


Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 10 December 2015

<b>MEETING:</b>	23 <sup>rd</sup> Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 <p style="text-align: center;"><b>GOVERNING BODY</b></p>
<b>MEETING DATE:</b>	Thursday 8 October 2015	
<b>VENUE:</b>	Board Room, Health Place, Brigg	
<b>TIME:</b>	14:00	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
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
Dr James Mbugua ( <i>JMb</i> )	CCG Member/General Practitioner	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
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
<b>IN ATTENDANCE:</b>		
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 Items 7.1 and 7.2 only</i>	NHS North Lincolnshire CCG

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Dr Margaret Sanderson ( <i>MS</i> )	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Catherine Wylie ( <i>CW</i> )	Director of Risk & Quality Assurance/ Nurse Member	NHS North Lincolnshire CCG

<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
<b>1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY</b>		
IR welcomed all attendees to the twenty-third 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.	<b>Decision:</b> Noted	Vice Chair
<b>2.0 DECLARATION OF INTERESTS</b>		
IR invited those with any Declarations of Interest, not previously declared, to make them known to the meeting. No declarations were received.	<b>Decision:</b> Noted	Vice Chair
<b>3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 13 AUGUST 2015</b>		
The minutes were accepted as an accurate record of the meeting.	<b>Decision:</b> Noted	Vice Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>4.0 ACTION LOG – ACTIONS UPDATE FROM 13 AUGUST 2015</b>		
<ul style="list-style-type: none"> <li>• <b>Item 7.3 (13.08.15): Finance and Contract Report: Month 3 2015/2016</b> Actions completed.</li> <li>• <b>Item 7.7 (13.08.15): Individual Funding Requests Annual Report: 1 April 2014 – 31 March 2015</b> Action completed.</li> </ul>	Decision: Noted	Vice Chair
<b>5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)</b>		
Nothing discussed.	Decision: Noted	Vice Chair
<b>6.0 CLINICAL COMMISSIONING</b>		
<b>ITEMS FOR APPROVAL</b>		
<p><b>6.1 Child and Adolescent Mental Health Service (CAMHS) Transformation Plan Briefing</b></p> <p>CB presented Item 6.1 and the report was taken as 'read'. The report briefed the Governing Body on the requirements and timelines in relation to agreeing the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing, in response to the national requirements of "Future in Mind".</p> <p>The Future in Mind Report (FiM) was published in May 2015 and set out a clear national ambition to transform the design and delivery of a local offer of services for children and young people with mental health needs. Future in Mind describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes with the NHS, Public Health, Local Authority Children's Services, Education and Youth Justice working together.</p> <p>The local transformation plan is being developed from the existing Children and Young People's Emotional Health and Wellbeing Strategy for North Lincolnshire, including its existing actions and timescales. The transformation plan integrates the additional requirements of "Future in Mind" into that existing strategy.</p> <p>The report set out in more detail the expected content of the plan and proposed priorities for transformation.</p> <p>CCG plans were required to be submitted to NHS England by 16 October 2015, and would be subject to a national assurance process, which will release the resources to the CCG for investment. Plans are required to be signed off on behalf of the Health and Wellbeing Board.</p> <p>It was noted that the detailed plans were still under development, working towards submission by 16 October 2015. The Governing Body was asked to support the Vice Chair and Chief Officer in agreeing the final plan in conjunction with North Lincolnshire Council and the Chair of the Health and Wellbeing Board.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received the briefing on the requirements of the CAMHS Transformation Plan</li> <li>• Received the update on progress</li> <li>• Supported the Vice Chair and Chief Officer in agreeing the final plan for submission in conjunction with North Lincolnshire Council and the Chair of the Health and Wellbeing Board</li> </ul>	DoC

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• NHS England has agreed to release extra funding to transform mental health services for children and young people, in line with the FiM report and the Five Year Forward View</li> <li>• Extra funding for North Lincolnshire has been allocated as follows: <ul style="list-style-type: none"> <li>○ Eating Disorders: initial allocation of £93,243 for 2015/2016 (released immediately)</li> <li>○ Additional Funding of £233,375 (subject to assurance of a local CAMHS Transformation Plan)</li> <li>○ Extra funding relating to Perinatal Mental Health will be released, but this will part of a separate process later in 2015</li> </ul> </li> <li>• Discussion took place regarding links to the Care Networks</li> <li>• Links between services were discussed</li> </ul>		
<b>ITEMS FOR AWARENESS, NOTING AND RATIFICATION</b>		
<p><b>6.2 Vice Chair/Chief Officer Update</b></p> <p><b>6.2.1 Chief Officer Appointment</b> AC advised that she would be retiring on 31 December 2015. It was noted that Liane Langdon had been appointed as Chief Officer</p> <p><b>6.2.2 Commissioning Support Transition</b></p> <ul style="list-style-type: none"> <li>• <b>HR Transition Process</b> AC advised that all Commissioning Support staff had received a letter confirming the arrangements for posts going forward</li> <li>• <b>TUPE Consultation</b></li> <li>• <b>Lead Provider Framework (LPF)</b> The LPF is on track for service commencement on 1 March 2016</li> <li>• <b>LPF Bidder Engagement</b> An event is due to take place on 9 October 2015</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Noted the verbal update</li> </ul>	<p>Vice Chair</p> <p>CO</p>
<b>7.0 CORPORATE GOVERNANCE AND ASSURANCE</b>		
<b>ITEMS FOR DISCUSSION AND/OR APPROVAL</b>		
<p><b>7.1 Assurance Framework (AF) Report</b> 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).</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• 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. Whilst Yorkshire and Humber Commissioning Support (Y&amp;HCS) have been administering the AF, this work is now being taken forward by North Lincolnshire CCG. With the impending transfer of a number of functions from Y&amp;HCS, it is planned to establish directorate risk</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Approved the Assurance Framework and was assured that it gave sufficient evidence that key risks were being managed effectively</li> </ul>	<p>ASOQ&amp;A</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>registers and a separate Corporate Risk Register to 'sit below' the AF</p> <ul style="list-style-type: none"> <li>• To make the AF easier to read, all risks have been re-numbered and grouped by risk 'owner'</li> <li>• A commentary report has been developed to make it easier to track risk movement, and provide an audit trail. It is planned to develop the commentary report to include an evaluation of the risk controls and assurance sections for each risk, thus providing the Governing Body with more contextual information to evaluate the overall effectiveness of the CCG's approach to risk mitigation</li> <li>• The AF is reviewed on a regular basis by Director Leads; each risk has a nominated 'senior owner'. The AF is reviewed by the Audit Group. The AF and CCG Risk Register are also reviewed regularly by the Quality Group</li> <li>• Public bodies must provide assurance that they appropriately manage and control resources that they are responsible for. HM Treasurer requires all public bodies to produce an annual governance statement that demonstrates how they manage their resources – the Assurance Framework and Risk Register are key elements of this document</li> <li>• Risk ID Q2: <i>If patients are not supported they may have limited choice regarding their end of life care</i> <ul style="list-style-type: none"> <li>○ Positive/External Assurance: Joint Co-commissioning Board (NHSE membership) to be reviewed</li> </ul> </li> </ul>		
<p><b>7.2 Quality and Risk Report</b> JP presented Item 7.2 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 CCG.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and noted the Quality and Risk Management Report</li> </ul>	ASOQ&A
<p><b>7.3 Corporate Performance Executive Summary</b> TP presented Item 7.3 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"> <li>• Overall Constitution Indicator Performance (<i>page 5</i>) <ul style="list-style-type: none"> <li>○ Green: 24 indicators</li> <li>○ Amber: 6 indicators</li> <li>○ Red: 0 indicators</li> </ul> </li> <li>• Areas of Exception (<i>page 5</i>) <ul style="list-style-type: none"> <li>○ Referral to Treatment Times: Admitted Pathways &lt; 18 Weeks (<i>page 5</i>)</li> <li>○ Cancer 31 Day Waits (<i>page 5</i>)</li> <li>○ Category A Ambulance Response Times (<i>page 6</i>) <ul style="list-style-type: none"> <li>▪ 8 Minute Red 2 (<i>page 6</i>)</li> <li>▪ 19 Minute (<i>page 6</i>)</li> </ul> </li> <li>○ Reducing potential years of life lost from</li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and noted the report and was assured that areas of underperformance were being addressed at a local level to meet agreed targets and commitments</li> </ul>	CFO&BS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>causes considered amenable to healthcare (all ages) (page 6)</p> <ul style="list-style-type: none"> <li>○ C.Difficile (page 7) <ul style="list-style-type: none"> <li>▪ Trajectory for 2015/2016 is 31</li> <li>▪ Since the beginning of the 2015/2016 financial year there have been 17 cases, higher than the profiled trajectory of 13 year to date</li> </ul> </li> <li>• 2015/2016 Quality Premium (pages 7 &amp; 8)</li> <li>• Provider Assurance Dashboard: Appendix 1 (pages 9 &amp; 12)</li> <li>• Highlight Report (page 9) <ul style="list-style-type: none"> <li>○ A&amp;E 4 Hour Waits (2015/2016) (page 9)</li> <li>○ New Format Reporting for 2015/2016 Quality Premium (page 9)</li> <li>○ Provider Assurance Dashboards (page 9) <ul style="list-style-type: none"> <li>▪ Mortality Data</li> </ul> </li> <li>○ Improving Access to Psychological Therapies (IAPT) (page 10)</li> <li>○ Public Health Indicators (page 10)</li> <li>○ Early Indications (page 10)</li> </ul> </li> </ul>		
<p><b>7.4 Finance and Contract Report: Month 3 2015/2016</b></p> <p>TP presented Item 7.4 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 August 2015).</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Executive Summary (page 2) <ul style="list-style-type: none"> <li>○ Overall Financial Position (page 2)</li> <li>○ QIPP (page 2)</li> <li>○ Running Costs (page 2)</li> <li>○ Risks (page 2)</li> <li>○ Contract Position (page 2)</li> </ul> </li> <li>• Community, Mental Health and Continuing Care (page 7) <ul style="list-style-type: none"> <li>○ Services for Vulnerable People (including Continuing Care) (page 7) <ul style="list-style-type: none"> <li>▪ Services for Vulnerable People are over-spent by £28k for the year to date (YTD) and forecast to be £9k under-spent by the year end. The main change from July relates to the increase in the pooled budget reported over-spends</li> <li>▪ Continuing Care has been reported with a YTD under-spend of £109k. Reasons for the under-spend include a decrease in the number of client cases funded and changes in management processes such as the high cost review panel process which has been successful</li> <li>▪ Personal Health Budgets are also starting to have an impact</li> </ul> </li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and noted the Finance and Contract Report</li> </ul>	CFO&BS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> <li>• Primary Care (<i>page 9</i>)               <ul style="list-style-type: none"> <li>○ Prescribing and Central Drugs (<i>pages 9 &amp; 10</i>)                   <ul style="list-style-type: none"> <li>▪ The net YTD position for Prescribing shows a £716k over-spend. This is based on three months of 2015/2016 actual Prescribing Monitoring Document (PMD) expenditure, and an accrual based on the forecast from the PMD, reduced by Public Health recharge income and rebates</li> <li>▪ The Yorkshire and Humber Commissioning Support Finance Team is working with the budget holder to understand the increase in expenditure through focus on drug types, and practices with the most significant year on year increases</li> <li>▪ There are a number of planned actions which are being monitored</li> <li>▪ TP to attend the Prescribing Budget Holder meeting to review the position</li> <li>▪ Discussion took place regarding possible coding issues</li> </ul> </li> </ul> </li> <li>• QIPP Delivery (<i>page 11</i>)</li> <li>• Risk Management (<i>page 12</i>)               <ul style="list-style-type: none"> <li>○ QIPP Failure                   <ul style="list-style-type: none"> <li>▪ Prescribing</li> </ul> </li> <li>○ New cost pressures emerging in 2015/2016</li> </ul> </li> <li>• CCG Governing Body Workshop: 12 November 2015               <ul style="list-style-type: none"> <li>○ To focus on the Commissioning Plan/priorities for 2016/2017</li> </ul> </li> <li>• Contract Trading Position (<i>pages 17 – 21</i>)</li> </ul>		
<p><b>7.5 Financial Control Environment Assessment</b>            TP presented Item 7.5 and the report was taken as 'read'. The report advised the CCG Governing Body of the new requirements to be built into the NHS England assurance processes and to review and approve the self-assessment prior to final submission to NHS England; agreeing any remedial actions required.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• The self-assessment was discussed at the CCG Audit Group on 25 August 2015</li> <li>• Financial Control Environment Self-Assessment               <ul style="list-style-type: none"> <li>○ Excellent</li> <li>○ Good</li> <li>○ Moderate</li> </ul> </li> <li>• Discussion took place regarding the Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) Public Dividend Capital Application</li> <li>• Line 1: Longer Term Planning</li> <li>• Line 2: Detailed Financial Planning: Credibility and Degree of Stretch</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Reviewed the assessment to ensure it provided an accurate and rounded view</li> <li>• Approved the assessment, with no changes/additional comments</li> <li>• Agreed further action that needed to be taken in weaker areas and timescales</li> </ul> <p><b>Action:</b> Give further consideration to the formal establishment of a separate Finance and Performance Committee chaired by a lay</p>	<p>CFO&amp;BS</p> <p>CO CFO&amp;BS Chair</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> <li>○ Quality, Innovation, Productivity and Prevention (QIPP) <ul style="list-style-type: none"> <li>• Failure to achieve targets</li> </ul> </li> <li>• Line 17: Audit and other Finance Committees: Governing Body ensures effective financial management <ul style="list-style-type: none"> <li>○ The difference between 'good' and 'excellent' was discussed</li> <li>○ It was noted that NHS England recommends that good practice requires the formal establishment of a separate CCG Finance and Performance Committee chaired by a lay member to ensure independent challenge</li> </ul> </li> </ul>	<p>member to provide independent challenge</p>	
<p><b>7.6 CCG Audit Group Terms of Reference</b></p> <p>TP presented Item 7.6 and the report was taken as 'read'. TP advised that the Terms of Reference had been reviewed in the light of feedback from the review of effectiveness of the Audit Group last year, and to reflect the new standard format template for Terms of Reference for the CCG.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• 6.0: Quoracy <ul style="list-style-type: none"> <li>It was queried whether attendance from a clinical representative should be required to ensure the meeting was quorate</li> </ul> </li> <li>• It was suggested that when updating the Terms of Reference in the future, changes should be highlighted for ease of reference</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Reviewed the updated CCG Audit Group Terms of Reference, and recommended that further discussion should take place at the Council of Members meeting on 26 November 2015, to see if an additional GP could be recruited</li> <li>• It was agreed that if the recruitment of an additional GP member is unsuccessful, the Terms of Reference would need to be amended so that clinical representation is not required to ensure the meeting is quorate</li> </ul>	CFO&BS
<p><b>7.7 CCG Audit Group Work Plan</b></p> <p>TP presented Item 7.7 and the report was taken as 'read'. The report outlined the Audit Group's programme of work for the year from August 2015 to July 2016.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Approved the CCG Audit Group Work Plan for August 2015 to July 2016</li> </ul>	CFO&BS
<p><b>7.8 HR Policies</b></p> <p><b>7.8.1 Grievance Policy</b></p> <p><b>7.8.2 Other Leave Policy</b></p> <p><b>7.8.3 Relocation of Expenses Policy</b></p> <p><b>7.8.4 Temporary Promotion Policy</b></p> <p><b>7.8.5 Recruitment and Retention Premia Policy</b></p> <p><b>7.8.6 Smoking Policy</b></p> <p><b>7.8.7 Bullying and Harassment Policy</b></p> <p>AC presented Items 7.8.1 to 7.8.7 on behalf of Emma Kirkwood, Human Resources Business Partner, Yorkshire and Humber Commissioning Support, and the policies were taken as 'read'. It was noted that all CCG staff had the opportunity to contribute to the development of each policy. The policies had</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Approved the HR policies (Item 7.8.1 to 7.8.7)</li> <li>• Agreed to forward suggested amendments to the CCG's HR support provider for consideration when policies are next reviewed</li> <li>• Agreed that the Terms of Reference for the CCG Remuneration</li> </ul>	CO

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>been approved by the Joint Trade Union Partnership Forum (JTUPF) on 26 August 2015. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• It was queried whether the CCG Remuneration Committee should have responsibility for approving all future HR policies</li> <li>• Item 7.8.2: Other Leave Policy <ul style="list-style-type: none"> <li>○ It was suggested that the policy should be reviewed, as it was 'subjective', rather than 'objective'</li> </ul> </li> <li>• Item 7.8.3: Relocation of Expenses Policy <ul style="list-style-type: none"> <li>○ It was suggested that the policy should be reviewed</li> </ul> </li> <li>• Item 7.8.6: Smoking Policy <ul style="list-style-type: none"> <li>○ It was highlighted that new legislation had come into force on 1 October 2015 in England and Wales, making it illegal to smoke in a vehicle carrying someone who is under the age of 18</li> <li>○ It was agreed that the policy would need to be reviewed in light of the new legislation</li> </ul> </li> </ul>	<p>Committee should be amended to include delegated responsibility on behalf of the CCG Governing Body for approving/ratifying all future HR policies</p> <ul style="list-style-type: none"> <li>• The Remuneration Committee is to provide, as part of its annual report, a statement on the HR policies approved/ratified</li> </ul>	
<b>ITEMS FOR AWARENESS AND NOTING</b>		
<p><b>7.9 Annual Report: Children's Continuing Care, North Lincolnshire</b> CB presented Item 7.9 and the report was taken as 'read'. The report was the third annual Children's Continuing Care report for North Lincolnshire CCG, providing a brief synopsis of the position of Children's Continuing Care in North Lincolnshire. The report provided a summary of activity and funding for 2014/2015, and described recent service developments in the area.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Background information and implications (<i>pages 2 &amp; 3</i>)</li> <li>• CCG spend on children's continuing healthcare (<i>page 3</i>)</li> <li>• Paragraph 1: Funding through a three-way split (education, social care and the CCG) (<i>page 4</i>) <ul style="list-style-type: none"> <li>○ Discussion took place regarding the three-way split of funding for therapeutic residential care. It was noted that this had been discussed at a recent meeting of the High Cost Panel</li> </ul> </li> <li>• Continuing Care Policy (<i>pages 5 &amp; 6</i>)</li> <li>• Future of mainstream school funding for managing healthcare needs (<i>page 6</i>)</li> <li>• Special Educational Needs and Disability (SEND) (<i>page 7</i>)</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and noted the Annual Report for Children's Continuing Care in North Lincolnshire</li> </ul>	DoC
<p><b>7.10 Annual Report: Special Educational Needs and Disability (SEND)</b> CB presented Item 7.10 and the report was taken as 'read'. The report was the inaugural annual report of the SEND Designated Clinical Officer for North Lincolnshire CCG, from 1 September 2014 to 31 March 2015.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and noted the Annual Report for Special Education Needs and Disability (SEND)</li> </ul>	DoC



SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p><b>7.11 CCG Audit Group Annual Report</b> PE presented Item 7.11 and the report was taken as 'read'. The report briefed the CCG Governing Body on the CCG Audit Group activities during the year. The annual report was prepared to supplement the written reports and minutes provided to the CCG Governing Body, looking at the review period and referring to the plan for 2015/2016.</p>	<p><b>Decision:</b> The CCG Governing Body:  <ul style="list-style-type: none"> <li>• Received and noted the CCG Audit Group Annual Report</li> </ul> <b>Action:</b> The CCG Audit Group Annual Report to be shared with Council of Members on 26 November 2015</p>	CFO&BS
<p><b>7.12 CCG Audit Group Minutes: 27 May 2015</b> TP presented Item 7.12 and the report was taken as 'read'. The CCG Audit Group minutes were for information only.</p>	<p><b>Decision:</b> The CCG Governing Body:  <ul style="list-style-type: none"> <li>• Received and noted the CCG Audit Group minutes</li> </ul> </p>	CFO&BS
<p><b>7.13 CCG Quality Group Minutes: 23 July 2015</b> IR presented Item 7.13 on behalf of CW, and the report was taken as 'read'. The CCG Quality Group minutes were for information only.</p>	<p><b>Decision:</b> The CCG Governing Body:  <ul style="list-style-type: none"> <li>• Received and noted the CCG Quality Group minutes</li> </ul> </p>	Vice Chair
<p><b>7.14 Joint Commissioning Committee Minutes: 11 June 2015</b> IR presented Item 7.14 and the report was taken as 'read'. The Joint Commissioning Committee minutes were for information only.</p>	<p><b>Decision:</b> The CCG Governing Body:  <ul style="list-style-type: none"> <li>• Received and noted the Joint Commissioning Committee minutes</li> </ul> </p>	Chair of the JCC
<b>8.0 HEALTHY LIVES, HEALTHY FUTURES</b>		
<p><b>8.1 Update: Healthy Lives, Healthy Futures (HLHF) Programme</b> RJF provided a verbal update in relation to the Healthy Lives, Healthy Futures (HLHF) programme. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• It was noted that a Health and Care Network Summit would be taking place on 14 October 2015 to look at the Care Networks for North Lincolnshire</li> <li>• Governance <ul style="list-style-type: none"> <li>○ Revised governance arrangements for HLHF were agreed at the Programme Board on 1 October 2015</li> <li>○ HLHF Programme Board <ul style="list-style-type: none"> <li>▪ Chair: Karen Jackson</li> </ul> </li> <li>○ HLHF Operational Group <ul style="list-style-type: none"> <li>▪ Chair: Beverley Compton</li> </ul> </li> </ul> </li> <li>• Planning and Resource Group <ul style="list-style-type: none"> <li>○ Meeting chaired by CB</li> </ul> </li> <li>• Finance Sub Group <ul style="list-style-type: none"> <li>○ Meeting chaired by TP</li> </ul> </li> <li>• Emerging out of hospital model</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:  <ul style="list-style-type: none"> <li>• Noted the verbal update</li> </ul> <b>Action:</b> AC to forward further details to CCG Governing Body members via e-mail</p>	<p>HLHF CL  CO</p>
<b>9.0 PUBLIC QUESTION TIME</b>		
<p>A number of points were highlighted by a member of the public relating to:</p> <ul style="list-style-type: none"> <li>• Public Engagement Events <ul style="list-style-type: none"> <li>○ Positive feedback regarding informing the public about health services</li> </ul> </li> <li>• Whole system review</li> <li>• Pressures and concerns across the whole system</li> </ul>	<p><b>Decision:</b> Noted</p>	Vice Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>10.0 ANY OTHER BUSINESS</b> <i>Urgent Items by Prior Notice</i>		
<p><b>10.1 Systems Resilience</b></p> <p>IR advised the Governing Body that Item 7.3 on the 'private' agenda would be discussed in public.</p> <p>CB presented the Systems Resilience paper, and the report was taken as 'read'. The report updated the Governing Body on the requirements for Systems Resilience and the expectations and requirements for System Resilience Groups (SRG). Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Requirements of SRGs (<i>page 3</i>) <ul style="list-style-type: none"> <li>○ NHS England 'Operational and Resilience Planning for 2014/2015 Guidance; June 2014' set out the requirement for all systems to form System Resilience Groups (SRG). The footprint for SRGs was to be determined locally taking into account the footprint for urgent and emergency care</li> <li>○ NHS England, Monitor and the NHS Trust Development Authority (TDA) published further information regarding the resilience plan requirements for 2015/2016 in April and August 2015. The April letter included eight high impact resilience interventions that SRGs were expected to adopt, and these were supplemented in August by nine high impact actions to improve ambulance performance which CCGs and SRGs were expected to work on with Ambulance Providers</li> <li>○ Following the issue of the 2015/2016 guidance the SRG undertook a review of its Terms of Reference (ToR) and membership to ensure they reflected the latest guidance. As a result the membership of the SRG was increased, and the Urgent Care Working Group was disbanded. Revised ToR were agreed at the July SRG meeting</li> <li>○ The TOR although recently reviewed will need further review to reflect publications since July 2015</li> </ul> </li> <li>• Assurance Process (<i>page 4</i>) <ul style="list-style-type: none"> <li>○ The assurance process in relation to 2015/2016 has required the SRG to provide assurance on a broad range of areas</li> <li>○ The SRG was required to submit a detailed template by 2 September 2015, for assurance through a regional tripartite review</li> <li>○ North Lincolnshire's plans were partially assured (which is in line with the majority of SRGs)</li> <li>○ Further templates were required for</li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received the update on the requirements for Systems Resilience and the expectations and requirements for System Resilience Groups (SRG)</li> <li>• Considered the revised Terms of Reference for the SRG, and noted that although recently reviewed, the Terms of Reference would need further review to reflect publications since July 2015</li> <li>• Received the update on the national vision for urgent and emergency care and the formation of Urgent and Emergency Care Networks, and noted progress in forming a network across North Yorkshire and Humber</li> <li>• Considered and agreed to the delegation of the resources received by the CCG for Systems Resilience to the North Lincolnshire System Resilience Group (NLSRG) for allocation</li> </ul>	<p>DoC</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>submission by the 30 September 2015 and the 6 October 2015</p> <ul style="list-style-type: none"> <li>• Resources (<i>page 4</i>) <ul style="list-style-type: none"> <li>○ Following discussion at SRG, the CCG Engine Room received a paper on 20 August 2015 setting out the 8 high impact interventions, 2014/2015 schemes and additional 2015/2016 proposals for consideration. The CCG Engine Room did not approve all the proposals, therefore further engagement with Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) is underway to provide additional information to support the proposals put forward <ul style="list-style-type: none"> <li>▪ Discussion took place regarding admissions and system pressures</li> <li>▪ It was queried whether more narrative could be included in the Accident &amp; Emergency Weekly Performance Report</li> </ul> </li> <li>○ The final allocation of resilience monies is therefore not yet concluded for 2015/2016</li> <li>○ NHS England have identified to the CCG that all other CCGs have delegated the allocation and use of system resilience monies to the SRG, and not retained decision making to the CCG as has previously been the case in North Lincolnshire</li> </ul> </li> <li>• Urgent and Emergency Care Review and Networks (<i>page 5</i>) <ul style="list-style-type: none"> <li>○ Transforming urgent and emergency care services in England was published in November 2013 and set the vision</li> <li>○ Guidance on the establishment of Urgent and Emergency Care Review and Networks was published in June 2015 and proposed minimum populations of 1 to 5 million to give strategic oversight of urgent and emergency care on a regional footprint. The intention is to ensure that patients with more serious or life threatening emergencies receive treatment in centres with the right facilities and expertise, whilst also ensuring that individuals can have their urgent care needs met locally by services as close to home as possible. SRGs will retain responsibility for ensuring the effective delivery of urgent care in their area, in coordination with an overall urgent and emergency care strategy agreed through the regional Urgent and Emergency Care Network</li> <li>○ Following a workshop facilitated by NHS England in July proposals have been</li> </ul> </li> </ul>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>developed to establish a network across North Yorkshire and Humber to include Lincolnshire East and West CCGs and excluding Hambleton, Richmondshire and Whitby and Harrogate and Rural District CCGs. Outline TOR and membership have been considered by the NY&amp;H CCG Collaborative, and a workshop is being facilitated by NHS England on the 21 October 2015 to take forward. Under the outline proposals North Lincolnshire will be represented by the Chair of the SRG</p> <ul style="list-style-type: none"> <li>• North Lincolnshire System Resilience Group (<i>page 6</i>) <ul style="list-style-type: none"> <li>○ Functions (<i>page 6</i>)</li> <li>○ Key performance targets (<i>page 7</i>)</li> <li>○ Accountability (<i>page 7</i>)</li> <li>○ Responsibilities (<i>page 8</i>)</li> <li>○ Membership (<i>page 9</i>)</li> </ul> </li> </ul> <p><b>10.2 Voluntary Action North Lincolnshire (VANL) – Annual General Meeting (AGM): 10 November 2015</b> IR advised that a debate on 'Volunteering and the Voluntary Sector' would be taking place as part of the VANL AGM. The Governing Body was asked if anyone would like to be part of the panel</p> <p><b>10.3 Therese Paskell, Chief Finance Officer and Business Support</b> It was noted that TP would be leaving the CCG at the end of November. TP was thanked for her input and work to date for the CCG and previously for the Primary Care Trust (PCT).</p>	<p><b>Decision:</b> Noted</p> <p><b>Decision:</b> Noted</p>	<p>Vice Chair</p> <p>Vice Chair</p>
<b>11.0 DATE AND TIME OF NEXT PUBLIC MEETING</b>		
<p>Thursday 10 December 2015 14:00 Board Room, Health Place, Brigg</p>	<p><b>Decision:</b> Noted</p>	<p>Vice Chair</p>
<b>12.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY</b>		
<p><b>12.1 CCG Engine Room – Decisions Made: August and September 2015</b></p>	<p><b>Decision:</b> Noted, for information only</p>	<p>CO</p>