



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

MEETING:	27 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 GOVERNING BODY
MEETING DATE:	Thursday 9 June 2016	
VENUE:	Board Room, Health Place, Brigg	
TIME:	13:30	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
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	NHS North Lincolnshire CCG
Dr Faisal Baig (<i>FB</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 <i>In attendance from Item 6.0 onwards</i>	North Lincolnshire Council
IN ATTENDANCE:		
Clare Smith (<i>CS</i>)	PA (<i>Note Taker</i>) <i>In attendance for Items 1.0 – 7.7 only</i>	NHS North Lincolnshire CCG
Amy Bahl (<i>AB</i>)	PA (<i>Note Taker</i>) <i>In attendance for items 7.8 – 11.0 only</i>	NHS North Lincolnshire CCG
John Pougher (<i>JP</i>)	Assistant Senior Officer, Quality & Assurance <i>In attendance for Item 7.1 only</i>	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Margaret Sanderson (<i>MS</i>)	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Dr Andrew Lee (<i>AL</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		
IR welcomed all attendees to the twenty-seventh 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	Vice Chair
2.0 DECLARATION OF INTERESTS		
IR invited those with any Declarations of Interest, not previously declared, to make them known to the meeting. No declarations were received.	Decision: Noted	Vice Chair

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3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 14 APRIL 2016		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Vice Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 14 APRIL 2016		
There were no outstanding actions.	Decision: Noted	Vice Chair
5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
There were no matters arising to be discussed.	Decision: Noted	Vice Chair
6.0 VICE CHAIR/CHIEF OFFICER UPDATE		
6.1 Humber, Coast and Vale Sustainability and Transformation Plan (STP)		
<p>LL provided a PowerPoint presentation entitled 'Humber, Coast and Vale Health, Care and Value Sustainability and Transformation Plan'.</p>  <p>6.1</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Background (slides 2 and 3) <ul style="list-style-type: none"> ○ NHS Five Year Forward View ○ In summary, work together to address the: <ul style="list-style-type: none"> ▪ Health and wellbeing gap ▪ Care quality gap ▪ Funding gap • Critical path for STP submission (slide 4) <ul style="list-style-type: none"> ○ The April STP submission was completed ○ The Interim Senior Responsible Officer (SRO) is Emma Latimer, Chief Officer, NHS Hull CCG ○ Challenges in relation to collaborative working ○ STP submission: 30 June 2016 ○ Joint commissioning arrangements • What's needed (slide 5) <ul style="list-style-type: none"> ○ Local leaders coming together as a team ○ System focus, not organisational focus • How will the plans be assessed? (slide 6) <ul style="list-style-type: none"> ○ It was agreed that 'engagement' was key and the quality of local processes for engagement were significant • What is emerging? (slide 7) <ul style="list-style-type: none"> ○ It is all about relationships • Our priorities (slide 8) <ul style="list-style-type: none"> ○ Care Design <ul style="list-style-type: none"> ▪ Out of Hospital <ul style="list-style-type: none"> • LL advised that she had asked to see the submission ○ System enablers <ul style="list-style-type: none"> ▪ Travel <ul style="list-style-type: none"> • Discussion regarding the logistics of travel to get to the best quality services • Priorities for each level – example view (slide 9) <ul style="list-style-type: none"> ○ Out of Hospital <ul style="list-style-type: none"> ▪ Care Homes sustainability 	Decision: Update noted	CO

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<ul style="list-style-type: none"> • Governance – Key Forums (<i>slide 10</i>) <ul style="list-style-type: none"> ○ The importance of discussions with the public was highlighted • Summary of gaps (<i>slide 11</i>) <ul style="list-style-type: none"> ○ Funding gap <ul style="list-style-type: none"> ▪ The total STP gap is still to be quantified • Key headline common areas – CCG plans (<i>slide 12</i>) • In summary (<i>slide 13</i>) <ul style="list-style-type: none"> ○ Discussion took place regarding possible future impact, subject to the referendum vote on 23 June 2016, when a decision would be made as to whether the United Kingdom should leave or remain in the European Union 		
7.0 CORPORATE GOVERNANCE AND ASSURANCE		
7.1 Board Assurance Framework Report		
<p>JP presented Item 7.1 and the report was taken as 'read'. The report informed the CCG 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 • A review of the AF format has been undertaken, and changes will be made to its presentation, including the addition of a risk tolerance score and risk score tracker • The AF is reviewed by the Audit Group. The AF and CCG Corporate Risk Register are also reviewed regularly by the Quality Group • There are currently seven risks on the AF • The score of one risk has been reduced, other risk scores remain the same • 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"> ○ Risk controls and assurances had been updated. The likelihood of the risk occurring had been reduced from a 4 to a 3 thus reducing the overall score from 16 to 12. This was a result of a positive impact from a number of on-going actions • It was queried whether there were any strategic risks in relation to the Sustainability and Transformation Plan (STP) that should be added to the AF <ul style="list-style-type: none"> ○ It was agreed that a local overview could be undertaken via the Healthy Lives, Healthy Futures System Board 	<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>Action: LL and JP to review the AF after the STP submission on 30 June 2016</p>	<p>ASOQ&A</p> <p>ASOQ&A CO</p>

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7.2 Quality Report		
<p>CW presented Item 7.2 and the report was taken as 'read'. The report provided an updated position in relation to key areas of risk and quality assurance within NHS North Lincolnshire Clinical Commissioning Group (CCG).</p> <p>The report informed the CCG Governing Body about the quality and safety of the services it commissions and, in doing so, provides assurance that North Lincolnshire CCG is upholding its responsibility and commitment to commission safe, high quality and value for money health services for the population of North Lincolnshire.</p> <p>A key priority includes ensuring the strategic direction for improving and maintaining quality in commissioned services. CCG quality leads are working closely with service providers to ensure that all commissioned services are assessed consistently against both national and local key performance indicators.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Our Providers: Care Quality Commission (CQC) Status (<i>page 1</i>) <ul style="list-style-type: none"> ○ The report considered the quality assurance of the CCG's seven key providers of services. Although they are achieving many of their performance indicators as recorded in figure 1, the quality outcomes of the CQC inspections identified that six of the seven required improvement, whilst Scunthorpe General Hospital was rated 'inadequate' • Safeguarding Adults (<i>page 3</i>) <ul style="list-style-type: none"> ○ Care Homes: Phoenix Park Care Village <ul style="list-style-type: none"> ▪ The CQC highlighted areas of concern with Care Homes in North Lincolnshire. Phoenix Park Care Village was rated 'inadequate' and concerns were raised in another care home, report awaited • Continuing Healthcare (<i>page 5</i>) <ul style="list-style-type: none"> ○ It was highlighted that Continuing Healthcare was experiencing an increase in referrals, and was also challenged by a backlog of cases. Additional support was being given to the team to address these demands ○ Personal Health Budgets (as at the end of quarter 4) <ul style="list-style-type: none"> ▪ The continuing healthcare team currently has six personal health budgets and two direct payment care packages ▪ It was noted that the personal health budget team was currently commissioned from Doncaster CCG, but would be brought back to North Lincolnshire ▪ It was agreed that there was a need to link with the Local Authority and those 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Quality Report 	DoR&QA

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<p>families where a personal health budget would be appropriate</p> <ul style="list-style-type: none"> • Primary Care (<i>page 8</i>) <ul style="list-style-type: none"> ○ CQC Inspection Update <ul style="list-style-type: none"> ▪ Three CQC inspections had been undertaken in quarter 4, and each of the practices inspected had received 'good' ratings ▪ It was noted that the CCG was working with each of the providers to improve their ratings, and to address areas that required improvement ▪ A range of provider visits were planned to secure additional assurance in specific areas and further CQC inspections would be undertaken in each of the providers to ensure improvements were made ▪ The GP practices were commended for taking a very positive approach towards CQC inspections, and using them as an opportunity for development and improvement ▪ IR queried whether a speaker from the CQC could be approached to attend the next Patient Participation Group Members Conference ○ Update on Mortality Workstream: Sepsis <ul style="list-style-type: none"> ▪ It was noted that Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) had successfully appointed a Sepsis Specialist Nurse, a Nurse Consultant for Deteriorating Patients and a Nurse Educator for Sepsis • Nursing Update (<i>page 9</i>) <ul style="list-style-type: none"> ○ Parish Nursing <ul style="list-style-type: none"> ▪ Parish nursing is a recognised and reliable source of community health care. Parish nurses are traditionally employed by churches, and are either salaried posts or volunteers, meeting the same revalidation, registration and governance requirements for the Nursing and Midwifery Council (NMC) as any other nurse. They are a valuable resource and add great value to the transformation agenda ▪ CW highlighted that there was currently a Parish Nurse working in Scunthorpe and stressed that in her role as Chief Nurse, she was keen to see the role develop and reap further benefits for the population of North Lincolnshire ▪ At a meeting with the Chief Nursing Officer for England, Jane Cummings, 	<p>Action: CW to advise IR of a contact in the CQC</p>	<p>DoR&QA</p>

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<p>North Lincolnshire CCG would raise the profile and integration of Parish Nurses into mainstream health care</p> <ul style="list-style-type: none"> ▪ It was suggested that the work of the Parish Nurses would be valuable in each of the care networks 		
7.3 Corporate Performance Executive Summary: 2015/2016 Year End Summary		
<p>KL presented Item 7.3 and the report was taken as 'read'. The report provided the CCG with assurance against its corporate performance responsibilities, as set out in the CCG Assurance Framework and against its commissioning plan.</p> <p>The report informed, on an exception basis, of the corporate performance position (in support of the Business Intelligence Zone).</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • CCG Assurance: Areas by Exception (<i>pages 2 to 6</i>) <ul style="list-style-type: none"> ○ Performance Indicators <ul style="list-style-type: none"> ▪ 18 Week Referral to Treatment Times (RTT) ▪ Accident & Emergency 4 Hour Waiting Times ▪ Patients receiving first definitive treatment for cancer within 62 days of referral from NHS Cancer Screening Services ▪ Category A Ambulance Response Times <ul style="list-style-type: none"> • 8 minute RED 1 • 8 minute RED 2 • 19 minute ▪ 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 level of 31 cases ○ Treating and caring for people in a safe environment and protecting them from avoidable harm: MRSA <ul style="list-style-type: none"> ▪ During 2015/2016 there was 1 MRSA case reported. This was in November 2015 at Scunthorpe General Hospital. It was identified as a community acquired infection • Overall Constitution Indicator Performance (<i>page 2</i>) <ul style="list-style-type: none"> ○ Green: 18 indicators ○ Amber: 3 indicators ○ Red: 5 indicators • Highlight Report: 2016/2017 Available Positions <ul style="list-style-type: none"> ○ CCG Assurance: Areas by Exception (<i>page 9</i>) 	<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"> ▪ Referral to Treatment Times ▪ 6 Week Diagnostic Waits <ul style="list-style-type: none"> • Junior Doctor strike ▪ Accident & Emergency 4 Hour Waiting Times ▪ Infection Control <ul style="list-style-type: none"> • The position against infection control standards looks strong in 2016/2017 to date, with no MRSA cases reported and 2 cases of Clostridium Difficile reported against a trajectory of 5 • East Midlands Ambulance Service NHS Trust (EMAS) (page 5) <ul style="list-style-type: none"> ○ The 2015/16 contract began as a 'block' but the majority of CCGs agreed to block the position based on the forecast outturn at Month 8. Most commissioners also agreed to make an additional non recurrent payment to EMAS to support them with the additional costs they incur due to handover delays at acute hospitals. Inclusive of the points summarised, the 2015/16 year resulted in a total underspend of £3m against the initial annual expected contract value 								
7.4 Finance Report: Month 2 (May) 2016/2017								
<p>KL presented Item 7.4 and the report was taken as 'read'. NHS North Lincolnshire CCG is facing a significant challenge in 2016/2017 to meet its financial targets. The CCG's main priorities will be to:</p> <ul style="list-style-type: none"> • Deliver robust contract monitoring of all contracts (especially all acute hospital contracts and in particular Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT)) • Implement, deliver and monitor sufficient QIPP scheme savings in 2016/2017, to mitigate any contract overtrades which materialise <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Executive Summary (page 1) • Key Points (page 1) <ul style="list-style-type: none"> ○ All main contracts are agreed ○ NLaGFT contract <table border="1" data-bbox="432 1659 916 1742"> <tr> <td>Contract Floor</td> <td>£99.4m</td> </tr> <tr> <td>Indicative Contract Value</td> <td>£106.8m</td> </tr> <tr> <td>Contract Ceiling</td> <td>£108.9m</td> </tr> </table> <ul style="list-style-type: none"> ○ Figures in relation to the following were queried: <ul style="list-style-type: none"> ▪ NLaGFT Budget (Acute and Community): £100.7k ▪ NLaGFT Forecast: £105.1k ○ Contract penalties <ul style="list-style-type: none"> ▪ Discussion took place regarding contract penalty application and assurance <ul style="list-style-type: none"> • QIPP (page 2) 	Contract Floor	£99.4m	Indicative Contract Value	£106.8m	Contract Ceiling	£108.9m	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Finance Report 	ICFO&BS
Contract Floor	£99.4m							
Indicative Contract Value	£106.8m							
Contract Ceiling	£108.9m							

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<ul style="list-style-type: none"> ○ In 2015/2016, the CCG's QIPP programme significantly failed to deliver cash releasable savings. It is vital that the 2016/2017 QIPP programme is successful for the CCG to reach its financial targets ● Appendix 1: North Lincolnshire CCG: Commissioning Operating Cost Statement 2016/17 (page 3) <ul style="list-style-type: none"> ○ Discussion took place regarding the 'variance' figures <ul style="list-style-type: none"> ▪ It was highlighted that major variances would be explained in future reports ● Appendix 2: North Lincolnshire CCG: QIPP/BCF Summary Savings Plan 2016/2017 (page 4) ● Appendix 3: North Lincolnshire CCG: Risks and Opportunities at May 2016/2017 (page 5) 		
7.5 North Lincolnshire Local Safeguarding Children Board Annual Report: 1 April 2014 – 31 March 2015		
<p>CW presented Item 7.5, the North Lincolnshire Local Safeguarding Children Board (LSCB) Annual Report 2014/2015, and the report was taken as 'read'. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> ● NHS North Lincolnshire CCG is a statutory member of the LSCB ● Specific Priorities (page 10) <ul style="list-style-type: none"> ○ In 2014/2015, the LSCB made progress against its specific priorities as follows: <ul style="list-style-type: none"> ▪ Reduce the harm from child sexual exploitation ▪ Reduce the harm from neglect ▪ Performance Manage and Quality Assure Early Help ● Serious Case Review (page 34) 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Received and noted the North Lincolnshire Local Safeguarding Children Board Annual Report 2014/2015 	DoR&QA
7.6 North Lincolnshire Safeguarding Adults Board Annual Report 2015		
<p>CW presented Item 7.6, the North Lincolnshire Safeguarding Adults Board Annual Report 2015, and the report was taken as 'read'. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> ● NHS North Lincolnshire CCG is a statutory member of the North Lincolnshire Safeguarding Adults Board 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Received and noted the North Lincolnshire Safeguarding Adults Board Annual Report 2015 	DoR&QA
7.7 Individual Funding Requests Annual Report 2015/2016		
<p>CB presented Item 7.7 and the report was taken as 'read'. The CCG has a statutory responsibility to commission care, including medicines and other treatments for the North Lincolnshire population within available resources, by prioritising between competing demands. The CCG therefore needs to ensure that scarce resources are not used on health care interventions that are not considered to be clinically effective or cost effective in meeting the health needs of patients. (The term 'health care intervention' includes use of a medicine or medical device, diagnostic technique, surgical procedure and other therapeutic intervention).</p> <p>Individual requests for treatments, which are not covered by existing contracts are received by the CCG. Some requests are for treatments for rare conditions where local services are not</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Received the Individual Funding Request Annual Report and noted the activity in 2015/2016 	DoC

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>developed, while others are for health care interventions that the CCG will not commission as a matter of routine, but where the referring clinician believes there are exceptional circumstances that justify a request for referral. Requests are considered in line with the CCG's Individual Funding Requests (IFR) Policy.</p> <p>On 1 March 2016, North of England Commissioning Support (NECS) assumed responsibility for the IFR Service to North Lincolnshire CCG which was previously provided by Yorkshire and Humber Commissioning Support.</p> <p>The annual report had been produced by NECS to provide a summary of the IFR activity transacted during 2015/2016, and the outcome of the funding decisions made. It provides analysis in relation to treatments requested, source of request and outcomes.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • It was noted that the commissioning statements and the IFR Policy were being reviewed, and would be discussed at a future CCG Engine Room • Summary of IFRs by clinical procedures: Cases Approved (page 4) <ul style="list-style-type: none"> ○ It was suggested that if more than 20 cases are approved in a year, then commissioning guidelines for the service should be reviewed • Review of the IFR process in North Lincolnshire <ul style="list-style-type: none"> ○ It was noted that the report was considered and discussed by the CCG Governing Body meeting in private on 11 February 2016 ○ It was queried whether there was any progress in implementing the recommendations in the report ○ Discussion took place regarding some of the recommendations made: <ul style="list-style-type: none"> ▪ The appeals process should be enabled to challenge a decision not seen to be the most logical or to result in an appropriate outcome ▪ A further option could also be added which allows the appeal panel to ask for an expert opinion ▪ To continue to try to recruit additional clinicians for the panel ▪ To utilise the potential to use expert opinions in contentious or ambiguous cases 	<p>Action: The commissioning statements, IFR Policy and the Review of the IFR process in North Lincolnshire report to be reviewed. Any updates to be discussed at a future CCG Engine Room</p>	<p>DoC</p>
<p>7.8 CCG Audit Group: Summary Update Report</p>		
<p>PE presented Item 7.8 and the report was taken as 'read'. On the 25 May 2016 the CCG Audit Group met to review and approve, on behalf of the CCG Governing Body, the Annual Report and Accounts.</p> <p>The Interim Chief Finance Officer, External Audit and Internal Audit informed the group of the work, assurance processes and scrutiny that informed the production of the Annual Report and Accounts.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the CCG Audit Group Summary Update Report 	<p>Chair of the Audit Group</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>The CCG Audit Group approved the Annual Report and Accounts including the Annual Governance Statement after a review of assurances.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The CCG Audit Group members received significant assurance from the Interim Chief Finance Officer, Assistant Senior Officer; Finance and Business Support, Internal Audit and External Audit. There were no material adjustments from the auditors that were required to be made. It was noted that the accounts preparation process had gone smoothly and thanks were expressed to all concerned. The CCG Audit Group was delegated to review and approve the accounts on behalf of the CCG Governing Body • The Annual Governance Statement includes a declaration that members of the Governing Body individually know of nothing that should have been reported to the auditors. Every member of the CCG Governing Body needs to acknowledge this disclosure. The auditors were content for the CCG Audit Group to provide the declaration on behalf of the CCG and inform CCG Governing Body members of this action at the next CCG Governing Body meeting 	<p>Action: KL to share the statement with members of the Governing Body</p>	<p>ICFO&BS</p>
<p>7.9 CCG Quality Group: Minutes dated 24 March and 3 May 2016</p>		
<p>CW presented Item 7.9 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 	<p>DoR&QA</p>
<p>7.10 Joint Commissioning Committee: Summary Report</p>		
<p>IR presented Item 7.10 and the report was taken as 'read'. The report updated CCG Governing Body members on decisions taken by the Joint Commissioning Committee (JCC) at a meeting held on 12 May 2016.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Terms of Reference <ul style="list-style-type: none"> ○ The JCC adopted revised terms of reference. The amendments highlighted in yellow related primarily to membership and reflected experience from the committee's first year of operation and anticipated the introduction of revised statutory conflicts of interest guidance which was due to be introduced by NHS England in June 2016 • Market Hill 8-8 Practice <ul style="list-style-type: none"> ○ The JCC was informed that Core Care Links Limited had been awarded a contract to operate the Market Hill practice for a period of 11 months commencing on 1 May 2016. The JCC then decided to establish a joint CCG/NHS England working group to develop options for the future of the practice post April 2017 • Performance and Quality Reporting <ul style="list-style-type: none"> ○ The JCC decided to establish a joint CCG/NHS 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Joint Commissioning Committee Summary Report • Noted the revised terms of reference adopted by the JCC 	<p>Chair of the JCC</p>

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<p>England working group to develop a more appropriate format and a more sophisticated data analysis methodology for future primary care performance and quality reports taking account of lessons learnt from the failure in early identification of quality concerns at the Market Hill practice</p>		
7.11 Remuneration Committee: Summary Report		
<p>IR presented Item 7.11 and the report was taken as 'read'. The report updated CCG Governing Body members on decisions taken by the Remuneration Committee at a meeting held on 28 April 2016.</p> <p>As a consequence of the decision made by the CCG Governing Body on 14 April 2016, the Remuneration Committee now has delegated authority to make decisions within its remit on the basis that a report outlining decisions taken by the committee will be submitted to the Governing Body at the earliest opportunity.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • HR support • Agenda for Change pay award • GP Governing Body members and clinical leads remuneration • Review of very senior manager (VSM) remuneration • Revised VSM roles and responsibilities 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Remuneration Committee Summary Report 	<p>Chair of the REM COM</p>
7.12 CCG Engine Room – Agenda Item Log: April and May 2016		
<p>IR presented Item 7.12 and the report was taken as 'read'. The CCG Engine Room: Agenda Item Log for April and May 2016 was for information only.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the CCG Engine Room Agenda Item Log 	<p>Vice Chair</p>
7.13 Health and Wellbeing Board: 22 March 2016		
<p>LL presented Item 7.13 and the report was taken as 'read'. The Health and Wellbeing Board minutes were for information only.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Health and Wellbeing Board minutes 	<p>CO</p>
8.0 HEALTHY LIVES, HEALTHY FUTURES		
8.1 Update: Healthy Lives, Healthy Futures (HLHF) Programme		
<p>LL 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"> • The System Board is next week and will address the governance arrangements for the programme. There has been some very good progress drafting the Terms of Reference (ToR) for each part of the programme. We expect that Senior Responsible Officer (SRO) arrangements will be confirmed as part of these discussions • We have provisional agreement regarding the establishment of a shared team to support both the development of the Accountable Care Partnership (ACP) and the Care Networks, subject to confirmation of funding contributions, and we anticipate that these will be filled 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the verbal update 	<p>CL HLHF CO</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>during the post restructure consultation recruitment process. The Care Networks will accelerate once the team is in place, but are already forming the focus of the second half of the Council of Members meetings which has generated the work plan for the 'perfect fortnight' process where ideas will be tested</p> <ul style="list-style-type: none"> • There has been a very focused and useful meeting with East Midlands Ambulance Service NHS Trust (EMAS) to look at issues of how the ambulance service could be better utilised. There were several outcomes which will be circulated very soon. NS felt the meeting really lacked the detail of breakdown of who was calling and when it was etc. RJF confirmed that it was not the aim of the meeting to point fingers, instead there was need for an open discussion. There is an element of NHS111 which needs unpicking and is part of the on-going process • JM asserted that moving from NHS111 would be excellent for the area. RJF confirmed that there is a cost implication because it's not a simple case of switch, the CCG still have to fund so we would be funding two systems. There were discussions regarding the need for a more focused 111 system and how to strengthen the arrangements but also supplement with the local networks that are available. The focus was on the Single Point of Access (SPA) and clinical triage systems with a view to shaping what that needs to look like 		
9.0 PUBLIC QUESTION TIME		
9.1 An opportunity for members of the public to ask questions linked to the agenda or the CCG		
No questions were asked.	Decision: Noted	Vice Chair
10.0 ANY OTHER BUSINESS (Urgent Items by Prior Notice)		
10.1 Committee Summary Reports		
<p>A discussion took place regarding the use of a summary report template. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • It was suggested that use of a standard template would ensure that committee summary reports are kept brief and to the point • Governing Body members were generally happy that the summaries were useful as an update, rather than circulating historic minutes • It was highlighted that one size does not always fit all, and committee chairs needed some flexibility in conveying decisions taken • After discussion, the preference was to have a page with the 'need to know' items from a meeting, instead of a large multipage report 	Action: The Chair and LL to discuss further whether a standard template for summary reports is necessary	CO
10.2 Equality Delivery System		
<p>JM provided a brief PowerPoint presentation regarding the Equality Delivery System. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Needs to be signed off by the end of June 2016 • EDS2 is a requirement for all NHS commissioners and providers 	Decision: The CCG Governing Body: <ul style="list-style-type: none"> • Agreed to formally sign off, although it was acknowledged that CCG Governing Body members 	Lead Clinician Equality and Diversity

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

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
	<p>had not had the opportunity to scrutinise as they would wish</p> <p>Action: It was agreed that a future CCG Governing Body Workshop would be used to discuss and develop in more detail</p>	
11.0 DATE AND TIME OF NEXT PUBLIC MEETING		
<p>Thursday 11 August 2016 13:30 Board Room, Health Place, Brigg</p>	<p>Decision: Noted</p>	<p>Vice Chair</p>

DRAFT