


MEETING:	The 39 th Meeting, in Public, of the NHS North Lincolnshire Clinical Commissioning Group Governing Body.	 <p>GOVERNING BODY PUBLIC MEETING</p>
MEETING DATE:	Thursday 21 June 2018	
VENUE:	Boardroom, Health Place, Wrawby Road, Brigg. DN20 8GS	
TIME:	13:30 – 15.00 pm	

MINUTES OF THE MEETING

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Dr Faisal Baig	NLCCG Chair	NHS North Lincolnshire CCG
Erika Stoddart	NLCCG Vice Chair Lay Member Governance	NHS North Lincolnshire CCG
Emma Latimer	Chief Officer	NHS North Lincolnshire CCG
Julie Warren	Interim Chief Operating Officer/Director of Commissioning	NHS North Lincolnshire CCG
Emma Sayner	Chief Finance Officer	NHS North Lincolnshire CCG
Dr Gary Armstrong	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Hardik Gandhi	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 Shenderey	Secondary Care Doctor	NHS North Lincolnshire CCG
Heather McSharry	NLCCG Lay Member Equality & Diversity	NHS North Lincolnshire CCG
Janice Keilthy	NLCCG Lay Member Patient & Public Involvement	NHS North Lincolnshire CCG
IN ATTENDANCE:		
Sally Andrews	Project Officer/PA To record the minutes of the meeting	NHS North Lincolnshire CCG
Jilla Burgess Allen (rep Penny Spring)	Consultant in Public Health (People)	North Lincolnshire Council
John Pougher	Head of Governance	NHS North Lincolnshire CCG
Hazel Moore (rep Catherine Wylie)	Head of Nursing	NHS North Lincolnshire CCG
Edwina Harrison (Item 9.1)	Independent Chair	Local Safeguarding Children's Board (LSCB)
APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Geoff Day	Director of Primary Care	NHS North Lincolnshire CCG
Catherine Wylie	Director of Nursing and Quality	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler	Medical Director	NHS North Lincolnshire CCG
Dr Neveen Samuel	NL CCG Member/General Practitioner	NHS North Lincolnshire CCG
Penny Spring	Director of Public Health	North Lincolnshire Council

1.0 WELCOME, ANOUNCEMENTS, APOLOGIES AND QUORACY

1.1 WELCOME

The Chair opened the meeting and welcomed members and attendees to the 39th meeting, “in public” of the North Lincolnshire Clinical Commissioning Group Governing Body.

1.2 ANNOUNCEMENTS

Membership of the NL CCG Governing Body

(i)Chair of NL CCG

The Chair paid tribute to his predecessor, Dr Margaret Sanderson and wished to place on record the CCG’s thanks to Dr Sanderson for her hard work and commitment to the community of North Lincolnshire during her term of office.

(ii)Dr Gary Armstrong

The Chair informed the meeting that Dr Gary Armstrong had been appointed to the Governing Body as a GP member.

1.3 APOLOGIES FOR ABSENCE

(a)	Apologies for Absence were received, approved and noted from:- Geoff Day – Director of Primary Care Catherine Wylie – Director of Nursing & Quality Dr Robert Jaggs-Fowler – Medical Director Dr Neveen Samuel – NL CCG member/General Practitioner Penny Spring – Director of Public Health
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1.4 QUORACY

The Chair confirmed that the meeting was quorate to proceed.

2.0 PATIENT STORY

The Head of Nursing introduced the Patient Story about a patient’s experience of Maternity and Paediatric Services whilst managing mental health issues.

At the sixth month of her pregnancy, the patient became unwell, was diagnosed with high blood pressure and pre-eclampsia which necessitated admission to hospital where she remained for several weeks.

Whilst in hospital, the patient became increasingly concerned about her physical health, the health of her unborn twins and her mental wellbeing. The patient became stressed, upset and overwhelmed by the situation, but staff remained supportive throughout her stay and, wherever possible, accommodated all that she needed, often going over and above their duty to provide compassionate care.

The patient received care and support from a wide range of healthcare staff, including clinical and non-clinical, who provided consistent, holistic and focused care that catered to the patient’s specific emotional and physical needs. The patient’s mental health needs were taken into account at every stage and staff dealt with her in a caring and non-judgemental way.

The patient felt that the hospital staff managed her expectations and concerns extremely well and put her at ease when she became stressed or anxious. Staff

were consistent, sensitive, kind and caring and did all they could to ensure the patient had a positive experience whilst in hospital.

The twins were delivered at 33 weeks and shortly after were transferred to the Neonatal Intensive Care Unit (NICU) for further care and support where the patient and her babies continued to receive excellent care and support. Following a short stay in NICU, the patient and her babies returned home and recovered well.

The patient's experience of Scunthorpe General Hospital exceeded her expectations; largely due to the on-going commitment of staff who provided holistic, person centred care to the patient and her babies.

Effective communication between hospital staffs and between staff and the patient created a feeling of trust and support between that patient and her care team.

Members agreed there is a need to hear more stories like this one which demonstrates best practice in joined up care and a patient experience with a positive outcome.

(a) The NL CCG Governing Body noted the Patient Story.

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;

Agreed outcome:

(a)	The Vice Chair declared that she has stepped down as Director of Resources at Ongo and is now Director of Communities; involved in Community Developments; Director of Ongo Development; (i.e. providing a home for dementia patients); and Director of Ongo Recruitment (providing translators for the CCG).
(b)	Dr Armstrong declared that he is a partner in South Axholme Practice. A GP member of the federation and a Director of Serenity (a provider company).

4.0 GIFTS AND HOSPITALITY DECLARATIONS

Members were asked to state any Gifts and/or Hospitality received since the last Board Meeting held on 12 April 2018.

Agreed Outcome:

(a)	There were no gifts or hospitality declarations 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 12 April 2019.

The minutes of the NL CCG Governing Body meeting held on 5 April 2018 were submitted for approval:

Agreed outcomes:

(a)	The minutes of the meeting held on 12 April 2018 were approved as an accurate record of proceedings.
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6.0 ACTION LOG – ACTIONS UPDATE FROM 12 April 2018

(i) Acute Services Review
12 April 2018 – Minute 8.2

Agreed outcome:

(a)	The STP Director (CB) to attend the August Governing Body meeting to talk about Acute Services Review.
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(ii) Approval of Operational Plan Refresh
12 April 2018 – Minute 8.3

Agreed outcome:

(a)	EL confirmed that the plan was approved prior to submission. Close and remove from log.
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(iii) Strategic Risk Register
12 April 2018 – Minute 8.4

Agreed outcome:

(a)	The Head of Governance confirmed that the amendments have been completed by the appropriate Directors. Close and remove from log.
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7.0 MATTERS ARISING FROM THE MINUTES OF THE NL CCG GOVERNING BODY MEETING OF 12 April 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 12 April 2018, not already covered by the agenda.
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8.0 GOVERNANCE & ASSURANCE

8.1 USE OF CORPORATE SEAL

Agreed outcome:

(a)	The Chair reported 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 REPORT – June 2018

The Chief Officer reported the following new appointments to NL CCG

- (i) Gill Mackin has been appointed as Head of People, for 2 days per week wef 18 May – this will be a shared appointment with Hull CCG.
- (ii) Clare Linley has been appointed Director of Nursing & Quality and will join NL CCG on 3 September from Wakefield CCG.
- (iii) The Associate Medical Director interviews will take place on 28 June and 6 July.
- (iv) The Chief Operating Officer post is out to advert with a closing date of 29 June 2018.
- (v) A new Communications and Engagement Team dedicated to NL CCG has been appointed wef early August: Mark Williams has been appointed as Head of Communications; Amy Byard has been appointed as Communications Manager and Kirsten Spark has been appointed as Engagement Manager.

Directions Update

The Chief Officer advised members that NHS England have introduced a “Sunset Clause” in respect of legal directions which means that after a year of being in Directions, the CCG should automatically come out unless NHS England request otherwise. Whilst there are still some local issues to resolve, feedback about the CCG’s delivery from NHS England has been positive so hopefully this will occur which is positive news for staff and the system.

NHS England Medical Director to Visit North Lincolnshire

The Chief Officer reported that Professor Stephen Powis, NHS Medical Director was in the area on Friday June 8th visiting Hull CCG, Hull & East Yorkshire Hospital Trust and Scunthorpe General Hospital to discuss the Humber Acute Services Review. The Chief Officer welcomed the national spotlight falling on North Lincolnshire as it provides opportunities to highlight some of the exemplary work that goes on in the region, in spite of some of the challenges to be faced.

Chief Officer – Talent Board

The Chief Officer has been invited to join an NHS North Talent Board. The purpose of the Board is to identify and assist emerging leaders. It is proposed the Board will meet quarterly

NL CCG AGM

The AGM will be held on 28 June at The Angel Suite in Brigg. It is hoped members of the Governing Body will be free to attend.

NHS 70 years Celebrations

To celebrate the 70th birthday of the NHS, alongside thousands of other NHS staff around the country, there will be “Big 7tea” Party in Health Place on 5 July from 12 noon – 2 pm.

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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The Chief Officer referred members to the NL CCG Annual Report Summary which captures the key achievements and challenges over the past 12 months. The full report is available to view on the CCG website. Members commented on the need to refresh and update the pictures and graphics used in NL CCG Communications and Engagement material. The Chief Officer confirmed this is an area that will be addressed by the new NL CCG Communications and Engagement Team who start in August. The team will develop a Communications and Engagement Plan which will be brought to the Governing Body for approval.

Agreed outcomes:

(a)	The NL CCG Governing Body noted the Annual Report 2017 – 2018
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8.4 STRATEGIC AND TRANSITIONAL RISK REGISTER

The Head of Governance referred members to the report. The Strategic Risk Register identifies the risks to the delivery of the CCG's strategic objectives/intentions. This version of the Strategic Risk Register has two tabs, the second tab titled Transitional Risk Register. This part of the Strategic Risk Register focuses on those risks that threaten the achievement of the CCG's ability to meet the legal directions placed upon it by NHE England. Since the Governing Body reviewed the Strategic Risk Register, at the April 2018, meeting members were asked to note that key changes have been made to Risks ID 1 – 7, as detailed on the report and that Risk Appetite will be included in future versions of the Strategic Risk Register.

The Head of Governance reported that the risks are regularly challenged at the weekly Executive Team meeting and each risk has an assigned accountable officer.

The Chair referred to Risk ID 6 and the fact that the Medical QIPP Plan failed to make savings last year, is still deemed high risk and is there anything to provide assurance that this will be reduced.

The Chief Finance Officer informed the meeting that things are starting to get traction in this area. All 19 Practices are now signed up to Optimise RX and as prescribing spend is monitored closely via the Programme Delivery Board the medium risk rating of medium should prevail.

The Secondary Care Doctor informed the meeting that there are potential savings with Biologics such as **Adalimumab** and suggested this is looked into further as any savings will be offset against prescribing.

Agreed outcomes:

(a)	The NL CCG Governing Body received and noted the Strategic and Transitional Risk Register – June 2018.
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8.5 NL CCG Safeguarding Adults and Children Annual Report

The Head of Nursing introduced the second combined Safeguarding and Looked After Children, and Safeguarding Adults Annual Report 2017-2018. The report outlines the responsibilities of the CCG in respect to Safeguarding Children and Adults, and Looked after Children. The Head of Nursing drew members' attention to bullet point 5 on page 6 of the report and informed them that the role of Designated Adult Safeguarding Manager (DASM) has now been abolished.

The Children and Social Work Act has made several significant changes to the operation of multi-agency safeguarding children arrangements at both local and national levels, by amending the Children Act 2004. These arrangements will come into force during the 2018/2019 year.

The Act effectively abolishes Local Safeguarding Children Boards, removing the Children Act 2004 duties relating to them. In their place, it puts duties on three 'safeguarding partners' - the local authority, any Clinical Commissioning Groups operating in the area and the Chief Officer of Police - to make safeguarding arrangements that respond to the needs of children in their area.

Two or more areas can also combine their safeguarding arrangements, and one partner can undertake functions on behalf of the corresponding partner within the combined area (e.g. one Clinical Commissioning Group may carry out the functions of another Clinical Commissioning Group for the overall area).

In summary their main responsibilities are:

- To involve 'relevant agencies' in their area
- To identify and supervise the review of serious safeguarding cases in their area
- To publish their local safeguarding arrangements
- To arrange for independent scrutiny of their local safeguarding arrangements
- To publish a report every 12 months on what they and the relevant agencies have done as a result of the local safeguarding arrangements and how effective the arrangements have been in practice

CCG's are required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. These areas are covered in Section 3 of the report and include: -

The need for a clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements.

Clear policies setting out their commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.

Training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff are competent to carry out their responsibilities for safeguarding.

Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of LSCBs, SABs and Health and Wellbeing Boards.

Ensuring effective arrangements for information sharing.

Employing, or securing, the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Paediatrician for unexpected deaths in childhood.

Effective systems for responding to abuse and neglect of adults.

Supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not unduly risk averse.

Working with the local authority (LA) to enable access to community resources that can reduce social and physical isolation for adults

In addition

CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place. CCGs are responsible for securing the expertise of Designated Professionals on behalf of the local health system.

CCGs must gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. Assurance may consist of assurance visits, section 11 audits¹ and attendance at provider safeguarding committees.

The role of CCGs is also fundamentally about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable. CCGs need to demonstrate that their Designated Clinical Experts (children and adults), are embedded in the clinical decision making of the organisation, with the authority to work.

The responsibility for safeguarding rests ultimately with the Governing Body.

Appendix 2 of the report detailed the Safeguarding Leadership roles in North Lincolnshire for the period 2017 – 2018.

Agreed outcome:

(a)	The Chief Officer requested that the Safeguarding Leadership roles contained in the report be updated to reflect the changes of staff/Lay member's date of appointment and tenure of office to also be included.
(b)	The Lay Member – Equality and Inclusion will meet with the Designated Nurse – Safeguarding to discuss further, questions raised at the Quality, Performance and Finance Committee Meeting.
(c)	The NL CCG Governing Body noted the NL CCG Safeguarding Adults and Children Annual Report.

8.6 GOVERNING BODY RISK APPETITE

At the May Governing Body workshop, led by the Vice Chair, members' looked at individual and group risk profiles and determined that the group as a whole was well weighted between risk takers and risk avoiders. Members need to decide if the findings now need to be used when discussing issues/decisions that have risk implications.

Members also looked at risk appetite and split risks into 5 areas; Reputation; Compliance; Financial; Operational and Strategic.

Risk appetite categories are defined as: Minimal; Cautious; Balanced; Open and Hungry. (It was agreed at the workshop not to use the category "Hungry").

The Workshop outcome determined the Governing Body's risk appetite as follows:

Risk Type	Appetite	Maximum Score
Reputation	Cautious	6
Compliance	Cautious	6
Financial	Balanced	8
Operational	Open	12
Strategic	Open	12

¹ Section 11 Children Act 2004.

Agreed outcome:

(a)	The NL CCG Governing Body agreed the Governing Body's Risk Appetite as detailed in the table above.
(b)	The Governing Body was informed that Heads of Service will also undertake the Risk Appetite exercise for comparative purposes.
(c)	On behalf of the Governing Body the Chair thanked the Vice Chair for leading an enjoyable and rewarding interactive workshop.

(2.10 pm Dr Gary Armstrong arrived)

8.7 NL CCG FINANCIAL CONTROL, PLANNING & GOVERNANCE SELF-ASSESSMENT QUESTIONNAIRE

The Chief Finance Officer tabled the Financial Control, Planning and Governance self-assessment questionnaire, completion of which is a requirement from NHSE and requires Governing Body approval.

The Chief Finance Officer talked through the detailed assessment criteria explaining why some were categories were partially complete.

Members were asked to forward any comments to the Chief Finance Officer before 25 June 2018.

Agreed outcome:

(a)	The NL CCG Governing Body approves the CCG Financial Control, Planning and Governance Self-Assessment Questionnaire.
(b)	The NL CCG Governing Body delegate authority to sign the document, prior to submission to the Chief Finance Officer and the Chair of the Integrated Audit & Governance Committee.

9.0 QUALITY & PERFORMANCE

9.1 CHILDREN AND SOCIAL WORK ACT 2017 AND THE PROPOSED MULTI-AGENCY SAFEGUARDING ARRANGEMENTS

The Head of Nursing introduced the report by explaining that the Government had held a consultation on the changes to statutory guidance Working Together to Safeguard Children and new regulations stemming from the Act between October and December 2017. The Government's response to the consultation was released in February 2018.

The Act sets out provisions which:

Replace Local Safeguarding Children Boards (LSCB) with new local flexible multi-agency safeguarding arrangements led by three safeguarding partners (local authorities, clinical commissioning groups and chief officers of police). The Act places a duty on those partners to make arrangements to work together and with any relevant agencies for the purpose of safeguarding and promoting the welfare of children in their area.

Require safeguarding partners to identify and arrange for the review of serious child safeguarding cases which they think raise issues of importance in relation to their area.

Provide for the establishment of a national Child Safeguarding Practice Review Panel. The Panel will commission and publish reviews of serious child safeguarding cases which it thinks raise issues that are complex or of national importance.

Give local authorities and clinical commissioning groups joint responsibility for child death reviews, and enable a wider geographical footprint for these partnerships in order for them to gain a better understanding of the causes of child deaths in a local area.

The Head of Nursing explained that the report outlines the broad principles and changes that are required following the consultation. It is proposed that each statutory partner at Executive Director/Chief Constable/Chief Officer level will determine who they will appoint as the senior officer who can enact the responsibilities set out in Working Together 2018 and ensure full collaboration with the arrangements.

Initial proposals include:-

Local arrangements will be through a Multi-Agency Safeguarding Arrangements (MASA) Executive Board.

Delegation of attendance at the MASA Executive Board will be at Director/Chief Superintendent/Chief Officer (tier 2) level and would be representative of the three statutory safeguarding partners relating to safeguarding children and any relevant agencies whose involvement they consider may be required.

Functions of the MASA Executive Board would be assessment of need, strategy, budget setting, planning and delivery, establishing performance targets, quality and performance monitoring, compliance and oversight of child safeguarding practice reviews. These arrangements would supersede the current LSCB Executive Board.

Page 2 of the report explained the Government's Early Adopters Programme, the Interim Chief Operating Officer informed the meeting that NL CCG have submitted an application to join the programme. If the CCG is successful and can demonstrate a viable plan to implement the Multi Agency Reforms the CCG will be one of 10 local areas awarded seed funding, made available for activities during the 2018/19 financial year to help facilitate, test and disseminate new ways of working and have access to a government facilitator.

By June 2018 the Government will have established a new network of areas which have been chosen to become early adopters of the new arrangements, and the new national Child Safeguarding Practice Review Panel will become operational.

Between July - October 2018 early adopters will share their learning with other areas. There will continue to be updates after that period yet early adopters will need to share their learning early enough in the timetable so it can inform the plans and action taken by other areas.

The Chief Officer thanked the Head of Nursing for the report.

Agreed outcome:

(a)	The NL CCG Governing Body noted the Children and Social Care Work Act 2017 and the changes to statutory guidance.
(b)	The NL CCG Governing Body noted the proposals for NL CCG arising from the changes to statutory guidance.

9.2 INTEGRATED QUALITY, FINANCE AND PERFORMANCE REPORT

The Chair thanked the team that produced the report and commented that the Integrated Quality, Finance and Performance Report is working well. It enables the Governing Body to triangulate and clearly see inter-dependencies.

Finance (up to 30th March 18)

The Chief Finance Officer informed the meeting that the CCG has now had a full external audit which was very positive, there was a qualification about VFM which was not within budget; otherwise it was a clean audit.

The Chief Officer referred members to page 8 of the report – QIPP. At Month 12 the CCG achieved £9.553m of cash releasable savings against a target of £16.215m. Performance by scheme is illustrated in the table. The BCF Review line reflects the final agreement reached by the CCG and North Lincolnshire Council, which did not impact on the CCG's final financial position.

NLCCG have delivered the highest levels of QIPP across the Yorkshire and Humber region. Prescribing overspend is down, it is now in a balanced position.

North Lincolnshire CCG (the CCG) has reported an End of Year Deficit for 2017/18 of £6.025m, which is consistent with the Forecast Out-turn of the £6.3m Deficit reported during the final quarter of 2017/18, when the appropriate adjustment is made for the savings from the Category M prescribing agreement (which NHS England have decided to take as a central benefit).

In addition to limiting and containing its financial deficit to the forecast out-turn level agreed with NHS England at the end of 2017/18, the CCG met all its remaining financial targets and duties including:

Holding less than 1.25% of the relevant cash drawdowns as the closing bank balance at 31st March

Meeting all 4 Better Public Payments Targets regarding the payment of at least 95% of all valid invoices (from public and private organisations, by volume and number) within 30 days of receipt.

Achieving the Mental Health investment Standard, by increasing Mental health expenditure by 2.01% against the required increase of 2.00%.

Finally, the CCG's ability to out-turn in line with its agreed Forecast Out-turn is a significant achievement, which has not been possible universally for other CCGs in a similar situation. This stabilisation of the CCG's financial position, coupled with the expected indicative allocation from the Commissioner Support Fund of £4m means that the CCG is now well placed to achieve financial break-even in 2018/19, which will facilitate the CCG's case to come out of "Legal Directions" as soon as possible.

The Chief Finance Officer thanked the Finance Team for their continued hard work and support during the Deputy Director of Finance's absence and informed the meeting that Louise Tilley will act up as Deputy Director of Finance during his absence. He is doing well and will be pleased to know that the CCG is delivering.

Performance and Contracting

Referral to Treatment times at Northern Lincolnshire & Goole NHS Foundation Trust (NLG) and Hull and East Yorkshire Hospitals NHS Trust (HEY) did not meet

required levels in March 2018. NLaG also reported a significant number of patients waiting longer than 52 weeks for an appointment in March 18. Plans for 2018/2019 have been agreed with the provider to ensure that at least a 50% reduction in these breaches will be delivered, with an aspiration to have no 52 week waits. The plan is also for the overall waiting list size not to increase above the level reported in March 2018. The Interim Chief Operating Officer informed the meeting that there are weekly meetings with NLaG.

The Accident & Emergency (A&E) 4 Hour wait did not achieve the required 95% or the improvement trajectory of 90% in March 2018. Trajectories have been agreed with the provider which sees the position improve to 90% by August 2018; the improvement trajectory also meets requirements set out in 2018/2019 planning guidance. The findings of the Emergency Care Improvement Programme review of the Trusts A&E service at both Scunthorpe hospital and Diana Princess of Wales hospital sites are being implemented and overseen by the Unplanned Care Board.

Performance against the Cancer 2 week waiting time standard remains strong in NLaG and HEY, but there has been a reduction in performance against both the Cancer 31 Day and Cancer 62 Day waiting time pathways. Improvement trajectories have now been agreed for 62 Day Cancer waiting times for 2018/2019.

All Mental Health performance targets achieved required levels in 2017/2018.

Ambulance response times were not formally judged in the latter part of 2017/2018, but providers did become accountable for performance against these targets in April 2018. As part of the 2018/19 contract planning arrangements, the lead commissioner has agreed for additional funding to be made available to East Midlands Ambulance Service (EMAS); this funding will be linked to the delivery of the ambulance response programme targets.

Quality

The Head of Nursing informed the meeting that the CCG continues to work jointly with partners to develop quality across the North Lincolnshire place. (A summary of current areas of concern and examples of good practice identified across the locality are provided on page 23 of the report).

Concerns include the clinical impact of long waiting times, with an increasing number patients waiting longer than 52 weeks for treatment across several services; staff recruitment and retention across hospital and primary care services; increase in the number of community and hospital acquired ***Clostridium Difficile*** cases reported in North Lincolnshire; delayed ambulance response times, potentially leading to increased risk of patient harm and concerns in relation to the timeliness, and the quality of response provided by local mental health services to patients that require emergency mental health services in North Lincolnshire.

Examples of good practice include good assurance identified in quality assurance visits to Paediatric Services at Scunthorpe hospital and successful appointment of a substantive Head of Midwifery position at Northern Lincolnshire and Goole NHS Foundation Trust.

The CCG continues to drive improvement through the quality assurance and contract management processes, and these areas of pressure continue to be reviewed on a system wide footing as part System Improvement Board.

The Chair queried the conditions of the Commissioner support fund, the Chief Finance Officer confirmed that we must meet standards and meet the trajectory.

The Chair commented that the Acute Trust presents a challenge regarding its workforce. Following the Government's recent announcement about relaxing visas for GPs, he wondered if there are there any plans afoot regarding overseas recruitment in view of the significant substantive gaps and locum reliance. He suggested that the CCG make the Trust aware that it is willing to help in this area if required.

Agreed outcomes:

(a)	The Interim Chief Operating Officer will make enquiries to see if there are fresh plans for recruitment arising from the relaxation of GP visas.
(b)	The Trust to be made aware that the CCG will help in any way it can in this area.

The Consultant in Public Health queried why data relating to bowel screening was absent from the report.

Agreed outcome:

(a)	The Interim Chief Operating Officer to speak to the Director of Primary Care about the inclusion of bowel screening data.
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The Chair thanked the officers involved for producing an informative report.

Agreed outcome:

(a)	The NL CCG Governing Body approved the Integrated Governance Report – Quality, Performance and Finance – May 2018.
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10.0 STRATEGY
10.1 PROGRAMME BRIEFS

The Interim Chief Operating Officer/Director of Commissioning referred members to the report. The Governing Body agreed its strategic priorities for 2018/19 in March 2018. These comprise six programmes; Prevention; Primary Care; Acute Commissioning; Out of Hospital Model; Vulnerable People and Medicines Optimisation. Each programme has been aligned an identified Clinical and a Strategic lead and programme briefs have been developed for these programmes. A number of these programmes have been further broken down to sub-programme level:

Programme	Sub-programmes
Acute Commissioning	Planned Care
	Unplanned Care
Primary Care	Estates and Transformation
	Investment
	Local Digital Roadmap
	Recruitment and Retention
	Sustainability
	Out of Hospital
Vulnerable People	Continuing Healthcare
	Mental Health & Learning Disability
Medicines Management	Medicines Optimisation

The Interim Chief Operating Officer explained that the brief for the Prevention programme will be finalised once the GP lead for prevention is in post. Delivery of

these programmes is monitored by the Programme Delivery Board which meets monthly.

Each programme will be required to identify the quality and financial benefits. At this stage, financial savings, where applicable are described at programme level, however these will be further articulated and profiled within project level plans. This delivery will also be monitored via the Programme Delivery Group.

The Chief Officer felt that the Programme Briefs were not easy to follow and requested more summarised, succinct presentation next time which includes QIPP and the RAG rating. The Governing body need to see a snapshot when the programme briefs are presented for assurance.

Agreed outcome:

(a)	The NL CCG Governing Body approved the NL CCG Programme Briefs.
(b)	Executive Sponsor section - Richard Young's details be removed and the correct Executive Sponsor be included.
(c)	Future Programme Briefs for the Governing Body to include QIPP details and Rag rating. A more summarised and succinct presentation is also required.

11.0 GENERAL

11.1 ANNUAL GENERAL MEETING

The Chief Operating Officer informed the meeting that the CCG has to hold an Annual General Meeting in public after the Annual report has been signed off by internal and external auditors. This year it is being held on Thursday 28th June between 1.15 - 4pm at the Angel in Brigg. It will inform the public about the past year, the plans for 2018/19 and a celebration of the work the CCG has done during 2017/18. Due to the close proximity of the NHS 70th celebration date it will also show how the NHS has changed over that period. The agenda for the afternoon was included in the report.

Agreed Outcome:

(a)	The NL CCG Governing Body noted (i) that the AGM will be held on Thursday 28 June and (ii) the agenda for the meeting.
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12.0 REPORTS FOR INFORMATION ONLY

12.1 NL CCG QUALITY, PERFORMANCE AND FINANCE CHAIR'S SUMMARY REPORT

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the NL CCG Quality, Performance and Finance Chair's Summary Report.
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12.2 CCG INTEGRATED AUDIT & GOVERNANCE COMMITTEE CHAIR'S SUMMARY REPORT

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the NL CCG Integrated Audit & Governance Committee Chair's Summary Report.
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12.3 JOINT CCG PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S SUMMARY REPORT

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the Joint Primary Care Commissioning Committee Chair's Summary Report.
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12.4 PLANNING & COMMISSIONING COMMITTEE CHAIR'S SUMMARY REPORT

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the Planning & Commissioning Committee Chair's Summary Report.
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12.5 NORTH LINCOLNSHIRE COUNCIL HEALTH & WELLBEING BOARD MEETING - MINUTES 16 March 2018.

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the minutes of the meeting of the North Lincolnshire Council Health & Wellbeing Board meeting held on 16 March 2018.
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12.6 LEARNING DISABILITY MORALITY REVIEW ANNUAL REPORT

The Learning Disabilities Mortality Review (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities; identify learning from those deaths; and take forward the learning into service improvement initiatives. It is being implemented at the time of considerable spotlight on the deaths of patients in the NHS, and the introduction of the national Learning from Deaths framework in England in 2017. The programme is led by the University of Bristol, and commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England.

The programme has developed a review process for the deaths of people with learning disabilities. This report is the first annual report of the data that has been submitted centrally to review these cases and is brought to the Board for information.

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the Learning Disability Morality Review Annual Report brought before them for information.
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13.0 PUBLIC QUESTION TIME

The Chair informed the meeting that 2 questions, with sub-questions, had been submitted by Mr Ian Reekie, 48 hours in advance of the meeting. Question 1 – Place Based Plan Engagement and Question 2 – Commissioning Acute Care from Private Sector Providers and Health Inequalities. The Chair had agreed with Mr Reekie, in advance of the meeting, that in the interests of managing time fairly it would not be possible to accommodate both of the questions and sub-questions. Mr Reekie agreed to withdraw Question 1 – Place Based Plan Engagement and raise that at the AGM on 28 June.

Mr Reekie informed the Governing Body that the question includes 3 link parts, which he read out:-

Question – Commissioning Acute Care from Private Sector Providers and Health Inequalities.

In view of NLaG's unacceptably long referral to treatment times, is it the intention of the CCG to seek to commission additional acute care from private sector providers with spare capacity in the current financial year bearing in

mind that in 2017/18 spending with private sector providers represented just 3% of the CCG's acute care expenditure compared with 4.7% in Hull, 5.2% in the East Riding and 6.5% in North East Lincolnshire?

Response:

The Chief Finance Officer responded by saying that the CCG will retain ultimate financial flexibility whilst working alongside NLaG to identify the care needs of the population which will involve additional services in the private sector. Private sector activity is driven by patients' choice. The CCG will keep looking at overall need.

(Mr Reekie read parts 2 and 3 together)

Given that referrals to private acute providers are likely to result in better outcomes due to shorter waiting times and guaranteed hands on consultant care, what steps are the CCG taking to ensure that the greater propensity of the more socio-economically advantaged to exercise patient choice does not further exacerbate health inequalities in North Lincolnshire?

In particular how does the CCG intend to address the significant variation in private sector referral rates between its rural and urban based member practices which in 2017/18 ranged in value from 9.9% in Kirton Lindsey and 8% in Barnetby to under 1% at Market Hill and the Birches?

The Chair asked for clarity regarding where Mr Reekie had obtained these very informative figures from. Mr Reekie replied they were obtained via Freedom of Information requests to each of the Humber CCGs.

The Chief Finance Officer advised that the CCG are the responsible commissioners providing timely services regardless of setting.

The CCG wants ultimate flexibility, providers within a close proximity and private providers are taken into account. Providers driven by patient choice and the priority is the need of the patient

The Chair thanked Mr Reekie.

The Interim Chief Operating Officer informed the meeting that a question from a member of the public had been received through the contact us mail box. The Chair stated he had not been made aware of this question and asked the present members of public whether any of them had submitted a question relating to Ophthalmology for this meeting – there were no affirmative replies.

Agreed outcome:

(a)	The Chair confirmed that a written response would be sent to the question relating to Ophthalmology.
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14.0 ANY OTHER BUSINESS

The Chair welcomed Edwina Harrison, Independent Chair of the Local Safeguarding Children's Board (LSCB) who wished to speak to the Board about item 9.1 Children and Social Work Act 2017 and the proposed Multi Agency Safeguarding Arrangements (MASA). The Chair explained to Ms Harrison that the Governing Body had already dealt with this item earlier in the meeting and invited Ms Harrison to move further towards the Board table to ensure members could hear her.

Ms Harrison referred to the Act and the significant changes, i.e. the LSCB has been removed and is no longer a statutory requirement. North Lincolnshire Children's Services is rated as outstanding as it the LSCB and there has been confidence in the level of challenge and scrutiny employed.

The proposed new arrangements need to be in place by September 2019 and consideration needs to be given about future arrangements between the Local Authority, Police and the CCG who will be the key leaders under the new proposals.

Ms Harrison identified some areas for consideration:
Will the Standards Board morph into the new Board?
Will the funding be equitable in the future?

Will there still be an independent chair?

North Lincolnshire has applied to be an early adopter; under the new multi-agency arrangements.

In response to a question about why the changes have happened, Ms Harrison expressed the opinion that the changes have come about due to Ofsted's opinion of Safeguarding Boards and the outcome of Serious Case Reviews.

Safeguarding Adult Boards will continue and remain on a statutory basis. Under the new strategic guidance the 3 key partners will plan both the new arrangements and the transitional arrangements including those for serious case reviews. Ms Harrison expressed concern that under the new arrangements the new Boards, would no longer be statutory, therefore, would not carry the same authority.

Members did not raise any questions when invited by the Chair who thanked Ms Harrison for attending and apologised for the confusion regarding the timings of her attendance.

15.0 DATE AND TIME OF NEXT MEETING

Agreed outcome:

(a)	The 40 th Meeting of the North Lincolnshire Governing Body, Public and Private , will be held on:- Thursday 9 August 2018 13:30 – 17:00 Board Room, Health Place, Wrawby Road, Brigg
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