



Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 14 April 2016

MEETING:	25 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 GOVERNING BODY
MEETING DATE:	Thursday 11 February 2016	
VENUE:	Board Room, Health Place, Brigg	
TIME:	13:30	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Dr Margaret Sanderson (<i>MS</i>)	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Ian Reekie (<i>IR</i>)	CCG Lay Member, Patient & Public Involvement/Vice CCG Chair	NHS North Lincolnshire CCG
Liane Langdon (<i>LL</i>)	Chief Officer	NHS North Lincolnshire CCG
Kieran Lappin (<i>KL</i>)	Interim Chief Finance Officer and Business Support	NHS North Lincolnshire CCG
Catherine Wylie (<i>CW</i>)	Director of Risk & Quality Assurance/ Nurse Member	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 <i>In attendance from Item 8.4 onwards</i>	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
Paul Evans (<i>PE</i>)	CCG Lay Member, Governance	NHS North Lincolnshire CCG
Professor John Mayberry (<i>JM</i>)	Secondary Care Doctor	NHS North Lincolnshire CCG
IN ATTENDANCE:		
Clare Smith (<i>CS</i>)	PA (<i>Note Taker</i>)	NHS North Lincolnshire CCG
Edwina Harrison (<i>EH</i>)	Independent Chair of the Local Safeguarding Children Board <i>In attendance for Item 6.1 only</i>	North Lincolnshire Council
Jane Ellerton (<i>JE</i>)	Senior Manager; Commissioning <i>In attendance for Item 7.1 only</i>	NHS North Lincolnshire CCG
John Pougher (<i>JP</i>)	Assistant Senior Officer, Quality & Assurance <i>In attendance for Items 8.1 only</i>	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Caroline Briggs (<i>CB</i>)	Director of Commissioning	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler (<i>RJF</i>)	CCG Member/General Practitioner/Medical Director	NHS North Lincolnshire CCG
Fiona Phillips (<i>FP</i>)	Consultant in Public Health	North Lincolnshire Council

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-fifth meeting 'in public' of the Clinical Commissioning Group Governing Body. Liane Langdon, Chief Officer and Kieran Lappin, Interim Chief Finance Officer and Business Support were welcomed to their first Clinical Commissioning Group Governing Body meeting.	Decision: Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Apologies were noted, as detailed above.</p> <p>It was noted that the meeting was quorate to proceed.</p>		
2.0 DECLARATION OF INTERESTS		
<p>MS invited those with any Declarations of Interest, not previously declared, to make them known to the meeting.</p> <p>CW declared an interest in relation to Item 6.1 (North Lincolnshire Local Safeguarding Children Board Annual Report 2014 – 2015) as she was a member of the Local Safeguarding Children Board, but would be responding to the Independent Chair of the Local Safeguarding Children Board in her role as Director of Risk and Quality Assurance, on behalf of the CCG.</p> <p>FB declared an interest as part of the discussion in relation to Item 8.4 (Finance and Contract Report), specifically regarding charges for NHS services for overseas visitors. FB advised that he had fed into a Department of Health consultation, which sought views on proposed changes to further extend charging for overseas visitors and migrants who use the NHS.</p> <p>CW and FB remained in the room for the discussions.</p>	Decision: Noted	Chair
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 10 DECEMBER 2015		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 10 DECEMBER 2015		
<ul style="list-style-type: none"> Item 7.1 (10.12.15): Assurance Framework (AF) Report Action completed. Risk ID Q3 had been removed and placed on the archive register. 	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 NORTH LINCOLNSHIRE LOCAL SAFEGUARDING CHILDREN BOARD		
ITEMS FOR AWARENESS, NOTING AND RATIFICATION		
<p>6.1 North Lincolnshire Local Safeguarding Children Board (LSCB) Annual Report 2014 – 2015 Presentation by Edwina Harrison, Independent Chair of the Local Safeguarding Children Board</p> <p>CW declared an interest in relation to Item 6.1 (North Lincolnshire Local Safeguarding Children Board Annual Report 2014 – 2015) as she was a member of the Local Safeguarding Children Board, but would be responding to the Independent Chair of the Local Safeguarding Children Board in her role as Director of Risk and Quality Assurance, on behalf of the CCG.</p> <p>EH provided a PowerPoint presentation entitled 'Annual Review Report 2014 – 2015. Key areas of attention/action for CCG'</p>  <p>6.1</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> Highlights: what has been achieved and areas for action (<i>slide 2</i>) 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Received and noted the presentation regarding the North Lincolnshire Local Safeguarding Children Board Annual Report 2014 - 2015 	ICLSCB

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> ○ Learning and Improvement Framework ○ GP contribution to LSCB case audits ○ Child Death Overview Panel <ul style="list-style-type: none"> ▪ Training ▪ Quality of Form B ▪ Timescales ● Highlights: what has been achieved (slide 3) ● Highlights: What children and young people tell us about how safe they are (slide 4) ● Progress against LSCB priorities: reduce the harm from child sexual exploitation (slide 5) ● Progress against LSCB priorities: reduce the harm from neglect (slide 6) ● Priorities for 2015-2016 (slide 7) <ul style="list-style-type: none"> ○ Priority 1: Reduce the harm from child sexual exploitation ○ Priority 2: Reduce the harm from neglect ○ Priority 3: Performance manage and quality assure early help ● Where to access the full report and further information/procedures (slide 8) <ul style="list-style-type: none"> ○ www.northlincs.gov.uk/LSCB 		
7.0 CLINICAL COMMISSIONING		
ITEMS FOR DISCUSSION AND/OR APPROVAL		
<p>7.1 Business Planning 2016/2017 – 2020/2021</p> <p>JE presented Item 7.1 and the report was taken as 'read'. The report informed the CCG Governing Body of the current timescales and requirements for planning. Due to the nationally set deadlines for submission, approval was sought from the CCG Governing Body to delegate formal sign off of the plans for submission to the Chair and Chief Officer. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> ● Submission dates <ul style="list-style-type: none"> ○ 3 February 2016 <ul style="list-style-type: none"> ▪ Finance submission to NHS England – North ○ 8 February 2016 <ul style="list-style-type: none"> ▪ Initial submission: Finance, Activity and Operational Resilience ▪ Contract Tracker – fortnightly ▪ Urgent and Emergency Care Network 2016/17 Operational Plan ▪ Transforming Care ○ 15 February 2016 <ul style="list-style-type: none"> ▪ Better Care Fund (BCF) submission – funding contributions and scheme level spending plan ○ 2 March 2016 <ul style="list-style-type: none"> ▪ Finance and activity ▪ Yorkshire and Humber Operational and Sustainability and Transformation Plan draft narrative 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Noted the 2016/17 planning submission timescales ● Delegated final approval of the plan to the Chair and Chief Officer 	SMC

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<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Template and format to be confirmed ○ 31 March 2016 <ul style="list-style-type: none"> ▪ Deadline for signing of contracts ○ 11 April 2016 <ul style="list-style-type: none"> ▪ Submission of final 2016/17 Finance and Operational Plans, signed with contracts ▪ Urgent and Emergency Care Network first draft delivery plan, including 2016/17 deliverables ○ End of June 2016 <ul style="list-style-type: none"> ▪ Submission of full Sustainability and Transformation Plan and Urgent and Emergency Care Network Delivery Plan • The timescales are set nationally and are subject to change • The commissioning plans have been reviewed and prioritised; taking into account the ethical commissioning prioritisation framework agreed by the CCG Governing Body in 2013, to ensure the plan achieves financial balance, best use of resource and delivery of strategic objectives. Further development of the plan will be facilitated through CCG Engine Room discussions. Delivery of the plans is monitored through weekly meetings of the Business Planning Executive Group • Due to submission dates, the CCG Governing Body was asked to delegate formal sign off of the plan to the Chair and the Chief Officer. A further update would be provided to Governing Body members in March 2016 • It was queried how the preparation of the Sustainability and Transformation Plan and the availability of transformation funding would work across the six Clinical Commissioning Groups <ul style="list-style-type: none"> ○ It was noted that further discussion would be taking place on 12 February 2016 		
ITEMS FOR AWARENESS, NOTING AND RATIFICATION		
<p>7.2 Chair/Chief Officer Update</p> <p>7.2.1 CCG Assurance Meeting: 7 October 2015</p> <p><i>Final Letter – CCG Assurance (Headline Outcomes)</i></p> <p>The following sets out the initial assurance assessment of the CCG</p> <ul style="list-style-type: none"> • Well led organisation: Assured as good • Delegated functions: Assured as good • Financial management: Assured as good • Performance: Assured as good • Planning: Assured as good <p>A meeting took place on 15 January 2016 and a further meeting had been arranged for 22 April 2016</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the verbal update 	<p>Chair CO</p>

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<p>7.2.2 CQC Quality In A Place It was noted that a Summit was taking place on 24 February 2016</p> <p>7.2.3 Children and Adolescent Mental Health Services (CAMHS) Transformation Plan The plan has been signed off for implementation, work underway to take forward</p>		
8.0 CORPORATE GOVERNANCE AND ASSURANCE		
ITEMS FOR DISCUSSION AND/OR APPROVAL		
<p>8.1 Assurance Framework (AF) Report JP presented Item 8.1 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. Work is on-going to ensure that risks, including partnership risks, continue to be captured and managed at the appropriate level • 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 Governing Body with more contextual information to evaluate the overall effectiveness of the CCG's approach to risk mitigation • 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 seven risks on the Assurance Framework • All risk scores remain the same • Risk ID Q3: <i>Risk of delayed delivery of Continuing Care services due to workforce capacity which may impact</i> 	<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

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<p><i>on the ability to conduct timely assessments (including retrospectives) and increased challenges through transition of CSU programme to CCG</i></p> <ul style="list-style-type: none"> ○ The risk has been placed on the archive register • An additional column has been added entitled 'Source of Risk' • It was queried where the risk associated with the Primary Care Workforce was located. It was highlighted that this would sit on the Corporate Risk Register. It was agreed that this should be escalated to the Assurance Framework 	<p>Action: The risk associated with the Primary Care Workforce to be added to the Assurance Framework</p>	<p>ASOQ&A</p>
<p>8.2 Quality and Risk Report</p> <p>CW presented Item 8.2 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"> ○ Care Quality Commission (CQC) inspection at Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) <ul style="list-style-type: none"> ▪ The CQC undertook an inspection of RDaSH acute, community and rehabilitation wards between 14 and 18 September 2015. The CQC gave RDaSH an overall rating of 'requires improvement' ▪ Commissioners await receipt of the Trust's action plan. Once received, progress against the action plan will be monitored via the RDaSH Contract Management Board ▪ Community mental health services for people with learning disabilities or autism: Requires improvement <ul style="list-style-type: none"> ○ Staffing levels at the Ironstone Centre were not adequate to meet the needs of people who used the service ○ RDaSH are in the process of reviewing the model. Immediate staffing issues have been resolved ▪ Discussion took place regarding local community mental health services available for women suffering from post natal depression and other post natal conditions requiring specialist care ○ Female Genital Mutilation (FGM) <ul style="list-style-type: none"> ▪ It was queried whether there was any local data available in relation to victims of FGM 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Quality and Risk Management Report <p>Action: CW to obtain local data in relation to victims of FGM</p>	<p>DoR&QA</p>

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<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Nationally, there is an increasing focus on the identification of, and support to, victims of FGM ▪ It became mandatory for acute trusts to comply with these updates from 1 April 2015. The requirement was extended to GP practices and mental health trusts on 1 October 2015, to submit information under the enhanced dataset when treating patients who have FGM • Section 4: Primary Care Incident Reports <ul style="list-style-type: none"> ○ 66 incidents were reported during quarter 3; this reflects an 83% increase in the level of reporting in quarter 2. This is positive as it indicates that good reporting practices are in place ○ The CCG has identified an increase in the number of incidents reported that relate to appointment/admission/transfer/discharge, the majority of these appear to relate to discharge summaries provided to GP practices by Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) ○ It was highlighted that for some responses received, the quality was poor, and did not address the issues raised. 	<p>Action: CW to discuss further with the Patient Safety Lead</p>	
<p>8.3 Corporate Performance Executive Summary KL presented Item 8.3 and the report was taken as 'read'. The report informed the CCG Governing Body, 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"> • Key Risks <ul style="list-style-type: none"> ○ Performance Indicators <ul style="list-style-type: none"> ▪ Referral to Treatment Times (RTT) ▪ Accident & Emergency 4 Hour Waiting Times ▪ Cancer Waiting Times ▪ Ambulance 8 & 19 Minute Response Times ▪ Improving Access to Psychological Therapies (IAPT) Recovery Rates ○ Quality Indicators <ul style="list-style-type: none"> ▪ Healthcare Associated Infections: C. Difficile, MRSA • Overall Constitution Indicator Performance (<i>page 5</i>) <ul style="list-style-type: none"> ○ Green: 18 indicators ○ Amber: 4 indicators ○ Red: 5 indicators • Areas of Exception (<i>pages 5 to 9</i>) • 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 noted that a joint piece of work was 	<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 	ICFO&BS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>being undertaken by the CCG and the Public Health team, to look at a full breakdown of the indicator. The timescales in relation to the work were queried</p> <ul style="list-style-type: none"> • Better Care Fund (BCF) Summary Dashboard: Appendix 2 (page 16) <ul style="list-style-type: none"> ○ The Better Care Fund Summary Dashboard Outcomes and Metrics 2015/16: Period 8 (November 2015) was noted ○ It was suggested that it would be possible to reach a judgement in relation to the BCF initiatives at the end of quarter 1 2016/2017 		
<p>8.4 Finance and Contract Report: Month 9 (December) 2015/2016</p> <p>KL presented Item 8.4 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 December 2015).</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Executive Summary (page 2) <ul style="list-style-type: none"> ○ Overall Financial Position (page 2) <ul style="list-style-type: none"> ▪ At month 9 the CCG is currently on course to achieve all of its statutory financial targets for 2015/2016, including all four Better Payment Practice Code targets ○ QIPP (page 2) ○ Running Costs (page 2) ○ Risks (page 2) ○ Contract Position (page 2) • Headlines and Key Messages (page 4) <ul style="list-style-type: none"> ○ Revenue Target <ul style="list-style-type: none"> ▪ Achieve £2.2m surplus <ul style="list-style-type: none"> ○ The CCG is on track to achieve its forecast out-turn surplus of £2.2m ▪ Spend 1% of allocation on non-recurrent (one off) items <ul style="list-style-type: none"> ○ There is no uncommitted budget for this expenditure • Governance (page 4) <ul style="list-style-type: none"> ○ It was noted that the Contract Memorandum of Understanding (MOU) won the national Healthcare Financial Management Association (HFMA) award for governance • Primary Care (page 9) <ul style="list-style-type: none"> ○ Primary Care as a whole is reported with an over-spend of £1,316k for the Year To Date (YTD) and £1,872k for the forecast variance, a deterioration of around 8.5% from the previous month ○ Prescribing and Central Drugs (page 9) <ul style="list-style-type: none"> ▪ The net YTD position for prescribing shows an over-spend of £1,114k. 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Finance and Contract Report 	<p>ICFO&BS</p>

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<p>This is based on seven months of 2015/16 actual Prescribing Monitoring Document (PMD) expenditure and an accrual based on the forecast from the PMD, reduced by Public Health recharge income and rebates</p> <ul style="list-style-type: none"> ▪ The latest PMD forecasts, which are circulated to each practice for review each month, show a significant increase of 6% in cost compared to 2014/15, due to increases in prescribing volumes of up to 3–6% on a number of practices and up to 13% month on month. An average cost of £2.59m per month compares to the 2014/15 average of circa £2.42m per month ▪ Work is underway 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 <ul style="list-style-type: none"> ○ Community Nursing (page 10) <ul style="list-style-type: none"> ▪ The over-spend analysis suggests the cost should not all be attributed to the CCG because of the level of increase in the issue of chargeable dressings which are thought to have previously been covered in the Northern Lincolnshire and Goole NHS Foundation Trust community contact, and potential coding/processing issues ▪ The increased level of out of area prescribing is being similarly investigated, and recharges have commenced as appropriate to other CCGs ▪ Discussion took place regarding high cost, long term medication <ul style="list-style-type: none"> • QIPP Delivery (page 12) <ul style="list-style-type: none"> ○ The achievement of the QIPP forecast position is reliant on an extra £1.15m of non-recurrent savings in excess of the 1.50m which the CCG planned at the start of the year. Use of the non-recurrent savings, budget reviews and balance sheet flexibilities (over the original £1.5m target) to balance the year end position, will mean that less flexibility will be available in 2016/2017 • Appendix 3: A1) Summary Operating Cost Statement 2015/16: Position as at month 9 (December 2015) <ul style="list-style-type: none"> ○ Line 1: Acute Services 		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Full Year Forecast 2015 2016 (£000s) <ul style="list-style-type: none"> ○ Latest Budget: £115,147 ○ Actual: £115,757 ○ Variance: £610 • Appendix 3: A2) CCG Summary – Commissioning Operating Cost Statement 2015/16 <ul style="list-style-type: none"> ○ Line 1: Northern Lincolnshire and Goole NHS Foundation Trust <ul style="list-style-type: none"> ▪ The reported YTD position from the Operating Cost Statement (OCS) Appendix 3 A2 line 1 has been reported in line with budget due to the control over expenditure through the Memorandum of Understanding. A £31k YTD over-spend has been reported on line 1 in respect of overseas visitors • Overseas Visitors <ul style="list-style-type: none"> ○ FB declared an interest specifically regarding charges for NHS services for overseas visitors. FB advised that he had fed into a Department of Health consultation, which sought views on proposed changes to further extend charging for overseas visitors and migrants who use the NHS. It was agreed that FB could remain in the room for the discussion ○ It was noted that where an overseas visitor is exempt from charges for NHS hospital treatment, or the NHS hospital service they receive is free, the payment is made by the lead commissioner ○ Discussion took place regarding the process for implementing the overseas visitor hospital charging regulations • Contract Penalties <ul style="list-style-type: none"> ○ Discussion took place regarding potential contract penalties for East Midlands Ambulance Service NHS Trust (EMAS) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) 		
ITEMS FOR AWARENESS AND NOTING		
8.5 CCG Audit Group Minutes: 11 November 2015 PE presented Item 8.5 and the report was taken as 'read'. The CCG Audit Group minutes were for information only.	Decision: The CCG Governing Body: <ul style="list-style-type: none"> • Received and noted the CCG Audit Group minutes 	Chair of the Audit Group
8.6 CCG Quality Group Minutes: 26 November 2015 CW presented Item 8.6 and the report was taken as 'read'. The CCG Quality Group minutes were for information only.	Decision: The CCG Governing Body: <ul style="list-style-type: none"> • Received and noted the CCG Quality Group minutes 	DoR&QA
8.7 Joint Commissioning Committee Minutes: 8 October 2015 IR presented Item 8.7 and the report was taken as 'read'. The Joint Commissioning Committee minutes were for information	Decision: The CCG Governing Body: <ul style="list-style-type: none"> • Received and noted the 	Chair of the JCC

Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 14 April 2016

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only.	Joint Commissioning Committee minutes	
9.0 HEALTHY LIVES, HEALTHY FUTURES		
9.1 Update: Healthy Lives, Healthy Futures (HLHF) Programme LL provided a verbal update in relation to the Healthy Lives, Healthy Futures programme. It was noted that the programme continues. A meeting of the Accountable Officers will take place on 22 February 2016 to discuss accountable care moving forward	Decision: The CCG Governing Body: • Noted the verbal update	CO
10.0 PUBLIC QUESTION TIME		
A query was highlighted by a member of the public relating to: • Emergency Care Prescribing It was agreed that the member of the public would contact CB to discuss further outside of the meeting.	Decision: Noted	Chair
11.0 ANY OTHER BUSINESS <i>Urgent Items by Prior Notice</i>		
Nothing discussed.	Decision: Noted	Chair
12.0 DATE AND TIME OF NEXT PUBLIC MEETING		
Thursday 14 April 2016 13:30 Board Room, Health Place, Brigg	Decision: Noted	Chair
13.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY		
13.1 CCG Engine Room – Decisions Made: December 2015 and January 2016	Decision: Noted, for information only	Chair
13.2 Health and Wellbeing Board: 3 November 2015	Decision: Noted, for information only	Chair