


MEETING:	The 37 th Meeting, in Public, of the NHS North Lincolnshire Clinical Commissioning Group Governing Body.	 <p>GOVERNING BODY PUBLIC MEETING</p>
MEETING DATE:	Thursday 8 February 2018	
VENUE:	Board Room, Health Place, Brigg	
TIME:	13:30 – 15.30	

MINUTES OF THE MEETING

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Dr Margaret Sanderson	NLCCG Chair	NHS North Lincolnshire CCG
Erika Stoddart	NLCCG Vice Chair Lay Member Governance	NHS North Lincolnshire CCG
Emma Latimer	Chief Officer for Interim Period	NHS North Lincolnshire CCG
Julie Warren	Turnaround Director	NHS North Lincolnshire CCG
Emma Sayner	Chief Finance Officer for Interim Period	NHS North Lincolnshire CCG
Catherine Wylie	Director of Nursing and Quality	NHS North Lincolnshire CCG
Dr Faisal Baig	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Andrew Lee	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Salim Modan	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Satpal Shekhawat	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Richard Shenderay	Secondary Care Doctor	NHS North Lincolnshire CCG
Janice Keilthy	NLCCG Lay Member Patient & Public Involvement	NHS North Lincolnshire CCG
Heather McSharry	NLCCG Lay Member Equality & Diversity	NHS North Lincolnshire CCG
Ian Reekie	NLCCG Lay Member Primary Care Commissioning	NHS North Lincolnshire CCG
Penny Spring	Director of Public Health	North Lincolnshire Council
IN ATTENDANCE:		
Sally Andrews	Project Officer/PA To record the minutes of the meeting	NHS North Lincolnshire CCG
Geoff Day	Head of Co – Commissioning (Item 9.2)	NHS England
John Pougher	NLCCG Head of Governance	NHS North Lincolnshire CCG
APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Neveen Samuel	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler	Director of Primary Care/Medical Director	NHS North Lincolnshire CCG
Richard Young	Director of Commissioning	NHS North Lincolnshire CCG

1.0 WELCOME, ANOUNCEMENTS, APOLOGIES AND QUORACY

1.1 WELCOME

The Chair opened the meeting and welcomed members and attendees to the 37th meeting, "in public" of the North Lincolnshire Clinical Commissioning Group Governing Body.

1.2 ANNOUNCEMENTS

Membership of the NL CCG Governing Body

(i) Ian Reekie – Lay Member – Primary Care Commissioning

The Chair informed the meeting that this would be the last NL CCG Governing Body meeting for Ian Reekie, NL CCG Lay Member for Primary Care Commissioning. His tenure of office comes to an end on 31.03.18 and it has been agreed not to appoint a replacement. The Governing Body will proceed with 3 Lay members and the portfolios will be reviewed. On behalf of the NL CCG Governing Body the Chair paid tribute to IR and thanked him for his hard work and commitment to NL CCG during his term of office.

(ii) Dr Andrews Lee – NLCCG Member – General Practitioner

The Chair informed the meeting that this would also be the last NL CCG Governing Body meeting for Dr Andrew Lee NL CCG Member – General Practitioner. His tenure of office comes to an end on 31.03.18 and he has chosen not to stand for re-election. The Chair advised that the appointment process for a replacement has begun, the vacancy has been advertised amongst GP's and the Chair has received a number of applicants. On behalf of the NL CCG Governing Body the Chair paid tribute to Dr Andrew Lee and thanked him for his contribution to the community and commitment to NL CCG during his term of office.

(iii) Chief Finance Officer for interim period

The Chair welcomed the Emma Sayner Chief Finance Officer for the interim period to her first NL CCG Governing Body meeting.

1.3 APOLOGIES FOR ABSENCE

Apologies for Absence were received, approved and noted from:

Robert Jaggs-Fowler, NHS NL CCG (Director of Primary Care/Medical Director)
Richard Young, NHS NL CCG (Director of Commissioning)
Dr Neveen Samuel, NL CCG (GP Member)

1.4 QUORACY

The Chair confirmed that the meeting was quorate to proceed.

2.0 PATIENT STORY

The Director of Nursing & Quality introduced the patient story which related to a carer's experience of Congenital Myotonic Dystrophy, (CMD), a long term inherited genetic disorder that affects muscle function. A and his wife reside in North Lincolnshire and care for their 18 year old son, B who was finally diagnosed with CMD at the age of 15. CMD is complex; B has approximately 20 different conditions which are managed by several clinicians across England. A feels that B would have received an earlier diagnosis if there had been greater awareness of CMD in North Lincolnshire. The delay in diagnosis caused a lot of strain and stress to A and his family. B's care is co-ordinated by the Neuromuscular Complex Care Centre (NMCCC) in London. Over a two year period, in preparation for B's 18th birthday and

transfer to Adult Services, Sheffield Children’s Hospital has worked in collaboration with the NMCCC to undertake a full handover of B’s care to NMCCC. The transition has been successful and B’s current care package covers the appropriate range of services to support his condition.

(AL arrived at 1.35 pm)

A would like to highlight the following issues, drawn from his family’s experiences of local NHS Services in order to enact change and improve patients experiences.

1. Provide further support to carers
2. Improve knowledge and awareness of CMD
3. Improve staff communications at NLaG
4. Continuing Healthcare processes at NL CCG
5. Missed referral letters

The Director of Nursing & Quality confirmed that B’s parents remain his carers and dialogue is still happening with the family. For other patients who may require support, the Advocacy Service is engaged.

The Director of Nursing & Quality confirmed that she is confident that high risk complex CHC cases are now assessed within 21 days using the Decision Support Tool (DST).

Agreed Outcome:

(a)	The NL CCG Governing Body noted the Patient Story.
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3.0 DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting members are reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) Any changes in interest previously declared; or
- (iii) Any financial interest (direct or indirect) on any item on the agenda

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda item number to which the interest relates;
- (iii) the nature of the interest;

To be declared under this section and at the top of the agenda item which it relates to.

Name	Agenda No	Nature of Interest/Action Taken
Dr S Shekhawat	9.2	(i) Direct pecuniary interest as part owner of Lifecare Pharmacy, Scotter.
Dr S Modan	9.2	(i) Direct pecuniary interest Director of Damian Ltd

Agreed outcome:

(a)	The NL CCG Governing Body noted the pecuniary interests declared by Dr S Shekhawat and Dr S Modan in relation to Agenda item 9.2 - Single point of
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	Dispensing, Counselling and Intervention Service.
(b)	The Chair confirmed that Dr Shekhawat and Dr Modan would be allowed to remain for the agenda item but not allowed to participate in any vote on the item.

4.0 GIFTS AND HOSPITALITY

Agreed Outcome:

(a)	No gifts or hospitality declarations were reported by members of the NL CCG Governing Body.
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5.0 MINUTES OF THE NL CCG GOVERNING BODY MEETING HELD ON 14 DECEMBER 2018

The minutes of the NL CCG Governing Body meeting held on 14 December 2017 were submitted for approval:

Agreed outcomes:

(a)	The minutes of the meeting held on 14 December 2018 were approved as an accurate record of proceedings.
(b)	The Governing Body requested consistency in the minutes when referencing Officers, Lay Members and GP's.

6.0 ACTION LOG – ACTIONS UPDATE FROM 14 DECEMBER 2018

Item 10 – Quality and Performance

The Director of Commissioning was not present to provide an update on 1. Outpatient Working Review, and, 2. Long Waiting Times. The Chief Officer confirmed that she had received nothing electronically with which to provide an update.

Agreed outcome:

(a)	The Director of Commissioning to provide an update on Action Log Item 10 Quality and Performance 1. Outpatient Working Review and 2. Long waiting Times at the next NL CCG Governing Body Meeting.
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7.0 MATTERS ARISING FROM THE MINUTES OF THE NL CCG GOVERNING BODY MEETING OF 14 DECEMBER 2018 (NOT COVERED ON THE AGENDA)

Agreed outcome:

(a)	There were no matters arising from the minutes of the NL CCG Governing Body Meeting of 14 December 2017 not covered by the agenda for today's meeting.
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8.0 GOVERNANCE & ASSURANCE

8.1 USE OF CORPORATE SEAL

Agreed outcome:

(a)	NL CCG Governing Body members noted there had been no use of the Corporate Seal since the last NL CCG Governing Body meeting.
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8.2 CHIEF OFFICER'S UPDATE

Developing the 2018 Strategy together

The Chief Officer referred members to the report previously circulated. Members were informed that NL CCG's Commissioning Strategy will be the focus of the coming months. The Local Authority will play a key role and the North Lincolnshire Council Chief Officer joined the NL CCG Governing Body at a developmental workshop in December 2017.

Membership changes

The Chief Officer informed the Governing Body of 3 forthcoming membership changes;

- (i) The Chair has announced that she will retire from this post at the end of May 2018.
- (ii) The Director of Primary Care/Medical Director has announced his intention to retire at the end of August 2018.
- (iii) The Director of Nursing & Quality has announced her intention to retire at the end of August 2018.

The Chief Officer wished to place on record the immense contribution all 3 have made to the NL CCG and, prior to that, the Primary Care Trust.

The Chief Officer confirmed that although the intention is to replace all 3 roles, prior approval must be sought from NHSE as NL CCG remains in Directions.

Good News Stories

The Chief Officer highlighted to members that NL CCG has received a "Good" rating from NHSE on the quality of diabetes care.

Communications & Engagement

A communication plan has been in place to support NHS Services in North Lincolnshire to manage the pressures of winter and to empower local people with the information needed to make informed choices regarding their health. Local and Social media was used extensively to promote winter messages around choosing NHS Services wisely, preventing the spread of winter ailments and keeping an eye on vulnerable people. NL CCG currently has almost 8,700 followers on twitter. Communications and Engagement is an area that will be looked at with a view to strengthening the service. The Chief Officer is in discussions with NEL CCG about increasing the capacity available to NL CCG.

The Chief Officer concluded by thanking the Governing Body for their continued support.

Agreed outcome:

(a)	The NL CCG Governing Body noted the Chief Officer's Update.
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(SS arrived at 1.50 pm)

8.3 GOVERNANCE – REVIEW OF SUB COMMITTEES – PHASE 2 OF THE GOVERNANCE REVIEW

The Turnaround Director referred members to the report previously circulated. A full review of Committees reporting directly to the Governing Body has been undertaken as Phase 1 of the review and the findings adopted. New Committees met for the first time during January 2018.

Phase 2 – review of the Sub-Committees reporting to the Committees is now underway. In order to clarify the role/remit of each committee a session has been held with Directorate Heads of Service to start to review the remit of these groups and check for duplication or gaps in the existing Sub-committees. This is necessary to ensure that the strategic intentions of NL CCG are fully delivered in a robust and timely way. Revised Terms of Reference (ToR) for all the Committees will be drafted once the review has been concluded.

It is proposed to adopt the new subcommittee structures from March 2018 to ensure discussions can be held with each Chair and invite the appropriate members to be reviewed in April 2018 against the strategic objectives.

The Turnaround Director invited Chairs of Committees to contact her if they needed further advice or support during the process.

Agreed outcome:

(a)	The NL CCG Governing Body note and approve the Governance review proposals for Phase 2 – review of subcommittees.
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9.0 STRATEGY

9.1 STRATEGIC INTENTIONS

The Turnaround Director introduced the paper NL CCG Strategic Intentions. As part of the external governance review undertaken in October 2017, the Governing Body was recommended to review the strategic intentions for 2018 – 2021 as a minimum. To inform this process a number of sessions have been held during January 2018:-

- 4 Jan 2018 - Governing Body GP development session
- 9 Jan 2018 – Executive Development session
- 11 Jan 2018 – Governing Body workshop including NLC
- 25 Jan 2018 – Heads of Service session
- 25 Jan 2018 – Council of Members meeting

Outputs from the Governing Body workshop were agreed as:

- Prevention
- Out of Hospital
- Acute Commissioning
- Vulnerable People (all ages)

In order to deliver the strategic intentions and priorities, NL CCG needs also to work on a number of “enablers” alongside as these will be integral to the timely delivery.

These enablers are:-

- Estate Strategy
- IT Strategy
- Workforce
- Communication s and Engagement
- Quality
- Contracting
- Business Support

The recommended six priority areas for 2018/19 are:

- Prevention
- Out of Hospital
- Acute Commissioning
- Primary Care
- Vulnerable People
- Medicines Management

The Turnaround Director advised that the next steps are:
Programme plans need to be written for each priority area by the end of February 2018.

Align GB Clinical leads to each priority area

Align priorities to the Committee

Develop a programme approach to monitor delivery

Include the programme plans into the Committee work plans for 2018/2019

The Chief Finance Officer confirmed that financial planning, the financial interpretation of the strategic plan will have areas of recovery aligned to strategy. The Chief Finance Officer is very reassured that the strategic plan will reflect areas of focus/recovery.

Ian Reekie pointed out that the work is being undertaken at great pace and suggested a proposal, the provisional agreement of the 6 priority areas subject to public consultation.

The Chief Officer drew members attention to the need for pace which is determined by the fact that NL CCG is in special measures and has limited resources. Public Engagement will follow. The Turnaround Director pointed out that deadline for the STP place plan is the end of March and the CCG must have in place by then a Work programme, Planned Care Strategy and Acute Strategy.

The Chair asked members if there was a seconder to Ian Reekie's proposal to provisionally agree the 6 priority areas subject to public consultation.

Agreed outcomes:

(a)	There was no seconder to the proposal to provisionally agree the 6 priority areas subject to public consultation.
(b)	NL CCG Governing Body agree the recommended 6 priority areas for 2018/2019; 1. Prevention, 2. Out of Hospital, 3. Acute Commissioning, 4. Primary Care, 5. Vulnerable People, 6. Medicines Management.
(c)	NL CCG Governing Body agrees the recommendation to align GB Clinical leads to each priority area.
(d)	NL CCG Governing Body agrees the recommendation to develop a programme approach to monitor delivery.
(e)	NL CCG Governing Body agrees the recommendation to include the Programme plans into the Committee work plans for 2018/2019.
(f)	NL CCG Governing Body agrees that the proposals be the subject of public engagement in the future.

9.2 SINGLE POINT OF DISPENSING, COUNSELLING AND INTERVENTIONS SERVICE

Dr Shekhawat declared an interest in this agenda item: (i) Direct pecuniary interest as part owner of Lifecare Pharmacy, Scotter.

Dr Modan declared an interest in this agenda item: (i) Direct pecuniary interest as Director of Damian Ltd.

The Chair confirmed Dr Shekhawat and Dr Modan could remain for this item but not participate in any vote on the item.

The Head of Co-Commissioning referred to the report previously circulated. The report set out the proposals to commission a Point of Dispensing Counselling and Interventions Service within Community Pharmacies aimed at improving concordance with medication and reducing medicines wastage and to gain approval for the service to commence on 1 March 2018.

The National Audit Office in 2007 stated that NHSE could make savings in excess of £300m by more efficient prescribing. It is also estimated that at least £100m of drugs were returned to the NHS unused. The Department of Health (DoH) estimates the £85m could be saved by more systematic prescribing of lower cost generic drugs. A National Audit, undertaken in 2013-14 across 3,100 pharmacies found that five out of every two hundred prescription items prescribed were not supplied to the patient because they were not needed,

In June 2016 a joint Community Pharmacy/ NHSE audit of local NHS Pharmacy contractors aimed to establish the amount of medication that was issued on prescription but not actually required by the patient. Over the two week audit period, over 2300 interventions were carried out between pharmacy staff and patients or their representatives, The average pharmacy identified in excess of 2 interventions per day and the NHS cost savings identified in the two week period was in excess of £28,000.

The Head of Co-Commissioning explained the contractual framework for the proposal. Under the terms of the NHS Act 2006, as amended by the Health & Social Care Act 2012, pharmaceutical services (Essential, Advanced or Enhanced) may only be commissioned by NHS England. Pharmacies may also be commissioned to provide any other services for which they are qualified, by Local Authorities (e.g. public health services) and Clinical Commissioning Groups (CCG's).

In agreement with NHSE, the CCG can use the Local Enhanced Service option under that Community Pharmacy Contractual Framework. This regulatory framework allows pharmacies that are successfully meeting their contractual requirements to be commissioned to provide additional services under the regulations.

The proposed scheme will be commissioned by NHSE as an additional service on behalf of NL CCG. The scheme will be administered and managed by Community Pharmacy Humber using the PharmOutcomes software. The cost of implementation and on-going software licences are built into the overall scheme and NL CCG will receive a detailed report on the actual savings generated based on the NHS cost of drugs not dispensed.

Three neighbouring CCG's have already commissioned the service. A De-prescribing programme is underway in Leeds with GP's working with patients to de-prescribe drugs and is proving successful.

The Chief Finance Officer reminded members that Medicines Management is one of the agreed strategic priority areas and the proposal will enhance care services and deliver anticipated financial savings through the CCG prescribing budget.

Members discussed the local audit findings tabled within the report. Dr Richard Shenderoy pointed out the need to ensure Secondary Care locally is made fully aware of the proposal.

Agreed outcome:

(a)	NL CCG Governing Body approves the development of a Point of Dispensing, Counselling and Interventions Scheme in North Lincolnshire with effect from 1 March 2018.
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10.0 QUALITY & PERFORMANCE

10.1 INTEGRATED GOVERNANCE REPORT (PART 1)

The Chief Finance Officer referred members to the Integrated Governance Report, (Quality, Performance and Finance – Part 1) previously circulated. The Chief Finance Officer and Director of Nursing & Quality will present the report together. The Integrated Governance triangulates Quality, Finance and Performance.

Agreed outcome:

(a)	The Chief Finance Officer wished to record her appreciation to Chloe Nicholson – Quality Manager, Louise Tilley – Senior Finance Manager and Emma Munday – Information Manager for their collaborative work in producing the report.
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Finance:

The Chief Finance Officer reported that since the last NL CCG Governing Body meeting the deficit has slowed proof that restricting the scope of delegation is now having the desired impact.

NHS England Financial Improvement Plan – NL CCG is in the process of finalising the financial elements of its response to NHS England's Improvement Plan (necessitated by NHSE Legal Directions released in 17 August 2017) which will be based on the figures reported at month 8.

Year to Date (YTD) Performance – At month 9 NL CCG has reported a Year to Date overspend of £3,454k. This is a deterioration of £76k from month 8. The main areas driving this overspend are Prescribing, Continuing Healthcare Services and Specialist Mental Health and Learning Disability Placements. Work will be carried out to update the Broadcare system which has not been previously maintained. John Pattinson – Associate Director - Vulnerable People will join NL CCG on secondment from NHS England to lead on CHC and Case Management for Mental Health. NECS have spent time with CHC and some efficiencies have been identified. One practice has yet to sign up to Optimise RX, citing breach of information as a prohibitor.

Agreed outcome:

(a)	A team comprising Head of Co – Commissioning, the Director of Primary Care/Medical Director and the Deputy Director of Finance will visit the practice to explain the position and benefits of Optimise RX. A clinician and a representative from Meds Management will also be involved.
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Ian Reekie pointed out that Meds Management has a history of undershooting QIPP targets, is this because they don't start early enough? £2.5m has been taken out of CHC through QIPP. The Chief Finance Officer confirmed that the measures introduced in the areas of prescribing and CHC will have further impact on 2018/19 figures.

Forecast Position – At month 9 the yearend deficit is predicted at £6.3m which is in line with delivery. This will result in the CCG's cumulative deficit being increased to £10.4m. The Chief Finance Officer is reassured through

meetings with the Director of Finance – NLaG, that NLaG is securing their yearend position. Next year will be about establishing value for money.

Performance and Contracting

Accident & Emergency (A&E) Performance – NLaG continues to experience pressures in A&E, although performance at the Scunthorpe site remains stronger than the Grimsby site. However, the Trust is now achieving the NHSE Local Target level of 90%, using the latest data available (November 2017). The findings of the Emergency Care Improvement Programme review of the Trust's A&E serviced at both sites are being implemented and overseen by the Unplanned care Board and positive improvement in performance is evident overall.

Referral to Treatment Time (RTT) performance – RTT achievement continues to be one of the most significant areas of underperformance with no improvement seen in November 2017. There has also been a growing number of 52 week breaches. In response to these performance challenges, NL&G has developed work streams to support the delivery of all aspects of planned care. Specific work is underway in outpatient services to identify operational issues. NL&G has also developed a work stream in theatres, to focus on improved booking processes and theatre utilisation. All of this work is part of the NL&G Improving Together Programme of work, the outcome of these work streams will be discussed in detail at the Planned Care Board.

The Chief Officer pointed out that in addition to the concerns about the RTT performance, NLaG have postponed surgery, and the Director of Commissioning would normally have provided an update today.

Agreed outcome:

(a)	The Chief Officer to raise with Chief Executive Officer – NLaG ongoing concerns about RTT and postponed surgery.
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Cancer waiting times – The 62 day RTT waiting times for cancer patients also continues to fall below the required performance levels. Many of the issues relate to delays in tests and diagnostics, along with inter provider transfers to tertiary providers such as Hull & East Yorkshire and Sheffield Teaching Hospitals.

All of these areas are closely monitored and managed and assurance sought through the contract governance structures that are in place with each provider.

Quality

Fragility across the Northern Lincolnshire & Goole (NLaG) NHS Foundation Trust System - NLaG continues to report fragility across a range of services, further compounding the pressures on the local healthcare system. These pressures largely relate to long waiting times across a range of specialities, with several patients waiting longer than 52 weeks for treatment; challenges within maternity services and ongoing capacity issues.

In response to these challenges, NL&G has implemented an Improving Together programme to deliver the improvements required to address quality in the organisation, with specific work streams in place focusing on long waiting times, staffing and maternity. The programme has now entered phase 2 and good progress

has been made to date. NL CCG continues to work closely with NLaG to support delivery of the Improving Together Programme.

Workforce Challenges - Staff recruitment remains a challenge across healthcare service providers in North Lincolnshire; this remains an area of priority for local health services.

Patient Transport services provided by Thames Ambulance Service Limited (TASL) - NL CCG continues to receive concerns from local service users in relation to local Patient Transport Service provided by Thames Ambulance Service Limited (TASL). In response to these concerns, NL CCG facilitated a Quality Assurance visit in December 2017, to services provided by TASL at Scunthorpe General Hospital. During the visit, commissioners identified several areas for further improvement.

Mortality rates – Erika Stoddart referred to the rise in mortality rates at NLaG over the last couple of months. Members discussed the fact that NLaG is on the cusp and tends to tip over and under. The inclusion of patients who die within 30 days of discharge from the hospital was also discussed.

Agreed outcome:

(a)	Members received and noted the Integrated Governance Report – Quality, Performance and Finance – Part 1.
(b)	Members request that for future Governing Body meetings at least 30 minutes be allocated to the Integrated Governance Report.

10.2 (i) LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REVIEW REPORT 2016 - 2017

The Director of Nursing & Quality referred members to the Local Safeguarding Children Board (LSCB) Annual Review Report 2016 – 2017. Members were asked to receive and note the Annual Report. NL CCG supports the work of the LSCB both financially and in terms of partnership working to achieve the agreed multi agency priorities. The report provides a comprehensive account on the progress made against the priorities set for 2016 – 2017 which were: -

- To reduce harm from sexual exploitation
- To reduce the harm to children from sexual abuse
- To enhance Children’s emotional wellbeing and resilience

Agreed outcome:

(a)	NL CCG note and receive the Local Safeguarding Children Board (LSCB) Annual Review Report 2016 – 2017.
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10.2 (ii) NORTH LINCOLNSHIRE SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2016 - 2017

The Director of Nursing & Quality referred members to the North Lincolnshire Safeguarding Adults Board (SAB) Annual Report 2016 – 2017. Members were asked to receive and note the Annual Report. NL CCG support the work of the North Lincolnshire SAB both financially and in terms of partnership working to achieve the agreed multi agency priorities. The report provides a comprehensive account on the progress made against the priorities set for 2016 – 2017 which were: -

- To keep adults safe at home

To raise awareness on keeping people safe
To keep adults safe in care and health settings
The Board leads multi-agency safeguarding effectively

Agreed outcome:

(a)	NL CCG Governing Body note and receive the North Lincolnshire Safeguarding Adults Board (SAB) Annual Report 2016 – 2017.
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11.0 GENERAL

11.1 COMMITTEE REPORTING MECHANISMS

The Turnaround Director informed members that in future Chairs of Committees will produce an Opinion Report for the NL CCG.

Agreed outcome:

(a)	NL CCG Governing Body note that Opinion Reports will be prepared by Chairs' of Committees for presentation at future Governing Body meetings.
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12.0 REPORTS FOR INFORMATION ONLY

12.1 CCG ENGINE ROOM AGENDA ITEM LOG – DECEMBER 2017 – FEBRUARY 2018

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the NL CCG Engine Room Agenda item Log from December 2017 – February 2018
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12.2 CCG AUDIT GROUP SUMMARY OF THE MEETING OF 8 NOVEMBER 2017

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the Audit Group Summary of the meeting of 8 November 2017
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12.3 CCG QUALITY GROUP MINUTES OF THE MEETINGS OF: 27 SEPTEMBER 2017, 25 OCTOBER 2017 AND 22 NOVEMBER 2017

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the Quality Group Minutes of the meetings of 27 September 2017, 25 October 2017 and 22 November 2017.
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13.0 PUBLIC QUESTION TIME

There were no questions from members of the public. The Chair advised that questions from the public should be submitted 48 hours in advance. This would enable the NL CCG to provide the answer at the meeting or arrange for the appropriate member of staff to attend the meeting to respond to the question.

14.0 ANY OTHER BUSINESS

There were no items raised for discussion under any other business.

15.0 DATE AND TIME OF NEXT MEETING

Agreed outcome:

(a)	The 38 th Meeting of the North Lincolnshire Governing Body, <u>Public and Private</u> , will be held on:- Thursday 12 April 2018 13:30 – 17:00 Board Room, Health Place, Wrawby Road, Brigg
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Draft