. The paper briefed on the revalidation process that all nurses and midwives will need to engage with from March 2016 to demonstrate that they practice safely and effectively throughout their career. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • CCG Responsibilities <ul style="list-style-type: none"> ○ As an employer, the CCG currently directly employs six nurses/midwives with live registrations, and is confident of the ability to support on-going development to fulfil the required criteria ○ As a commissioner, the CCG is working with providers to ensure that they will be able to meet the requirements of the revalidation without increasing the risk to patient safety or quality of care • Primary Care <ul style="list-style-type: none"> ○ It is recognised that revalidation for smaller organisations, such as GP practices, will find the revalidation process more challenging. It is critically important that all nurses and midwives in all settings are enabled to revalidate | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Revalidation of Nursing Staff report | DoR&QA |
| <p>7.14 NHS Constitution Update</p> <p>CW presented Item 7.14 and the report was taken as 'read'. The NHS Constitution and Handbook to the Constitution have been updated by the Department of Health (27 July 2015) to reflect current policy and legislation. The constitution sets out the rights to which patients, public and staff are entitled, and includes a series of pledges to which the NHS is committed to</p> | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted and reaffirmed its commitment to the new NHS Constitution | DoR&QA |

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| <p>achieve.</p> <p>The Francis Enquiry recommended several amendments to the constitution which have been incorporated, namely:</p> <ul style="list-style-type: none"> • Prioritising patients • Protecting patients from avoidable harm • Providing assistance that patients need • Staff compliance with the guidance <p>Other key changes are:</p> <ul style="list-style-type: none"> • Standards of Care <ul style="list-style-type: none"> ○ The new constitution now reflects a series of standards, below which standards of care must never fall • Physical & Mental Health <ul style="list-style-type: none"> ○ The new constitution makes it clear that physical and mental health are equally as important • Armed Forces <ul style="list-style-type: none"> ○ The armed forces covenant is enshrined to ensure equal access to services • Duty of Candour <ul style="list-style-type: none"> ○ A duty of candour is included to promote a culture of openness <p>The CCG Governing Body was asked to be cognisant of the revised NHS Constitution and commit to its delivery.</p> | | |
| 8.0 HEALTHY LIVES, HEALTHY FUTURES | | |
| <p>8.1 Update from Lance Gardner, Programme Director for the Healthy Lives, Healthy Futures programme</p> <p>LG provided a verbal update in relation to the Healthy Lives, Healthy Futures programme. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The programme is making good progress • Financial challenges • Memorandum of Understanding (MoU), signed off as a collective across Northern Lincolnshire • There is a commitment across Northern Lincolnshire to work together | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the verbal update | <p>HLHF PD</p> |
| ITEMS FOR AWARENESS AND NOTING | | |
| <p>8.2 Healthy Lives, Healthy Futures 2015 – 2020</p> <p>LG presented Item 8.2 and the report was taken as 'read'. Through the Healthy Lives Healthy Futures programme the CCG is working with commissioners and providers of health and care services across North and North East Lincolnshire, including North East Lincolnshire CCG, Northern Lincolnshire and Goole NHS Foundation Trust, Rotherham, Doncaster and South Humber Foundation Trust, North Lincolnshire Council, North East Lincolnshire Council, Care Plus and NAVIGO.</p> <p>Healthy Lives, Healthy Futures (HLHF) puts the person at the heart of everything. It is established as the framework for all health and adult social care organisations (commissioners and</p> | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Adopted the Healthy Lives, Healthy Futures Vision and Strategy 2015/20 • Agreed to continue to receive regular updates on the progress of the programme | <p>HLHF PD</p> |

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| <p>providers; primary, community and secondary) across the combined areas of North Lincolnshire and North East Lincolnshire: referred to within the document as Northern Lincolnshire to recognise the areas where we are working together to improve quality and outcomes for people.</p> <p>The document sets out the vision and strategy for 2015/2020 and concludes that securing vibrant integrated care across health and social services, along with full patient and public engagement in local places, are the critical building blocks to deliver our overall vision across Northern Lincolnshire. In years one and two (2015/16 and 2016/17) it will, therefore, concentrate primarily on securing the agreed 'Out of Hospital' efficiencies and transformations – seeing more people being supported closer to their home and a greater share of services delivered out of hospital.</p> <p>Also during 2015-17 it will build and begin to deliver a pipeline of 'In Hospital' schemes in the expectation that capacity and capability will need to be adjusted and transformed to reflect a very different pattern of need and demand for medical and surgical services at acute, specialist and tertiary levels. This will require significant collaboration at hospital level across a wider area than Northern Lincolnshire. A range of options will be considered that could influence commissioning plans and provision in other parts of Lincolnshire, Humber and beyond where necessary.</p> <p>The document is a collation of the views and materials produced by a significant number of local clinicians and professionals and draws on models of emerging best practice from elsewhere, both nationally and internationally.</p> | | |
| 9.0 PUBLIC QUESTION TIME | | |
| No questions/issues were raised by members of the public. | Decision: Noted | Chair |
| 10.0 ANY OTHER BUSINESS | | |
| 10.1 Urgent Items by Prior Notice Nothing discussed. | Decision: Noted | Chair |
| 11.0 DATE AND TIME OF NEXT PUBLIC MEETING | | |
| <p>Annual General Meeting (AGM) Thursday 10 September 2015 13:30 – 14:30 Board Room, Health Place, Brigg</p> <p>CCG Governing Body Meeting in Public Thursday 8 October 2015 14:00 Board Room, Health Place, Brigg</p> | Decision: Noted | Chair |
| 12.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY | | |
| 12.1 CCG Engine Room – Decisions Made Log: June and July 2015 | Decision: Noted, for information only | CO |
| 12.2 Health and Wellbeing Board Minutes: 12 March 2015 | Decision: Noted, for information only | CO |