


Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 11 February 2016

MEETING:	24 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 <p style="text-align: center;">GOVERNING BODY</p>
MEETING DATE:	Thursday 10 December 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
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
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
Paul Evans (<i>PE</i>)	CCG Lay Member, Governance	NHS North Lincolnshire CCG
Frances Cunning (<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
Bill Lovell (<i>BL</i>)	Assistant Senior Officer, Finance and Business Support <i>In attendance for all items</i>	NHS North Lincolnshire CCG
John Pougher (<i>JP</i>)	Assistant Senior Officer, Quality & Assurance <i>In attendance for Items 7.1, 7.2, 7.6 and 7.8 only</i>	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Catherine Wylie (<i>CW</i>)	Director of Risk & Quality Assurance/ Nurse Member	NHS North Lincolnshire CCG
Professor John Mayberry (<i>JM</i>)	Secondary Care Doctor	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY		
MS welcomed all attendees to the twenty-fourth 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

Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 11 February 2016

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 8 OCTOBER 2015		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 8 OCTOBER 2015		
<ul style="list-style-type: none"> • Item 7.5 (8.10.15): Financial Control Environment Assessment Action completed. • Item 7.11 (8.10.15): CCG Audit Group Annual Report Action completed. • Item 8.1 (8.10.15): Update: Healthy Lives, Healthy Futures (HLHF) Programme Action completed. 	Decision: Noted	Chair
5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
There were no matters arising to be discussed.	Decision: Noted	Chair
6.0 CLINICAL COMMISSIONING		
ITEMS FOR AWARENESS, NOTING AND RATIFICATION		
6.1 Chair/Chief Officer Update		
<p>6.1.1 Chief Officer Appointment It was noted that AC would be leaving the CCG on 31 December 2015. AC was thanked for her input and work to date for the CCG and previously for the Primary Care Trust (PCT).</p> <p>6.1.2 Child and Adolescent Mental Health Service (CAMHS) Transformation Plan It was confirmed that the CAMHS Transformation Plan had been submitted, and was assured by NHS England.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the verbal update 	Chair CO
7.0 CORPORATE GOVERNANCE AND ASSURANCE		
ITEMS FOR DISCUSSION AND/OR APPROVAL		
<p>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).</p> <p>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. With the impending transfer of a number of functions from Yorkshire and Humber Commissioning Support (Y&HCS), it is planned to establish directorate risk registers and a separate Corporate Risk Register to 'sit below' the AF • To make the AF easier to read, all risks have been re-numbered and grouped by risk 'owner' • An additional column has been added 'source of risk', following recommendations from an internal audit review • 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 	<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 	ASOQ&A

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Governing Body with more contextual information to evaluate the overall effectiveness of the CCG's approach to risk mitigation</p> <ul style="list-style-type: none"> • 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 • 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 • There are currently eight risks on the Assurance Framework • The scores for three risks remain the same • Risk ID Q4: <i>Risk to CCG regarding delayed delivery of retrospective claims</i> <ul style="list-style-type: none"> ○ It was noted that this was a new risk ○ It was queried whether the risk to the CCG was reputational, financial or legal. After discussion it was agreed that the risk was all three (reputational, financial and legal) • 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 CSU programme to CCG</i> <ul style="list-style-type: none"> ○ It was agreed that the risk should be removed and placed on the archive register • It was noted that four risk scores had been reduced <ul style="list-style-type: none"> ○ Risk ID Q2: <i>If patients are not supported they may have limited choice regarding their end of life care</i> ○ 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 CSU programme to CCG</i> ○ Risk ID AO1: <i>If the CCG fails to engage and work with key partners and stakeholders (including Local Authorities, GPs, Public) the delivery of CCG strategic objectives could be threatened</i> ○ Risk ID A02: <i>If Y&HCS fails to maintain sufficient support during the transition period the CCG may be unable to deliver its duties</i> 	<p>Action: Risk ID Q3 to be removed and placed on archive register</p>	<p>ASOQ&A</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>7.2 Quality and Risk Report 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. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Section 2: Provider Assurance (<i>page 5</i>) <ul style="list-style-type: none"> ○ Organisational learning at Hull and East Yorkshire Hospitals NHS Trust (HEY) <ul style="list-style-type: none"> ▪ HEY continue to report challenges regarding their performance in a range of areas. The CCG is working with Hull CCG as the lead commissioners of HEY to ensure delivery of improvements across the areas where performance is not being achieved ▪ A Quality Improvement Plan (QIP) is in place and will support improvement in this area. The QIP has been developed by HEY in conjunction with the Trust Development Agency and incorporates all remaining actions from the CQC inspection action plan and outstanding actions relating to serious incident investigations. Progress against the QIP will be monitored by the CCG via the provider management assurance structure • Section 3: Serious Incident Summary Report (<i>page 6</i>) <ul style="list-style-type: none"> ○ Hull and East Yorkshire Hospitals NHS Trust (HEY) <ul style="list-style-type: none"> ▪ Discussion took place regarding the level of learning further to incidents ▪ It was confirmed that CW was currently reviewing the format of the report, to base the summary on assurance ○ Discussion took place regarding the quality of serious incident investigations, and the reporting within the NHS ○ Performance of providers <ul style="list-style-type: none"> ▪ Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) ▪ Hull and East Yorkshire Hospitals NHS Trust (HEY) ▪ Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) ○ Nursing Homes <ul style="list-style-type: none"> ▪ Nursing homes have less developed systems, this is being taken forward ○ Primary Care Reporting 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Quality and Risk Management Report 	<p>ASOQ&A</p>


SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> ▪ Robust systems are in place • Section 6: Safeguarding <ul style="list-style-type: none"> ○ Care Homes <ul style="list-style-type: none"> ▪ The CCG continues to work closely with colleagues from the Local Authority to monitor the quality of care provision within care homes in North Lincolnshire. Where concerns have been raised or the CQC identify issues, the CCG undertakes assessments and offers support to the home; contracting levers are implemented where appropriate ▪ One care home has received a rating of 'inadequate' from the CQC. Significant work is being undertaken and an action plan is in place and being monitored by the CQC to ensure improvements are made. The local impact was queried. It was noted that contingency plans were in place 		
<p>7.3 Corporate Performance Executive Summary</p> <p>CB 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"> • Overall Constitution Indicator Performance (<i>page 5</i>) <ul style="list-style-type: none"> ○ Green: 20 indicators ○ Amber: 3 indicators ○ Red: 6 indicators • Areas of Exception (<i>page 5</i>) <ul style="list-style-type: none"> ○ Referral to Treatment Times: Admitted Pathways < 18 Weeks (<i>page 5</i>) ○ Cancer 31 Day Waits (<i>page 6</i>) ○ Cancer 62 Day Referral to Treatment Waits (<i>Page 6</i>) ○ Category A Ambulance Response Times (<i>page 6</i>) <ul style="list-style-type: none"> ▪ 8 Minute Red 1 (<i>page 6</i>) ▪ 8 Minute Red 2 ▪ 19 Minute (<i>page 7</i>) <ul style="list-style-type: none"> ○ Discussion took place regarding LIVES/First Responders • Reducing potential years of life lost from causes considered amenable to healthcare (all ages) (<i>page 7</i>) <ul style="list-style-type: none"> ○ It was confirmed that further work was ongoing to capture more information • C.Difficile (<i>page 8</i>) <ul style="list-style-type: none"> ○ Since the beginning of the 2015/2016 financial year there have been 21 cases, higher than the profiled trajectory of 16 year 	<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 	DoC

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>to date</p> <ul style="list-style-type: none"> • 2015/2016 Quality Premium (<i>page 9</i>) <ul style="list-style-type: none"> ○ It was suggested that the measures in the new report on the performance against the 2015/2016 Quality Premium should be numbered, for ease of reference ○ Urgent & Emergency Care – Achieving a reduction in avoidable emergency admissions (<i>page 9</i>) <ul style="list-style-type: none"> ▪ It was queried whether there was any data available in relation to the Better Care Fund <ul style="list-style-type: none"> ○ It was confirmed that the reporting in relation to the Better Care Fund was presented to the Joint Board for Health and Social Care Services (Frail and Frail Elderly) • Highlight Report (<i>page 10</i>) <ul style="list-style-type: none"> ○ A&E 4 Hour Waits (2015/2016) (<i>page 10</i>) ○ Provider Assurance Dashboards (<i>page 10</i>) ○ Early Indications (<i>page 11</i>) ○ Local Ambulance Measures (<i>page 11</i>) <ul style="list-style-type: none"> ▪ The CCG Quality Group met on 27 August 2015 and agreed that the following indicators would be included in future performance reports: <ul style="list-style-type: none"> ○ Response time by minute (CCG level) ○ Handover turnaround times ▪ It was queried whether there were areas within North Lincolnshire where people were waiting longer for an ambulance. It was agreed that this needed to be understood <ul style="list-style-type: none"> ○ Public Health Indicators (<i>page 11</i>) ○ 2014/2015 Quality Premium (<i>page 11</i>) • Provider Assurance Dashboard: Appendix 1 (<i>pages 13 - 15</i>) 		
<p>7.4 Finance and Contract Report: Month 3 2015/2016</p> <p>BL 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 October 2015).</p> <p>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>) ○ QIPP (<i>page 2</i>) ○ Running Costs (<i>page 2</i>) ○ Risks (<i>page 2</i>) ○ Contract Position (<i>page 2</i>) • Headlines and Key Messages (<i>page 4</i>) 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Finance and Contract Report 	ASOF&BS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> • Revenue Expenditure (<i>pages 5 & 6</i>) • Community, Mental Health and Continuing Care (<i>page 7</i>) <ul style="list-style-type: none"> ○ Services for Vulnerable People (including Continuing Care) (<i>page 8</i>) • Primary Care (<i>page 9</i>) <ul style="list-style-type: none"> ○ Prescribing and Central Drugs (<i>pages 9 & 10</i>) <ul style="list-style-type: none"> ▪ The net YTD position for Prescribing shows an over-spend of £808k. This is based on five 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 ▪ 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 ▪ There are a number of planned actions which are being monitored • Expenditure and QIPP (<i>page 11</i>) <ul style="list-style-type: none"> ○ As long as the CCG maintains disciplined control over all expenditure and QIPP through to the year end, the CCG is still on course to meet its statutory financial targets. However, it is recommended that contingency plans are urgently developed by the QIPP Group should any further risks materialise including continued QIPP failure. This will also assist the CCG's underlying financial position going into 2016/17 • QIPP Delivery (<i>page 12</i>) • Risk Management (<i>page 13</i>) <ul style="list-style-type: none"> ○ QIPP Failure <ul style="list-style-type: none"> ▪ Prescribing <ul style="list-style-type: none"> ○ Discussion took place regarding practice visits ○ High cost drugs were highlighted ○ The need to reduce medication wastage was highlighted ○ Discussion took place regarding supplement prescribing ○ Commissioning for Quality and Innovation (CQUINs) indicators were discussed • Financial Governance (<i>page 16</i>) 		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> ○ QIPP (page 17) ○ Healthy Lives, Healthy Futures (page 17) • Contract Trading Position (pages 17 – 21) <ul style="list-style-type: none"> ○ Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) (page 17) <ul style="list-style-type: none"> ▪ Discussion took place regarding elective activity and a possible shift in the case mix ▪ Work is in progress to understand the apparent shift in elective activity ▪ It was noted that further discussion would take place at the CCG Engine Room meeting on 17 December 2015 		
<p>7.5 Annual Report: Emergency Planning, Resilience, Response (EPRR) Assurance JK presented Item 7.5 and the report was taken as 'read'.</p> <p>Under the Health and Social Care Act 2012, the CCG is required to develop sufficient plans to ensure that the organisation and all commissioned provider services are well prepared to respond effectively to major incidents/emergencies, so that they can mitigate the risk to the public and patients and maintain a functioning health service.</p> <p>The report updated the CCG Governing Body on the current position of the North Lincolnshire CCG in relation to an assessment against core standards in emergency preparedness, resilience and response (EPRR) as part of the national EPRR assurance process for 2015/16.</p> <p>Following assessment, the organisation had been self-assessed as demonstrating full compliance level against the core standards.</p> <p>Areas requiring on-going action throughout 2016/2017 were highlighted in the associated action plan/core standards improvement plan; this document would be reviewed in line with the organisation's EPRR governance arrangements.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • As a Category 2 responder, the CCG is a 'co-operating body' • Emergency Preparedness, Resilience and Response (EPRR) Policy (page 4) • Business Continuity (page 4) • Pandemic Influenza/Infectious Disease Plan (page 4) • On-call (page 4) • Local Health Resilience Partnership (page 5) • Testing and Training (page 5) • NHS England EPRR Assurance Process 2015/16 (page 5) • CCG Staff Awareness/Training (page 6) • Conclusion (page 6) 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Annual Report • Confirmed the CCG Governing Body were assured that sufficient plans were in place to meet the statutory requirements of the CCG as a Category 2 responder • Approved the Core Standards Improvement Plan 	RM

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> ○ North Lincolnshire CCG has completed the national 2015/2016 EPRR assurance process through self-assessment against the core standards, and as a result of this process has been assessed as 'fully compliant' ○ An action plan has been developed to strengthen EPRR across the organisation during 2016/2017 • Appendix 1: Yorkshire and Humber EPRR Assurance 2015 – 2016 Statement of Compliance (<i>page 7</i>) • Appendix 2: Yorkshire & Humber EPRR Core Standards Improvement Plan (<i>page 8</i>) 		
<p>7.6 Serious Case Review completed by North Lincolnshire Council Safeguarding Children Board</p> <p>JP presented Item 7.5 and the report was taken as 'read'. The report briefed the CCG Governing Body on a Serious Case Review published by North Lincolnshire Safeguarding Children Board in October 2015. The report focused on the key learning and recommendations arising from the review for the commissioning and provision of health services for North Lincolnshire residents, as well as outlining the actions in progress to address the learning/recommendations.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • It was queried when a lessons learned report from the provider would be obtained • It was suggested that a timescale should be placed on informing the CCG about out of area placements • It was noted that the recommendations from the Serious Case Review had been considered within the Child and Adolescent Mental Health Service (CAMHS) transformation work • Appendix 1: SI14 Action Plan (<i>pages 7 – 13</i>) <ul style="list-style-type: none"> ○ It was agreed that 'target dates' should be added to all recommendations in the plan 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Serious Case Review completed by North Lincolnshire Safeguarding Children Board 	ASOQ&A
ITEMS FOR AWARENESS AND NOTING		
<p>7.7 CCG Audit Group Minutes: 25 August 2015</p> <p>PE presented Item 7.7 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 	LM
<p>7.8 CCG Quality Group Minutes: 27 August and 22 October 2015</p> <p>JP presented Item 7.8 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 	ASOQ&A
<p>7.9 Joint Commissioning Committee Minutes: 11 June 2015</p> <p>IR presented Item 7.9 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 	Chair of the JCC
8.0 HEALTHY LIVES, HEALTHY FUTURES		
<p>8.1 Update: Healthy Lives, Healthy Futures (HLHF) Programme</p> <p>RJF provided an update in relation to the Healthy Lives,</p>	<p>Decision: The CCG Governing Body:</p>	HLHF CL

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Healthy Futures programme, via a PowerPoint presentation entitled 'Healthy Lives, Healthy Futures the future of health and care in North Lincolnshire'</p>  <p>8.1</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Health and Social Care (slide 3) • Population growth (slide 4) • Patient's Voice (slide 5) • Delivering more non-critical care away from hospital (slide 6) • Building a Sustainable Future (slide 7) • What has been done so far? (slide 8) • Key strands of current work (slides 9 & 10) • Better Care Fund changes in the community (slide 11) <ul style="list-style-type: none"> ○ Seven day support ○ Community Wellbeing Hubs • Long Term Vision for Out of Hospital Integration (Care Networks) as the first order of transformation (slide 12) • Out of Hospital Model – Core Principles (slide 13) • Care Networks (slides 14 & 15) <ul style="list-style-type: none"> ○ There are three Care Networks ○ Governance procedures ○ Involvement of Patient Participation Groups ○ Links with the voluntary sector • Use of urgent care in North Lincolnshire (slides 16 & 17) • Better Care Fund changes made in Scunthorpe General Hospital (slide 18) • Impact on Hospital Services of Out of Hospital Model (slide 19) • National policy review impacts (slide 20) • Five year forward view (slide 21) 	<ul style="list-style-type: none"> • Noted the presentation 	
9.0 PUBLIC QUESTION TIME		
<p>A query was highlighted by a member of the public relating to:</p> <ul style="list-style-type: none"> • Care Networks It was queried when and how third sector partnerships would be linked in. It was confirmed that the links would be made in early 2016, which would include Patient Participation Groups and voluntary agencies. 	Decision: Noted	Chair
10.0 ANY OTHER BUSINESS <i>Urgent Items by Prior Notice</i>		
<ul style="list-style-type: none"> • Services for members of the Armed Forces/Veteran Care Discussion took place regarding two suggested recommendations put forward by Patient Participation Group (PPG) Chairs in relation to access to healthcare for members of the armed forces. The CCG Governing Body was asked to consider whether a specific specialist GP should be identified in North Lincolnshire, and whether the CCG should support GPs in highlighting/identifying members of the armed forces on GP 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Considered the recommendations in relation to services for members of the Armed Forces 	LM

Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 11 February 2016

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>systems. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> ○ It was suggested that identification of veterans and their families is reliant on the disclosure of information. It was agreed that there should be encouragement for patients to disclose this information ○ The roles of NHS England and the CCG in commissioning services was discussed ○ Armed Forces Networks were highlighted ○ It was suggested that a training session could be provided as part of the GP educational sessions in the future 		
11.0 DATE AND TIME OF NEXT PUBLIC MEETING		
Thursday 11 February 2016 13:30 Board Room, Health Place, Brigg	Decision: Noted	Chair
12.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY		
12.1 CCG Engine Room – Decisions Made: October and November 2015	Decision: Noted, for information only	Chair
12.2 Health and Wellbeing Board: 16 June 2015	Decision: Noted, for information only	CO

DRAFT