


Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 13 April 2017

MEETING:	31 st Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 GOVERNING BODY
MEETING DATE:	Thursday 09 February 2017	
VENUE:	Board Room, Health Place, Brigg	
TIME:	13:30	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Ian Reekie (<i>IR</i>)- Chair	CCG Lay Member, Joint Commissioning /Vice CCG Chair	NHS North Lincolnshire CCG
Liane Langdon (<i>LL</i>)	Chief Officer	NHS North Lincolnshire CCG
Richard Young (<i>RY</i>)	Interim Director of Commissioning	NHS North Lincolnshire CCG
Ian Holborn (<i>IH</i>)	Chief Finance Officer	NHS North Lincolnshire CCG
Catherine Wylie (<i>CW</i>)	Director of Risk & Quality Assurance/ Nurse Member	NHS North Lincolnshire CCG
Dr Robert Jaggs- Fowler (<i>RJF</i>)	Director of Primary Care/ Medical Director/ GP Member	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
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
Heather McSharry (<i>HM</i>)	Lay Member, Equality/ Diversity & Inclusion	NHS North Lincolnshire CCG
Dr Richard Shenderey (<i>RS</i>)	Secondary Care Doctor	NHS North Lincolnshire CCG
IN ATTENDANCE:		
Katie Thomas (<i>KT</i>)	Project Officer/ PA (<i>Note Taker</i>)	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Margaret Sanderson (<i>MS</i>)	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Christine Nield (<i>CN</i>)	Consultant in Public Health	North Lincolnshire Council
Janice Keilthy (<i>JK</i>)	Lay Member, Patient and Public Involvement	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY		
<p>IR welcomed all members, public attendees and a PwC representatives to the thirty-first meeting 'in public' of the Clinical Commissioning Group Governing Body.</p> <p>Apologies were noted, as detailed above.</p> <p>It was noted that the meeting was quorate to proceed.</p>	Decision: Noted	Chair
2.0 DECLARATION OF INTERESTS		
<p>IR invited those with any Declarations of Interest, not previously declared, to make them known to the meeting. No declarations were received.</p>	Decision: Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 08 DECEMBER 2016		
<ul style="list-style-type: none"> • CN was not present at the meeting, however had submitted a request for some typing errors be amended on page 7. • HM requested that her title throughout the minutes be changed to 'diversity' as opposed to 'diversion'. • RS requested that the minutes be amended in order to reflect he is a consultant at Airedale NHS Foundation Trust and not Leeds. • LL requested that under item 6.0 "and there is not a single challenge" be removed and the date of the 21st December be amended to 23rd. <p>Following incorporation of these amendments, the minutes were accepted as an accurate record.</p>	Decision: Noted	Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 08 DECEMBER 2016		
<ul style="list-style-type: none"> • Item 7.7 (09.06.16): Individual Funding Requests (IFR) Annual Report 2015/2016 The Governing Body was informed that the policy for the procedures and treatments that are procured and commissioned by IFR has been agreed and recently confirmed across the Sustainability and Transformation Plan (STP) footprint. The mechanical process has been agreed, however it was highlighted that there has been a dispute across the 6 CCGs in the STP in relation to the second part of the process. A further update will be provided as soon as it is available. The Governing Body was assured that this issue is not delaying the IFR process, which was confirmed to be working well. There was an in depth discussion around the second part of the process not working well meaning that patients are raising issues through complaint and MP letters instead of utilising the correct Appeals Panel process. 	Decision: Update noted	Chair
5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
<p>LL briefed the Governing Body on the status of contract negotiations. It was confirmed that the deadline for contracts to be signed was 23rd December 2016. LL confirmed that the contract with Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) was signed within that timeframe; however there were some delays in finalising smaller acute provider contracts. All these agreements are now in place and contracts are now waiting to be signed by both parties.</p> <p>However LL reported that the contract with the CCG's main acute provider North Lincolnshire and Goole NHS Foundation Trust (NLaG) had still not been agreed. The CCG will continue to work with NHS England and NHS Improvement to seek resolution. Due to this issue, LL stated that the CCG is carrying some potential additional financial risk in concluding the final budget for the 17/18 and 18/19 years</p> <p>There was a detailed discussion around the contract with East Midlands Ambulance Service (EMAS), which is not meeting response time targets. It was questioned whether ambulance provision could be re-procured to better align with the Humber, Coast and Vale STP</p>	Decision: Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>footprint bearing in mind that the Yorkshire Ambulance Service has just received a 'good' Care Quality Commission rating.. LL confirmed that it could, however the process would be complex and would need to be undertaken jointly with North East Lincolnshire CCG.</p>		
6.0 CHIEF OFFICER UPDATE		
<p>LL provided the Governing Body with an update on the following issues:</p> <ul style="list-style-type: none"> • Winter pressures have been very challenging over recent months. It was confirmed that more extensive work will be undertaken to prepare for next winter. • RDaSH has had its Care Quality Commission (CQC) report published and has now been rated as 'good'. A letter has been sent to congratulate the organisation on its improvement efforts. • NLaG is still awaiting its draft CQC report. The Governing Body was informed that the CCG is in discussion with NLaG around how issues likely to be raised in the report can be addressed. • There was an update on leadership changes across the system. It was confirmed that Karen Jackson the NLaG Chief Executive has been seconded into a new role with NHS Improvement for an initial six month period. Karen Dunderdale is acting as Chief Executive while an interim appointment is made. The new structure at the local authority was also discussed and LL confirmed that the Director of Public Health post has been successfully recruited to. The new DPH will be working for two days per week with the CCG. • It was explained that due to the deterioration of the CCG's financial position, NHS England has commissioned PwC to undertake a capacity review. This would be concluded in March and is triggered by the adverse movement in our forecast from £4m adverse to £8.5m adverse in M9. 	Decision: Update noted	CO
7.0 PATIENT STORY		
<p>CW provided an update on a patient story from a previous Governing Body meeting around the Children and Adolescent Mental Health (CAMHS) service. It was confirmed that there has been another case, almost a mirror image of the case discussed previously. CW reported that some patients are being discharged from the service feeling that they do not have enough on-going support and this was raised at a meeting with CAMHS managers. It was suggested that service re-design should be looked into if required. A previous discussion at Engine Room had noted low awareness of specialised services available for victims of abuse and how to access them. Assurance has been given that CAMHS is the point of contact for this service.</p> <p>RS asked how the eating disorder pathway is operating locally. CW confirmed that there is an issue with transition from child to adult</p>	Decision: Noted	DoN&Q

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
and the CCG has received some central funding to help in addressing this challenge.		
8.0 CORPORATE GOVERNANCE AND ASSURANCE		
ITEMS FOR AWARENESS, NOTING AND RATIFICATION		
8.1 Assurance Framework Report CW presented the framework to the Governing Body. There was a detailed discussion around the framework and some of the included risks, particularly the system outcomes of the better care fund (BCF). IR queried the scoring of the two new risks (Q5 and Q6) relating to continuing health care (CHC). CW confirmed that in addition to the assurance framework each directorate holds a separate risk register and that that is the responsibility of each director to add new risks as they arise. It was noted that John Pougher updates the assurance framework monthly prior to Quality Group meetings where the risks are reviewed.	Decision: The CCG Governing Body: <ul style="list-style-type: none"> Noted and approved the Governing Body assurance framework. 	DoN&Q
8.2 Quality Report Apologies were noted that a written report had not been prepared on this occasion. Specific areas highlighted/ discussed included: <ul style="list-style-type: none"> Reiteration of the 'good' CQC rating for RDaSH. Reassurance that the deaths at Great Oaks that had featured in the media are being investigated by RDaSH, with support and help from the CCG. A new Learning Disability (LD) mortality review process was shared with the Governing Body. CW confirmed that any death of a North Lincolnshire patient with LD has to be reviewed and that a national database is being managed by Bristol University. 	Decision: The CCG Governing Body: <ul style="list-style-type: none"> Noted the verbal update. 	DoN&Q
8.3 Corporate Performance Executive Summary IH presented the corporate performance report and specific areas highlighted/ discussed included: <ul style="list-style-type: none"> It was confirmed that the winter pressures were not yet reflected in the data – as majority are to end of December only Failure to achieve the 18 week referral to treatment (RTT) target by NLaG was discussed and it was confirmed a recovery group meeting has been set up – supported by additional funds from NHSE. The significant pressures in A&E were highlighted. 	Decision: The CCG Governing Body: <ul style="list-style-type: none"> Received and noted the corporate performance report and agreed it was assured that areas of underperformance are being addressed at a local level to meet agreed targets and commitments. 	CFO
8.4 Finance Report: Month 9 IH presented the month 9 finance report and specific areas highlighted/ discussed included: <ul style="list-style-type: none"> It was reiterated that PwC are producing a report to support/ corroborate that the CCG in tackling the financial challenges 	Decision: The CCG Governing Body: <ul style="list-style-type: none"> Received and noted the Month 9 Finance report. 	CFO

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>currently being faced.</p> <ul style="list-style-type: none"> KPMG will be commencing work on the year end audit during the week commencing 13th February as it can effectively be managed from within the resources of the CCG. IH confirmed that the projected 2016/17 financial deficit will need to be carried over to 2017/18. To achieve a supported (financially approved by NHSE) budget for 2017/18 QIPP savings in the region of £8.5 million will be required. IH reported that four of the six CCGs which form the Humber, Coast and Vale STP are now in likely deficit at the end of 16/17. 		
<p>8.5 Joint Commissioning Committee: Summary Report It was noted that the primary care strategy will come to the next Governing Body meeting for sign off.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Noted the summary report. 	Chair of JCC
<p>8.6 CCG Executive Team Meeting: Summary Report There were no specific items to highlight.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Noted the summary report. 	CO
<p>8.7 CCG Quality Group: 23rd November 2016 Minutes There were no specific items to highlight.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Noted the summary report. 	DoN&Q
<p>8.8 CCG Engine Room- Agenda Item Log: December 2016 & January 2017 There were no specific items to highlight.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Noted the summary report. 	Chair
<p>9.0 HEALTHY LIVES, HEALTHY FUTURES (HLHF)</p>		
<p>ITEMS FOR DISCUSSION AND NOTING</p>		
<p>9.1 Update: Healthy Lives, Healthy Futures programme The Governing Body was briefed by LL on the specific areas highlighted below:</p> <ul style="list-style-type: none"> HLHF have chosen option 4, step 2. North Lincolnshire and North East Lincolnshire have agreed to continue to address population health management jointly. LD work at scale is going to be pursued through STP structures. The Systems Board has now been dissolved as it has completed the work it was tasked to do. Ian Atkinson who had supported the CCG and HLHF has ended role in Northern Lincolnshire. The Governing Body expressed its appreciation to him for his valuable assistance. It was explained that the 'HLHF' brand will not be seen as much as previously. The North Lincolnshire Accountable Care Partnership (ACP) and Humber, Coast and Vale STP will now take transformation work forward. It was confirmed that joint work between North Lincolnshire and North East Lincolnshire CCGs will still continue in a more informal manner. 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Received and noted the HLHF update report. 	DoR&QA

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> General practice engagement with the development of the ACP was discussed and increasing confidence was expressed that the risk of not getting the ACP off the ground is reducing. 		
10.0 PUBLIC QUESTION TIME		
10.1 An Opportunity for members of the public to ask questions linked to the agenda or the CCG There were no questions raised.	Decision: Noted	CO
11.0 ANY OTHER BUSINESS <i>Urgent Items by Prior Notice</i>		
11.1 Memorandum of Understanding – Humber, Coast and Vale STP It was confirmed that the draft memorandum of understanding had been discussed previously as part of the Private meeting. The new paper was described as not being substantively different. John Pougher was confirmed to have been very involved from a Governance perspective in ensuring that the CCG are comfortable with the content. The paper has been discussed at the STP executive group.	Decision: The CCG Governing Body: <ul style="list-style-type: none"> Formally approved the adoption of the Memorandum of Understanding. 	Chair
11.2 Paul Evens, Lay Member - Governance It was confirmed that this would be the last Governing Body attended by Paul Evans prior to his retirement from the role of Lay Member - Governance. The Governing Body thanked Paul for his sterling service over his four years with the CCG and wished him well for the future.	Decision: Noted.	
12.0 DATE AND TIME OF NEXT PUBLIC MEETING		
Thursday 13 th April 2017 13:30 Board Room, Health Place, Brigg	Decision: Noted	Chair