



Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 9 June 2016

MEETING:	26 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 14 April 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
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
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 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
Rose Dunlop (<i>RD</i>)	Consultant in 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 8.1 only</i>	NHS North Lincolnshire CCG
Julie Killingbeck (<i>JK</i>)	Senior Commissioning Manager <i>In attendance for Items 8.4 and 8.5 only</i>	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Faisal Baig (<i>FB</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY		
MS welcomed all attendees to the twenty-sixth 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. IR declared a new non-financial interest, as he had recently become	Decision: Noted	Chair

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a Lay Member for the National Institute for Health and Care Excellence (NICE) Quality Standards Advisory Committee		
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 11 FEBRUARY 2016		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 11 FEBRUARY 2016		
<ul style="list-style-type: none"> • Item 8.1 (12.02.16): Assurance Framework (AF) Report: <ul style="list-style-type: none"> ○ Action completed. The risk associated with the primary care workforce was added to the Assurance Framework • Item 8.2 (12.02.16): Quality and Risk Report <ul style="list-style-type: none"> ○ Action completed. CW confirmed that seven females in North Lincolnshire had been identified in the last six months, as victims of female genital mutilation (FGM). ○ CW confirmed that she had discussed the quality of the primary care incident report responses with the patient safety lead. 	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 CHAIR/CHIEF OFFICER UPDATE		
<p>LL and MS provided a verbal update:</p> <p>6.1 Sustainability and Transformation Plan (STP) In December 2015, the NHS Shared Planning Guidance 2016/17 – 2020/21 outlined an approach asking every local health and care system in England to work together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years, ultimately delivering the Five Year Forward View vision specifically addressing the gaps in quality, health inequality and finance.</p> <p>LL confirmed that the work was moving at pace with the six CCGs of Humber, Coast and Vale (North Lincolnshire, North East Lincolnshire, East Riding of Yorkshire, Hull, Vale of York and Scarborough and Ryedale) coming together as an STP footprint. STP Senior Team meetings had been organised with membership from NHS England, Local Authority, Public Health England and CCGs, and leads were being appointed. Emma Latimer, Chief Officer for NHS Hull CCG is the Interim Senior Responsible Owner (SRO).</p> <p>6.2 Council of Members MS advised that the format of the Council of Members meeting was changing, and one hour of the meeting would now be used for the Care Networks to meet.</p>	Decision: Update noted	Chair CO
7.0 CLINICAL COMMISSIONING		
<p>7.1 Operational Plan 2016/2017 CB provided an update via a PowerPoint presentation, advising of planning submission dates.</p> <div style="text-align: center;">  7.1 </div>	Decision: The CCG Governing Body: <ul style="list-style-type: none"> • Noted the update 	DoC

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<p>7.2 Sustainability and Transformation Plan (STP) Footprint Joint Commissioning Arrangements</p> <p>LL presented Item 7.2 and the report was taken as 'read'. Work had progressed rapidly over the past twelve weeks to consider how the eight CCGs in North Yorkshire and Humber commission together more effectively where it makes sense to do so.</p> <p>In parallel, the six CCGs of Humber, Coast and Vale, comprising North Lincolnshire, North East Lincolnshire, East Riding of Yorkshire, Hull, Vale of York and Scarborough and Ryedale CCGs, have come together as a Sustainability and Transformation Plan (STP) footprint, together with social care and provider partners.</p> <p>The paper reflected the agreement through the Accountable Officers group to come together to support and simplify commissioning activities at scale for the footprint. These proposals had been discussed and challenged through the Accountable Officer's group and were now commended to the CCG Governing Body for adoption.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The CCG Governing Body was asked to consider the governance arrangements and next steps for the establishment of a Joint Collaborative Commissioning Committee for the six Humber, Coast and Vale CCGs • A Joint Collaborative Commissioning Committee carries collective responsibility for decision making on behalf of member CCGs, and would have delegated authority such that majority decisions would apply. Decisions reached by the committee would bind the individual CCGs to the collective judgement, subject to the scope and limits of the committee's terms of reference • The advantage of a joint committee over alternative options is that it facilitates effective and timely decision making, without the need to defer back to individual CCG's hierarchy for formal approval of decisions. This, in turn, also provides a single focal point in the event of legal challenge as opposed to all constituent members • The CCG Constitution would need to be updated, adopted by the Council of Members, and submitted to NHS England for final approval • Paragraph 3.4 ii: <i>'The scope of service areas to be considered: including,</i> <ol style="list-style-type: none"> a. <i>Major trauma</i> b. <i>Emergency and urgent care;</i> c. <i>Cancer;</i> d. <i>Specialised services pathways;</i> e. <i>Stroke</i> f. <i>Vascular; and</i> g. <i>Critical care</i> 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Agreed to progress the development of joint commissioning arrangements • Agreed the Terms of Reference, subject to confirmation of the highlighted issues • Commended to Council of Members the necessary constitutional changes 	<p>CO</p>

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<p><i>In addition, the wider planning construct would also consider complex mental health and specialised commissioning transitions to CCGs'</i></p> <ul style="list-style-type: none"> ○ Discussion took place regarding adding to the scope of service areas. It was confirmed that 'added' areas could be included by consensus ○ It was suggested that the scope of the service areas were unclear ● It was queried whether the Joint Collaborative Commissioning Committee would have the ability to veto local commissioning decisions <ul style="list-style-type: none"> ○ It was highlighted that the Joint Collaborative Commissioning Committee would make decisions on services commissioned at scale ● It was agreed that as the STP evolves, the governance arrangements would become clearer ● CW advised that John Pougher, Assistant Senior Officer, Quality & Assurance was in the process of reviewing the document and checking the CCG's Constitution ● Paragraph 3.4 v. Quorum <i>'the absolute number, and mix, of members needed to be in attendance in order for formal decisions to be made. This is typically set at 1/3 the full membership (6 members) but may wish to be set at a higher level'</i> <ul style="list-style-type: none"> ○ It was queried why the Terms of Reference included membership from NHS Harrogate and Rural District CCG and NHS Hambleton, Richmondshire and Whitby CCG which do not form part of the STP footprint <ul style="list-style-type: none"> ▪ It was suggested that the quorum would relate to the six CCGs of Humber, Coast and Vale ● It was requested that paragraphs 2.4 and 2.5 should be reviewed and amended to ensure the membership is clear and consistent throughout the document 		
<p>7.3 Collaborative Commissioning Arrangements for 111 and 999 Services</p> <p>LL presented Item 7.3 and the report was taken as 'read'. The report set out a proposal to establish a joint committee structure for the commissioning of 999 ambulance services and 111 services from Yorkshire Ambulance Service (YAS).</p> <p>North Lincolnshire CCG would be included for the 111 services. This would mean each CCG would delegate authority to the joint committee (rather than a representative) to make decisions on its behalf.</p> <p>The proposed timescale to move to a joint committee structure is 1 October 2016. In order to achieve this timescale, the terms of reference for the joint committee, amended scheme of delegation and updated collaborative commissioning agreement will need to be in final draft form by</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Received the update ● Agreed to review the constitution and scheme of delegation to identify any amendments that may be required to give effect to the scheme of delegation in the 111 Memorandum of Understanding 	<p>CO DoC</p>

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<p>31 July 2016.</p> <p>The Memorandum of Understanding in relation to 111 services was attached along with the Commissioning Strategy.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The current collaborative commissioning arrangements for 111 and 999 services are structured around the Contract Management Board and a lead commissioner arrangement • Under the current collaborative commissioning arrangements, the CCGs delegate authority to make decisions on certain matters to a representative who attends the Contract Management Board, alongside representatives of the other CCGs who all have the same delegated authority from their respective CCGs. Certain matters are delegated to the Lead Commissioner under the current arrangements • Under the updated arrangements, the existing three Sub-Regional CBUs are effectively replaced by the three Urgent and Emergency Care Networks (UECNs) which together match the Yorkshire and Humber CCG combined footprint. In respect of the 999 and 111 services, the UECNs will be regional forums for discussions of matters that affect the member CCGs. Each CCG delegates decision-making authority to two Lead Officers who represents the CCGs in the UECN at a new Joint Strategic Commissioning Board • The role of the Joint Strategic Commissioning Board (JSCB) will be to consider and make decisions relating to transformational matters, in line with the updated scheme of delegation in the draft MOU. Transactional matters will, broadly, be delegated to the Lead Commissioner/Contractor in line with the revised scheme of delegation • Two MOUs (one for each service) have been drafted to capture the updated arrangements until establishment of the joint committee. Two separate MOUs are required as there are additional CCGs who are commissioners of the 111 service and to amalgamate the two arrangements would be likely to result in unwieldy documentation that is difficult to navigate • Concern was expressed about how the CCG were addressing quality issues in the 111 service, and whether the suggested approach would strengthen the CCG's ability to challenge and improve quality 		

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8.0 CORPORATE GOVERNANCE AND ASSURANCE		
<p>8.1 Board Assurance Framework Report</p> <p>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 Corporate and Directorate Risk Registers. Work is on-going to ensure that risks, including partnership risks, continue to be captured and managed at the appropriate level • An attached commentary report makes it easier to track risk movement, and provides an audit trail. It is planned to develop the commentary report and the format of the Assurance Framework to enable the Governing Body to more effectively monitor risk assurances and the effectiveness of mitigating actions • The AF is reviewed by the Audit Group. The AF and CCG Risk Registers are also reviewed regularly by the Quality Group • There are currently seven risks on the Assurance Framework • All risk scores remain the same • Since the last Governing Body report one risk, relating to the possibility of Yorkshire Humber Commissioning Support (YHCS) not maintaining adequate support during transition of services has been placed in the archive register following successful management of the transfer • An additional risk has been added that has been escalated from the Corporate Risk Register (Q5) relating to GP recruitment in primary care • Risk ID Q1: <i>'If there is a lack of collated or accurate data on out of hospital mortality there is a potential that areas of high risk are not identified and/or addressed'</i> <ul style="list-style-type: none"> ○ It was queried whether the Joint Commissioning Committee could be listed as providing 'positive/external assurance' in relation to hospital mortality • Risk ID F1: <i>'If the CCG fails to deliver a balanced budget there will be no resources to support investment and the CCG could lose ability to self-direct from NHS England'</i> <ul style="list-style-type: none"> ○ It was queried whether the scores of 4 for impact, and 4 for likelihood were still accurate ○ It was suggested that the risk should be reviewed in 4 weeks once the NHS contract negotiations with hospital service providers 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted and approved the Assurance Framework and was assured that it gave sufficient evidence that key risks were being managed effectively 	<p>ASOQ&A</p>

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<p>had been completed</p> <ul style="list-style-type: none"> • Risk ID Q2: 'If patients are not supported they may have limited choice regarding their end of life care' <ul style="list-style-type: none"> ○ It was queried whether the risk score should have reduced, if there has been improvement ○ It was highlighted that there needed to be evidence before a risk score could be reduced • It was noted that risk ID Q1 and Q2 were originally one risk. It was agreed that both should be reviewed to see if there was a positive impact from a number of on-going actions, which would reduce the risk score 		
<p>8.2 CCG Budgets 2016/2017</p> <p>KL presented Item 8.2 and the report was taken as 'read'. The report provided an update on the finance plan envelopes and associated initial budgets for 2016/2017.</p> <p>The budgets were based on the latest available information, but it was noted that the CCG's main NHS contracts with hospital service providers had not yet been agreed, so further in year amendments to these budgets may be required when this occurs.</p> <p>The Governing Body were asked to approve the base budgets shown in Appendix 2.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Key principles and assumptions (<i>pages 1 & 2</i>) • QIPP (<i>page 3</i>) • Reserves (<i>page 4</i>) <ul style="list-style-type: none"> ○ Parity of esteem was discussed. It was queried whether the CCG was confident that the level of uplift provided to mental health was enough <ul style="list-style-type: none"> ▪ It was noted that the assumption had been made • Risk and mitigation (<i>page 4</i>) • The budgets have been endorsed by the CCG Engine Room • It was noted that the position was not a dissimilar position to other CCGs • Conclusion and Recommendations (<i>page 4</i>) <ul style="list-style-type: none"> ○ 2016/2017 is set to be the most financially challenging year in the CCG's life to date ○ The finance plan and associated budgets currently meet all NHS England's planning requirements, but as a result have only the minimum level of coverage for any risks that result from the completion of contract negotiations and other in year factors ○ As a result, it was important that the CCG urgently reviews efforts to develop further QIPP schemes for implementation in 2016/2017 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the use of the budget envelopes attached at Appendix 1 for the production of initial budgets and the budget book for 2016/2017 • Approved the summary of the base budgets produced for 2016/2017 as attached at Appendix 2 	ICFO&BS

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<ul style="list-style-type: none"> ○ The CCG Governing Body was requested to approve the use of the budget envelopes attached at Appendix 1 for the production of initial budgets, and the budget book for 2016/2017 ○ A summary of the base budgets produced for 2016/2017 was attached at Appendix 2 		
<p>8.3 Remuneration Committee: Terms of Reference</p> <p>IR presented Item 8.3 and the report was taken as 'read'. At a meeting held on 25 February 2016 the Remuneration Committee reviewed its terms of reference and a copy of the proposed revised terms of reference was attached as Appendix 1. The proposed changes were as follows:</p> <ul style="list-style-type: none"> • The quoracy requirements had been amended so that at least one GP member must be in attendance • The ratification of all new and amended HR policies had been added to the committee's remit in accordance with the decision taken by the Governing Body on 8 October 2015 • References to the now defunct Yorkshire and Humber Commissioning Support had been removed <p>The Remit and Responsibilities section of the terms of reference stated that <i>'the committee shall make recommendations to the Governing Body'</i>. In reality the Remuneration Committee had assumed delegated responsibility for taking decisions within its remit without reference to the Governing Body. This was due to the fact that decisions normally needed to be implemented urgently, and were usually sensitive in nature. This mismatch between the agreed terms of reference and normal practice was unsatisfactory and could lead to decisions being challenged. Consequently implementation of any decision either needed to be delayed until it had been ratified by the Governing Body or delegated responsibility needed to be formally recognised in the Remuneration Committee's terms of reference. If the latter course of action was considered appropriate then a report outlining decisions taken should be submitted to the Governing Body at the earliest opportunity.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Adopted the revisions to the Remuneration Committee terms of reference agreed at the Remuneration Committee meeting on 25 February 2016 • Approved the recommendation that the Remuneration Committee be given delegated authority to make decisions within its remit • Agreed that a report outlining decisions taken by the Remuneration Committee should be submitted to the CCG Governing Body at the earliest opportunity 	RCC
<p>8.4 Pandemic Influenza Plan (incorporating Infectious Disease Outbreak Plan)</p> <p>JK presented Item 8.4 and the report was taken as 'read'. The NHS North Lincolnshire CCG Pandemic Influenza Response Plan outlined the roles and responsibilities of the CCG during the preparation for, response to, and recovery from a pandemic: it also incorporated the Infectious Disease Outbreak Plan. It was noted that the Pandemic Influenza Plan was approved by the CCG Quality Group in January 2016, the Governing Body was asked to ratify the plan.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Ratified approval of the Pandemic Influenza Plan (incorporating the Infectious Disease Outbreak Plan) 	SCM
<p>8.5 North Lincolnshire CCG Fuel Plan</p> <p>JK presented Item 8.5 and the report was taken as 'read'. The NHS North Lincolnshire CCG Fuel Plan outlined the roles and responsibilities of the CCG in planning for and responding to a fuel crisis; it also highlighted what to expect from the</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Ratified approval of the North Lincolnshire CCG Fuel Plan 	SCM

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>government in terms of response to a fuel crisis. The aim of the plan was to ensure that the CCG can, so far as possible, maintain its critical functions in the event of a serious disruption to fuel supply. It was noted that the Fuel Plan was approved by the CCG Quality Group in January 2016 and the Governing Body was asked to ratify the plan.</p>		
<p>8.6 Quality Report CW presented Item 8.6 and the report was taken as 'read'. The North Lincolnshire CCG Governing Body Quality Report had been developed to provide the Governing Body with a clear picture of the assurance required with regard to quality. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The report now included additional sections relating to continuing healthcare, primary care, a nursing update and a glossary of terms • It was agreed that the report was now 'user friendly' • Quality Dashboard – Provider Assurance Summary (page 4) <ul style="list-style-type: none"> ○ It was queried whether the report should include Care Quality Commission (CQC) information in relation to private providers, as St Hugh's Hospital in Grimsby had been awarded a CQC rating of 'requires improvement' • Quality Dashboard: Primary Care: CQC Inspection Update <ul style="list-style-type: none"> ○ It was highlighted that the South Axholme Practice had addressed the issues highlighted in the CQC inspection report 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the revised Quality Report 	DoR&QA
<p>8.7 Corporate Performance Executive Summary KL presented Item 8.7 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 ▪ Reducing potential years of life lost from causes considered amenable to healthcare (all ages) • Treating and caring for people in a safe environment and protecting them from avoidable harm – Clostridium Difficile <ul style="list-style-type: none"> ○ The CCG has remained inside its tolerance level for 2015/2016 with 31 cases against a tolerance of 31 cases • Overall Constitution Indicator Performance (page 4) 	<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
<ul style="list-style-type: none"> ○ Green: 18 indicators ○ Amber: 3 indicators ○ Red: 5 indicators • Areas of Exception (<i>pages 4 to 8</i>) 		
<p>8.8 Finance and Contract Report: Month 11 (February) 2015/2016</p> <p>KL presented Item 8.8 and the report was taken as 'read'. The report indicated that the CCG was on target at the end of February 2016 to meet its statutory year-end financial targets, and in early April was still on course to do this. The report also highlighted the implications of certain actions in 2015/2016 that will have a potential impact on the CCG's financial performance in 2016/2017.</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"> ○ At month 11 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 • Month 11 Year To Date (YTD) Highlights (<i>page 2</i>) <ul style="list-style-type: none"> ○ Achievement of Statutory Targets (<i>page 2</i>) ○ Areas requiring further comment <ul style="list-style-type: none"> ▪ QIPP performance ▪ Quality premium (<i>page 3</i>) ▪ CAMHS transformation (<i>page 3</i>) • Contract update (<i>page 3</i>) 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Finance and Contract Report 	ICFO&BS
<p>8.9 Outcome of the Care Quality Commission's (CQC) Quality in a Place Pilot</p> <p>CB presented Item 8.9 and the report was taken as 'read'. As part of the CQC's Business Plan for 2015/2016 it published a document 'Shaping the Future'. This document outlined the CQC's commitment to testing the value of reporting the quality of care in a local place during 2015/2016. Following the CQC announcement about these plans, they identified 3 local areas where they would undertake this pilot. North Lincolnshire was one of the areas identified and the CQC carried out their review during the week of 5 to 9 October 2015. The CQC used key lines of enquiry to inform what the quality of health and social care is like in North Lincolnshire. The report was published on the 3 February 2016.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • It was welcomed that the report had highlighted that North Lincolnshire had an emergency admission rate that is lower than the England average and is in the lower quartile of Clinical Commissioning Groups (CCGs) in the north of England. This could indicate that effective primary care and social services were preventing avoidable admissions • The Health and Wellbeing Board received the report at their meeting on the 22 March 2016 and noted; <ul style="list-style-type: none"> ○ The Health and Wellbeing Board development session provided an opportunity to provide 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the outcome of the CQC's Quality in Place pilot, and supported further discussions at the Health and Wellbeing Board 	DoC

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<p>initial thoughts about the usefulness of the report. There was a general agreement that the report provided a useful catalyst for partners to gain a shared understanding about what elements contribute to delivering good outcomes and high quality health and care services</p> <ul style="list-style-type: none"> ○ The discussions concluded that the Health and Wellbeing Board is well placed to shape, influence and challenge service provision for the benefit of North Lincolnshire residents and that the board could provide strategic oversight and system leadership in respect of quality of health and care in North Lincolnshire ○ Healthwatch has an important role to play in ensuring people's views are captured in respect of the quality of care and to complement this, the board could consider using its power to ask members to provide data and information in respect of case audits to understand service user/patient experience through their care journey ○ The Health and Wellbeing Board agreed to receive a quarterly update report in respect of inspection outcomes for health social care in North Lincolnshire and to invite the CQC to attend a future Board development session to further share learning from the pilot 		
<p>8.10 Health and Wellbeing Board Governance and Accountability Arrangements</p> <p>CB presented Item 8.10 and the report was taken as 'read'. The paper had been agreed by the Health and Wellbeing Board on 22 March 2016, and set out changes to the governance and accountability for the Board with a revised Memorandum of Understanding, and partnerships and system accountability that support the functions of the Health and Wellbeing Board.</p> <p>This makes a number of changes to the partnership meeting structure which the CCG are engaged with, particularly the removal of the Health and Social Care Joint Board and Integrated Commissioning Partnership and the formation of the Health and Social Care Executive Commissioners Group. Following approval by the Health and Wellbeing Board, Terms of Reference are being drawn up.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> ● Appendix 1 <ul style="list-style-type: none"> ○ It was highlighted that the governance structure was on pages 8 and 15. The correct version of the structure was on page 15, as this included reference to the Children and Young Peoples Partnership ○ Health and Wellbeing Strategy Groups (Big Ticket) 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Noted the changes in the Health and Wellbeing Board governance and accountability arrangements, and supported membership from the CCG 	DoC

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<ul style="list-style-type: none"> Concern was expressed at the use of the term 'big ticket' 		
8.11 CCG Audit Group Minutes: 13 January 2016 PE presented Item 8.11 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, and the assurances contained within them 	Chair of the Audit Group
8.12 CCG Quality Group Minutes: 28 January and 25 February 2016 CW presented Item 8.12 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
8.13 Joint Commissioning Committee Minutes: 14 January 2016 IR presented Item 8.13 and the report was taken as 'read'. The Joint Commissioning Committee minutes were for information only.	Decision: The CCG Governing Body: <ul style="list-style-type: none"> Received and noted the Joint Commissioning Committee minutes 	Chair of the JCC
8.14 CCG Engine Room – Agenda Item Log: February and March 2016	Decision: Noted, for information only	Chair
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 with a view to taking forward the option 4 proposal to establish accountable care for North Lincolnshire, and the ability to deliver services at scale where appropriate	Decision: The CCG Governing Body: <ul style="list-style-type: none"> Noted the verbal update 	CO
10.0 PUBLIC QUESTION TIME		
No questions were asked.	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 9 June 2016 13:30 Board Room, Health Place, Brigg	Decision: Noted	Chair