


Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 8 December 2016

MEETING:	29 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 GOVERNING BODY
MEETING DATE:	Thursday 13 October 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, Joint Commissioning/Vice CCG Chair	NHS North Lincolnshire CCG
Liane Langdon (<i>LL</i>)	Chief Officer	NHS North Lincolnshire CCG
Ian Holborn (<i>IH</i>)	Chief Finance Officer	NHS North Lincolnshire CCG
Catherine Wylie (<i>CW</i>)	Director of Nursing and Quality/ Nurse Member	NHS North Lincolnshire CCG
Richard Young (<i>RY</i>)	Interim Director of Commissioning	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler (<i>RJF</i>)	CCG Member/General Practitioner/Medical Director/Director of Primary Care	NHS North Lincolnshire CCG
Dr James Mbugua (<i>JMb</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Satpal Shekhawat (<i>SS</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
Janice Keilthy (<i>JK</i>)	CCG Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Christine Nield (<i>CN</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>)	Head of Corporate Governance <i>In attendance for Items 8.2 and 8.3 only</i>	NHS North Lincolnshire CCG
Julie Killingbeck (<i>JKi</i>)	Head of Primary Care <i>In attendance for Item 8.7 only</i>	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
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		
<p>MS welcomed all attendees to the twenty-ninth meeting 'in public' of the Clinical Commissioning Group Governing Body.</p> <p>Dr Satpal Shekhawat, CCG Member/General Practitioner, Janice Keilthy, CCG Lay Member, Patient & Public Involvement and Christine Nield, Consultant in Public Health were all welcomed to their first Clinical Commissioning Group Governing Body meeting.</p> <p>Apologies were noted, as detailed above.</p> <p>It was noted that the meeting was quorate to proceed.</p>	Decision: Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
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>Dr Shekhawat introduced himself and declared an interest as he was a GP partner at Kirton Lindsey Surgery and a member of the GP federation. It was noted that the surgery was also a provider of a musculoskeletal clinical assessment and treatment service (MCATS). Dr Shekhawat advised that he was involved with GP training for the Yorkshire and Humber Deanery and Hull York Medical School (HYMS), and was a director of a private company undertaking locum work, as well as a director for Southbank LLP which is a federation of local GP surgeries but is currently not trading.</p> <p>Janice Keilthy introduced herself and advised that she had previously worked as a senior manager in both public and private sectors, which included the retail sector, human resources, college and university lecturer, and had previously been the deputy principal at a local General Further Education College (with Higher Education). No specific declarations of interest were noted.</p> <p>Christine Nield introduced herself and declared an interest as she is involved in research applications with Sheffield University, which can sometimes involve NHS funding.</p>	Decision: Noted	Chair
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 11 AUGUST 2016		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 11 AUGUST 2016		
<p>Actions from the meeting held on 11 August 2016:</p> <ul style="list-style-type: none"> • Item 7.7 (09.06.16): Individual Funding Requests Annual Report 2015/2016 <ul style="list-style-type: none"> ○ It was confirmed that a review of the Individual Funding Request (IFR) commissioning statements, policy and process was taking place. A report would be presented at a future CCG Governing Body meeting • Item 10.1 (09.06.16): Committee Summary Reports <ul style="list-style-type: none"> ○ The Chair and LL would discuss further whether a standard template for summary reports is necessary • Item 8.2 (11.08.16): Quality Report <ul style="list-style-type: none"> ○ Action complete. The CQC status across the GP practices in North Lincolnshire had been added to the report 	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		
6.1 Humber, Coast and Vale Sustainability and Transformation Plan (STP)		
LL confirmed that further discussion would take place in the 'private' CCG Governing Body.	Decision: Update noted	CO
6.2 2017 – 2019 Planning Guidance		
LL advised that NHS England had published the NHS Operational Planning and Contracting Guidance 2017 – 2019, three months earlier than normal. For the first time, the planning guidance	Decision: Update noted	CO

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<p>covered two financial years and was underpinned by a two year tariff and two years NHS Standard Contract.</p> <p>Submission of full draft 2017/18 to 2018/19 operational plans would be due by 24 November 2016, with submission of final plans, aligned with contracts by 23 December 2016. Further discussion would take place at the CCG Governing Body workshop on 10 November 2016.</p>		
7.0 PATIENT STORY		
7.1 A Patient Story		
<p>CW highlighted a patient's story in relation to access to the child and adolescent mental health services (CAMHS), highlighting delays in accessing the service and how the issues were resolved.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Noted the patient story 	DoN&Q
8.0 CORPORATE GOVERNANCE AND ASSURANCE		
8.1 Communications Strategy and Public and Stakeholder Engagement Strategy 2016 – 2018		
8.1.1 Integrated Impact Assessment: Public and Stakeholder Engagement Strategy 2016 – 2018		
8.1.2 Integrated Impact Assessment Communications Strategy		
<p>RY presented Item 8.1 and the report was taken as 'read'. The communication and engagement strategies were presented as two new separate documents, to replace the current approved joint strategy.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> The need for separate communications and engagement strategies was identified after discussions with the CCG Executive Team The strategies reflected current national policy drivers and established a model for how the CCG wishes to engage with local stakeholders and the public. They outlined how the CCG would share information and support people to play an active part in their own health and wellbeing The strategies are supported by a communications and engagement work plan. The plan aimed to set out all activity that can be planned for the next twelve months It is proposed that the delivery of the strategy and monitoring of the work plan would be managed by a communications and engagement strategic group, which would report into the CCG Executive Team Use of social media was discussed Embrace Patient Network <ul style="list-style-type: none"> The CCG would seek to grow the 'Embrace' membership and work with members to develop the effectiveness and influence of the Network Health Matters Events <ul style="list-style-type: none"> The CCG would continue to develop 'Health Matters' events to deliver accessible, meaningful engagement opportunities, and will look to widen the reach of these sessions via social media and an alternate 'bite-sized' evening meeting Patient Participation Groups (PPGs) <ul style="list-style-type: none"> The CCG would continue to work in partnership with Healthwatch to build the capacity and influence of PPGs and the PPG Forum, to develop their effectiveness in driving service improvement 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Ratified the Communications and Engagement Strategies 	IDoC

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<p>at a practice level and in contributing to the development of primary care throughout North Lincolnshire</p>		
<p>8.2 Conflicts of Interest Update and Managing Conflicts of Interest Consultation</p>		
<p>JP presented Item 8.2 and the report was taken as 'read'. Following NHS England guidance to CCGs in June 2016, a further consultation document on conflicts of interest had been issued. Whilst for the most part, the consultation document clarified and strengthened current arrangements; it did make some potentially contentious recommendations. The CCG Governing Body was asked to comment on the document, and the document had also been circulated to the CCG Council of Members for comment. It was suggested that the Head of Governance collated comments, to be forwarded to NHS England by 31 October 2016.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The CCG is currently implementing the latest CCG guidance <ul style="list-style-type: none"> ○ The key changes in the revised guidance, agreed following public consultation, are: <ul style="list-style-type: none"> ▪ The recommendation for CCGs to have a minimum of three lay members on the Governing Body ▪ The introduction of a conflicts of interest guardian in CCGs • Declaration of Conflict of Interest Flow Chart (Appendix 2) • Principles and rules regarding private practice <ul style="list-style-type: none"> ○ It was queried whether all private practice should be declared, even it was a small amount ○ Discussion took place regarding '<i>Clinical staff should not initiate conversations about private work with patients during the course of their NHS sessions</i>' <ul style="list-style-type: none"> ▪ It was highlighted that the statement was ambiguous, as at times it was appropriate to discuss private health insurance/private treatment with a patient • Administration <ul style="list-style-type: none"> ○ The updating and maintenance of the Register of Interests and Gifts and Hospitality will be the responsibility of the Business Manager. The Business Manager will review these at least monthly and ensure that they are published in line with national guidance. The registers will be further reviewed by the Head of Governance on at least a quarterly basis ○ Ensuring that the CCG complies with the 95% training requirement will be the responsibility of the Head of Governance working with CCG directors. The Business Manager will be responsible for maintaining and updating the training register. Bespoke training packages for staff will be developed by the Head of Governance 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted, discussed and commented on the conflicts of interest update and the managing conflicts of interest consultation • Noted that the CCG now had three lay members on the Governing Body • Noted that Paul Evans, CCG Lay Member for Governance and the CCG Audit Chair had accepted the role of Conflicts of Interest Guardian 	<p>HoCG</p>

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8.3 Governing Body Assurance Framework		
<p>JP presented Item 8.3 and the report was taken as 'read'. The report informed the CCG Governing Body of the risks to the delivery of the North Lincolnshire CCG strategic objectives and risks.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The Assurance Framework (AF) provides a structure and process that enables the organisation to focus on those risks that might compromise achieving its most important (principal) objectives, and to map out both the key controls that should be in place to manage those objectives and confirm the CCG Governing Body has gained sufficient assurance about the effectiveness of these controls • In line with the North Lincolnshire CCG Risk Management Strategy, all other identified risks are held on the Directorate Risk Registers. Work is on-going to ensure that risks, including partnership risks, continue to be captured and managed at the appropriate level • The risks are presented in a format that includes a risk tolerance score and a tracker chart. The format will be developed in light of feedback, requirements of the CCG and best practice guidance. In addition, the scoring matrix and severity guide taken from the CCG's Risk Management Strategy had been attached to help inform the CCG Governing Body's review of the identified risks • The AF is reviewed by the Audit Group • There are currently five risks on the AF • Discussion took place regarding the processes for identifying risks and reviewing the AF • It was queried whether a risk should be added to the AF in relation to the proposed Accountable Care Partnership, as this was a new untested model of care 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted and approved the Assurance Framework 	HoCG
8.4 Quality Report		
<p>CW presented Item 8.4 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>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"> ○ It was highlighted that a CQC inspection of Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) was in progress ○ Northern Lincolnshire and Goole NHS Trust (NLaGFT) would be having a CQC inspection in November 2016 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Quality Report 	DoN&Q

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<ul style="list-style-type: none"> ○ It was highlighted that fifteen out of the seventeen GP practices in North Lincolnshire that had been inspected by the CQC had received an overall rating of 'good' ● Quality Dashboard: Provider Assurance Summary (<i>page 2</i>) <ul style="list-style-type: none"> ○ Waiting Times: CT Scans <ul style="list-style-type: none"> ▪ Discussion took place regarding the current waiting time of four to six weeks from referral for a CT scan at NLaGFT <ul style="list-style-type: none"> ● It was highlighted that work was on-going with the provider in relation to access to diagnostics ● Mortality (<i>page 8</i>) <ul style="list-style-type: none"> ○ It was queried whether the improved out of hospital mortality figures were correct. It was confirmed that the quoted figures were correct 		
8.5 Corporate Performance Executive Summary		
<p>IH presented Item 8.5 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 5</i>) <ul style="list-style-type: none"> ○ Performance Indicators <ul style="list-style-type: none"> ▪ 18 Week Referral to Treatment Times (RTT) <ul style="list-style-type: none"> ● The August 2016 position against 18 week waits continues to be significantly below required levels ● Due to continued performance risk in this area, this has now become part of a wider recovery plan, requested by NHS England ● Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) has provided a recovery trajectory, and a recovery plan has been produced and was provided to NHS England on 31 August 2016 ▪ Accident & Emergency (A&E) 4 Hour Waiting Times <ul style="list-style-type: none"> ● Published A&E Trust wide performance in July 2016 was at 91.2%, and did not meet the required level ● Locally held indicative data shows that the August position 	<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 	CFO

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<p>has deteriorated further, and as at 18 September 2016, the position continues on the same trend</p> <ul style="list-style-type: none"> • In August 2016, the local Scunthorpe site position fell just short of the target at 94%, and the Diana Princess of Wales site in Grimsby was at 83.7% • North Lincolnshire CCG continues to take part in weekly assurance calls with NHS England. Whilst our local site position is delivering a stronger level of performance, the CCG is required to continue to take part until the Trust performance improves and is maintained <ul style="list-style-type: none"> ▪ Category A Ambulance Response Times <ul style="list-style-type: none"> • 8 minute RED 1 <ul style="list-style-type: none"> ○ Performance at East Midlands Ambulance Trust (EMAS) against the Category A 8 minute indicator for RED1 calls did not reach the required level in August 2016 (73.3%), but did improve to an 'amber' status • 8 minute RED 2 <ul style="list-style-type: none"> ○ EMAS overall performance remains below the required level at 61.3% in August 2016 • 19 minute <ul style="list-style-type: none"> ○ EMAS overall performance is 87.2% in August 2016 ▪ Reducing potential years of life lost from causes considered amenable to healthcare (all ages) <ul style="list-style-type: none"> • Public Health are looking into population by geography e.g. mortality by area. The report is expected in September 2016 ▪ CCG Quality Premiums 2015/2016 (page 5) <ul style="list-style-type: none"> • Due to data availability it is too soon to forecast a value of the quality premium, however based on current performance the only element that would attract a 		

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<p>financial payment is the 10% medicines management indicators. Based on the population of 171,000 this would be circa £86K (out of a total circa £860K).</p> <ul style="list-style-type: none"> • The total quality premium payment is however reduced if providers do not meet the NHS Constitution rights or pledges for patients in relation to (a) maximum 18-week waits from referral to treatment, (b) maximum four-hour waits in A&E departments, (c) maximum 14-day wait from a urgent GP referral for suspected cancer, and (d) maximum 8-minute responses for Category A red 1 ambulance calls • Therefore due to the performance in these 4 areas at March 2016, the CCG is only expected to achieve 50% of the premium for 2015/2016 (<i>subject to confirmation by NHS England</i>) • Based on the calculations of the current performance above (circa £86K) this would be reduced to £43K due to the constitutional penalties <ul style="list-style-type: none"> ▪ Nuffield Trust: Understanding patient flow in hospitals <ul style="list-style-type: none"> • Discussion took place regarding a briefing that Nuffield Trust had published regarding understanding patient flow in hospitals • Overall Constitution Indicator Performance (<i>page 2</i>) <ul style="list-style-type: none"> ○ Green: 20 indicators ○ Amber: 2 indicators ○ Red: 5 indicators ○ No Data or data quality issues: 3 indicators 		
8.6 Finance Report: Month 5 (August 2016/2017)		
<p>IH presented Item 8.6 and the report was taken as 'read'. The report briefed the CCG Governing Body on the CCG's financial position and achievement of duties so far for 2016/2017, as at the end of August 2016.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Key messages (<i>page 2</i>) <ul style="list-style-type: none"> ○ At month 5, the CCG reported to NHS England <ul style="list-style-type: none"> ▪ A £3.2m year to date (YTD) overtrade which was mainly a result of the position 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Finance Report 	CFO

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>with Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT)</p> <ul style="list-style-type: none"> ▪ By year end, the CCG would achieve all financial duties, including hitting financial surplus <ul style="list-style-type: none"> • But <ul style="list-style-type: none"> ○ This is based on the assumption that QIPP/recovery plans will deliver significant savings by 31 March 2017 ○ Analysing the YTD position using a trend analysis shows that performance has deteriorated between month 4 and month 5 • So <ul style="list-style-type: none"> ○ The CCG's recovery plan will be implemented from September, with savings phased over the remainder of the year ○ Over the next few months, the CCG will be having regular communication with NHS England to monitor CCG performance against plan • Financial Summary (<i>page 3</i>) • Executive Summary (<i>pages 6-8</i>) <ul style="list-style-type: none"> ○ Headlines (<i>page 7</i>) <ul style="list-style-type: none"> ▪ At month 5 the CCG has reported a YTD over-spend of £3.2m. It is however still forecasting to achieve all of its statutory duties for 2016/2017, but this is heavily reliant on management action and risk mitigation ▪ Current trend analysis highlights that if no action is taken, the CCG will miss its target surplus for 2016/17 by circa £14m. At month 5 this has been reported to NHS England as a risk ▪ Areas of emerging financial risk include <ul style="list-style-type: none"> • Acute services • Prescribing • Specialist mental health and learning disability services • Mental health and learning disability pooled budgets ○ Financial Duties (<i>page 8</i>) • Financial Management (<i>page 9</i>) <ul style="list-style-type: none"> ○ Summary Financial Position (<i>page 10</i>) ○ Acute Services (<i>page 11</i>) <ul style="list-style-type: none"> ▪ Discussion took place regarding the RTT backlog at NLaGFT ○ Allocations (<i>page 12</i>) ○ QIPP (<i>page 13</i>) • Financial Control (<i>page 14</i>) <ul style="list-style-type: none"> ○ Statement of Financial Position (<i>page 15</i>) ○ Cash (<i>page 16</i>) 		

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8.7 Annual Report: Emergency Planning, Resilience, Response Assurance		
<p>JK presented Item 8.7 and the report was taken as 'read'. Under the Health and Social Care Act 2012, the CCG is required to develop sufficient plans to ensure that the organisation and all commissioned provider services are well prepared to respond effectively to major incidents/emergencies, so that they can mitigate the risk to public and patients and maintain a functioning health service.</p> <p>The purpose of the paper was to report to the Governing Body on the current position of North Lincolnshire CCG in relation to an assessment against core standards in emergency preparedness, resilience and response (EPRR) as part of the national EPRR assurance process for 2016/17</p> <p>Following assessment, the organisation has been self-assessed as demonstrating substantial compliance level against the core standards.</p> <p>Areas requiring on-going action throughout 2016/17 are highlighted in the associated action plan/core standards improvement plan; this document will be reviewed in line with the organisation's EPRR governance arrangements.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Emergency Preparedness, Resilience and Response (EPRR) Policy • Business Continuity • Fuel Plan • Pandemic Influenza/Infectious Disease Plan • On-call • Local Health Resilience Partnership • Testing and Training <ul style="list-style-type: none"> ○ A table top exercise will take place in December 2016 • NHS England EPRR Assurance Process 2016/2017 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the contents of the report • Confirmed the Governing Body was assured that sufficient plans were in place to meet the statutory requirements of the CCG as a Category 2 Responder • Approved the core standards improvement plan 	CFO
8.8 Joint Commissioning Committee: Summary Report		
<p>IR presented Item 8.8 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 8 September 2016. In particular the CCG Governing Body was asked to note a further revision to the JCC terms of reference.</p>	<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 	Chair of the JCC
8.9 CCG Executive Team Meeting: Summary Report		
<p>LL presented Item 8.9 and the report was taken as 'read'. The report highlighted to the CCG Governing Body the issues that had recently been considered, or were currently being considered by the CCG Executive Team. The report was for information and noting.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the CCG Executive Team Summary Report 	CO

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8.10 CCG Quality Group: Minutes dated 22 June 2016 and 27 July 2016		
CW presented Item 8.10 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
8.11 CCG Engine Room – Agenda Item Log: August and September 2016		
MS presented Item 8.11 and the report was taken as 'read'. The CCG Engine Room: Agenda Item Log for August and September 2016 was for information only.	Decision: The CCG Governing Body: <ul style="list-style-type: none"> Received and noted the CCG Engine Room Agenda Item Log 	Chair
8.12 Health and Wellbeing Board: 1 July 2016		
LL presented Item 8.12 and the report was taken as 'read'. The Health and Wellbeing Board minutes were for information only. Specific areas highlighted/discussed: <ul style="list-style-type: none"> LL advised that debate had taken place in relation to the Sustainability and Transformation Plan (STP) 	Decision: The CCG Governing Body: <ul style="list-style-type: none"> Received and noted the Health and Wellbeing Board minutes 	CO
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 (HLHF) programme. Specific areas highlighted/discussed: <ul style="list-style-type: none"> The Health Organisations and Local Authorities in North and North East Lincolnshire continue to work together to transform the health and care system through the Healthy Lives, Healthy Futures Programme 	Decision: The CCG Governing Body: <ul style="list-style-type: none"> Noted the verbal update 	CO
10.0 PUBLIC QUESTION TIME		
10.1 An opportunity for members of the public to ask questions linked to the agenda or the CCG		
No questions were asked.	Decision: Noted	Chair
11.0 ANY OTHER BUSINESS (Urgent Items by Prior Notice)		
11.1 Clare Smith, Personal Assistant to the CCG		
MS thanked Clare Smith for the administrative support she had provided to the CCG Governing Body since April 2013. It was highlighted that Clare would no longer be providing administrative support, as she had a new role within the CCG as Patient Experience Manager.	Decision: Noted	Chair
12.0 DATE AND TIME OF NEXT PUBLIC MEETING		
Thursday 8 December 2016 13:30 Board Room, Health Place, Brigg	Decision: Noted	Chair