


MEETING:	The 42nd Meeting, in Public, of the NHS North Lincolnshire Clinical Commissioning Group Governing Body.	 GOVERNING BODY PUBLIC MEETING
MEETING DATE:	Thursday 13 December 2018	
VENUE:	Boardroom, Health Place, Wrawby Road, Brigg. DN20 8GS	
TIME:	13:30 – 3.45 pm	

MINUTES OF THE MEETING

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Dr Faisel 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
Emma Sayner	Chief Finance Officer	NHS North Lincolnshire CCG
Alex Seale	Chief Operating Officer	NHS North Lincolnshire CCG
Geoff Day	Director of Primary Care	NHS North Lincolnshire CCG
Dr Satpal Shekhawat <i>Withdrew for item 9.2 3.32 – 3.35 pm</i>	Medical Director	NHS North Lincolnshire CCG
Clare Linley	Director of Nursing and Quality	NHS North Lincolnshire CCG
Dr Neveen Samuel	NL CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Salim Modan	NLCCG Member/General Practitioner	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 Pratik Basu	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Heather McSharry	NLCCG Lay Member Equality & Diversity	NHS North Lincolnshire CCG
Cheryl George <i>Rep Penny Spring</i>	Consultant in Public Health	North Lincolnshire Council
IN ATTENDANCE:		
John Pougher	Head of Governance	NHS North Lincolnshire CCG
Mike Napier	Associate Director of Corporate Affairs	Hull CCG

Edwina Harrison Item 8.3 2.45 – 3.00 pm	Independent Chair	Local Safeguarding Children's Board (LSCB)
Sarah Glossop Item 8.3 2.45 – 3.00 pm	Designated Nurse – Head of Safeguarding	NHS North Lincolnshire CCG
Vicki Robinson Item 9.2 3.32 – 3.35 pm	Senior Manager	Attain
Sally Andrews	Project Officer/PA To record the minutes of the meeting	NHS North Lincolnshire CCG
APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Richard Shenderay	Secondary Care Doctor	NHS North Lincolnshire CCG
Janice Keilthy	NLCCG Lay Member Patient & Public Involvement	NHS North Lincolnshire CCG
Penny Spring <i>Rep by Cheryl George</i>	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 42nd meeting, "in public" of the North Lincolnshire Clinical Commissioning Group Governing Body.

1.2 ANNOUNCEMENTS

The Chair welcomed Alex Seale, Chief Operating Officer who joined the CCG on 5 November 2018; and Dr Pratik Basu, NLCCG Member/General Practitioner who was elected to the Governing Body by the Council of Members.

1.3 APOLOGIES FOR ABSENCE

Apologies for absence were received, approved and noted from:

Dr Richard Shenderay – Secondary Care Doctor
Janice Keilthy – Lay Member – Patient & Public Involvement
Penny Spring – Director of Public Health

1.4 QUORACY

The Chair confirmed that the meeting was quorate to proceed.

2.0 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;

Item 9.2 MSK Route to Procurement, Dr Shekhawat declared a direct pecuniary interest as a current provider of the Service.

Agreed outcome:

(a)	The Chair confirmed that Dr Shekhawat would be asked to withdraw from the meeting when item 9.2 MSK Route to Procurement is considered by the Governing Body.
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3.0 GIFTS AND HOSPITALITY DECLARATIONS

Members were asked to state any Gifts and/or Hospitality received since the last Governing Body Meeting held on 11 October 2018.

Agreed Outcome:

(a)	There were no gifts or hospitality declarations reported by members of the NL CCG Governing Body.
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4.0 MINUTES OF THE NL CCG GOVERNING BODY MEETING HELD ON 11 OCTOBER 2018.

The minutes of the NL CCG Governing Body meeting held on 11 October 2018 were submitted for approval:

Agreed outcomes:

(a)	<p>Action: Subject to the following amendments, the minutes of the meeting held on 11 October 2018 were received and approved as an accurate record of proceedings.</p> <p>Page 7 item 8.2, Lincolnshire Health Awards, first line to read “The Chief Officer was delighted to report”;</p> <p>Page 9 item 9.1 Integrated Quality, Finance and Performance report; Quality – After “It would appear that the Trust is struggling” add “to comply with statutory reporting requirements”.</p> <p>Page 10 Serious Incident Board (SIB) to read System Improvement Board; and</p> <p>Page 19 – Abbreviations – (SIB) Serious Incident Board to read System Improvement Board;</p>
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5.0 ACTION LOG – ACTIONS UPDATE FROM 11 October 2018

MoU between NHSE and Public Health regarding bowel screening data and is it possible for the CCG to use the data for comparative purposes.

The Consultant in Public Health has received data pertaining to 2017 so more recent data has been requested which, when available, will be shared.

Agreed outcome:

(a)	Action: Retain on log, close when updated information obtained.
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Min 10.2 - Strategy – Draft Commissioning Strategy

Clinical Leads and timescales to be included in the Commissioning Strategy.

Action: This was confirmed as complete, close and remove from the action log.

The Commissioning Strategy to be reviewed at the next Governing Body development session.

Action: This will be covered at the session in January 2019, close and remove from the log.

The NL CCG Governing Body will review the Commissioning Strategy when the new National Guidance is published by the NHS in the autumn.

Action: Close and remove from the log.

NL CCG Governing Body members to virtually feedback any comments to the Interim Chief Operating Officer/ Director of Commissioning.

Action: Close and remove from the log.

All the above to be looked at following release of the NHS Plan in autumn.

Action: It is expected the NHS Plan will be available next week. Close and remove from the log.

Min 9.1 – Integrated Quality, Performance and Finance Report

The DoN&Q will provide an update on mixed sex accommodation at the next meeting.

Action: An update is contained within the Integrated Quality, Performance and Finance report to be considered at today's meeting. (Agenda item 8.1, Page 16, item no. 3.10): Close and remove from the log.

Min 9.3 NLaG CQC Report

The DoN&Q to provide regular progress reports to the Governing Body.

Action: NLaG CQC update to be considered at today's meeting. (Agenda item 8.2). Close and remove from the log.

Min 9.3 NLaG CQC Report

The DoN&Q to provide details of the next Inspection date.

Action: To be discussed today as part of agenda item 8.2, close and remove from the log.

Min 10.3 2018/19 System Winter Plan

A progress report on how the North Lincolnshire A&EDB 2018/19 System Winter Plan to be brought back to the Governing Body.

Action: The Chief Operating Officer confirmed that the Winter Plan is approved and in place. A verbal update will be provided at the February meeting – (add to the agenda). Close and remove from the log.

Min 10.4 Delegated responsibility for the Commissioning of Primary Services

NL CCG Governing Body approve that the final decision be delegated to the CCG Chair and Accountable Officer following the Council of Members meeting on 25 October 2018.

The Chair confirmed that the Council of Members unanimously voted to support the move to delegated responsibility on 25 October 2018. The application has been submitted to NHSE and will be considered by a panel next week. The CCG will find out the decision in January 2019.

Action: Close and remove from the log.

Min 13.1 Governing Body Workplan

ICS to be added to the Workplan. The HoG to update the workplan to reflect amendments to Officers' portfolios as they occur.

The HoG confirmed that the workplan has been updated and is subject to revision.

Action: Close and remove from the log.

6.0 MATTERS ARISING FROM THE MINUTES OF THE NL CCG GOVERNING BODY MEETING OF 11 OCTOBER 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 11 October 2018.
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7.0 GOVERNANCE & ASSURANCE

7.1 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 held on 11 October 2018.
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7.2 CHIEF OFFICER'S UPDATE REPORT – December 2018

The Chief Officer began her update by thanking members and staff for their continued hard work and support during 2018, during which challenges were met as a team in order to make the changes required.

Recent new appointments, Alex Seale, Chief Operating Officer and Dr Pratik Basu, NL CCG member, have strengthened the team and North Lincolnshire CCG is now on the right track, heading in the right direction with some notable achievements made this year.

The Chief Officer extended her thanks to all members of the public who took the time to contribute to the work of NL CCG; through attending the local Patient Participation Group or any other meetings as feedback plays a pivotal role in determining local services.

Long term plans for the NHS – Members were informed that the NHS has just launched its ten year vision, which has been called the Long Term Plan. The plan is based around life stages with intervention programmes that focus around early life, staying healthy and ageing well. Clinical priorities include cardio-vascular, cancer and respiratory, learning disabilities, autism and mental health.

The ‘enablers’ for the Long Term Plan will be workforce, primary care, digital innovation and technology, research and engagement.

At the regional meeting in York recently, NHS Chief Executive Simon Stevens shared the Long Term Plan and CCGs were asked specifically to contribute to three areas – workforce, improving productivity and efficiency and the development of integrated care systems.

Under the Long Term Plan, by 2020, every Sustainability and Transformation Partnership in the country will become an integrated care system where NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources and improving the health of their populations.

Although it is early days, The Chief Officer confirmed it is going to be a key element and focus for North Lincolnshire CCG over the coming months in terms of how our own strategy aligns to the priorities of the wider plan.

Lincolnshire Health Awards 2018 – The Chief Officer was delighted to report that North Lincolnshire was heavily represented at this year’s Lincolnshire Health Awards in Lincoln. Almost 300 people attended and two of the winners came from NL CCG. The Birches Medical Practice in Scunthorpe won GP Practice of the Year for the really innovative work they have done to help the homeless in the town centre; and Ancora Healthcare Limited won Pharmacy of the Year. It was good to see Trent View Medical Practice and Damian Limited recognised for their hard work in the community.

The Chief Officer felt this was a credit to all of the people and practices involved and the work would be strengthened in 2019.

Delegated Commissioning of Primary Care – The Chief Officer confirmed that the CCG has submitted an application to take on delegated commissioning of primary care. This is a positive way forward as it will allow

the CCG to have more influence over primary care resource in conjunction with practices.

Winter reporting – Members were advised that daily winter reporting began last month and the CCG has refined its system plans in preparation for colder weather. The CCG is working with partners to promote the appropriate use of urgent healthcare services; the aim is to give members of public a better understanding of how to find their quickest treatment. More information is available at www.staywellthiswinter.co.uk

The Chief Officer concluded her final update of 2018 by asking staff and members to reflect on what has been an exceptional year for North Lincolnshire Clinical Commissioning Group in terms of what has been achieved as a team and wished all a Merry Christmas and a Happy New Year.

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the Chief Officer's Update for December 2018.
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8.0 QUALITY, PERFORMANCE AND FINANCE

8.1 INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT – DECEMBER 2018

(The Chair confirmed this paper was for discussion not decision).

The Chief Finance Officer advised that since the previous meeting the report had been amended to include additional information in relation to the following:

Dementia Diagnosis Rates in Primary Care

CQC inspection update in relation to North Lincolnshire care homes and GP Practices

National Quality Requirements for GP Out of Hours services

SUMMARY FINANCIAL POSITION

The Chief Finance Officer reported that at Month 7 the CCG has reported a Year to Date overspend of £697k which is £236k less than plan. The main areas driving this overspend are Acute Services, offset by under spends in Prescribing and Running Costs. Members were informed that the Financial Recovery Plan is still on track.

Acute Services

At Month 7 the CCG has reported a YTD overspend of £1.083m in Acute Services. Across the acute contracts the CCG has continued to see cost pressures, mainly in non-elective activity. As reported previously the CCG is aware of a new data set for emergency activity which could be driving some pressure. Work continues in this area and the CCG will be looking at escalating the impact of this with NHS England and NHS Improvement as providers are not allowed to unilaterally change how they count and code data.

Northern Lincolnshire and Goole Hospitals NHS FT (NLaG)

Discussions with NLAG continue to be held on a weekly basis. There remain a number of outstanding issues, which until resolved make it difficult for the CCG to accurately forecast a contract position for 2018/19.

Mental Health Services

Mental Health Services continue to report a YTD underspend due to lower than expected costs for Specialist Mental Health and Learning Disability Placements. The values reported at Month 7 are based on the latest available Broadcare data. The CCG continues to support Rotherham Doncaster and South Humber Mental Health FT (RDaSH) to cleanse this data, and to date no issues with a significant financial consequence have been found.

The forecast for Mental Health Services includes additional funding which the CCG has agreed for Liaison Psychiatry Services.

Discussions have been held about specialist mental health regarding the transactional parts of the contract.

Primary Care Services

The YTD underspend relates mainly to Prescribing which was £725k under spent at Month 7. This comprises a YTD underspend on PMD prescribing costs of £409k based on Month 5 PMD data and a benefit from prior year of £316k. The CCG continues to take a prudent approach to the forecast as prescribing spend is historically volatile.

Risks - Managing activity within Acute Services remains a risk to the CCG's financial position. Work continues with NLAG to address data, quality and performance concerns, alongside the continued work to support their most fragile services by diverting new referrals to alternative providers. The CCG's other Acute contracts continue to be monitored monthly.

The values reported for Specialist Mental Health and Learning Disability packages are based on current live packages. We are aware, particularly through our work with the Transforming Care Partnership, of some planned NHS England Step Down patients who would become the commissioning responsibility of the CCG which would result in a cost pressure for the CCG.

Revenue Resource Limit

The annual Revenue Resource Limit for the CCG was £236,577k for both 'Programme' and 'Running' costs. This has increased by £605k in October, £1,000k received for the quarter 2 CSF offset by £390k transferred to Lincolnshire West CCG regarding the Hawthorn and Scotter Practice Merger and a reduction of £5k for the Excess Treatment programme.

The Year to Date QIPP achievement at Month 7 was £3.649m against a target of £3.498m.

Forecast Position

At Month 7 the CCG is forecasting a £2.6m over-spend by 31 March 2019 which is in line with plan.

The forecast QIPP achievement at Month 7 was £7.509m against a target of £5.997m

Performance and Contracting

Referral to Treatment times at Northern Lincolnshire & Goole NHS Foundation Trust (NLaG) and Hull and East Yorkshire Hospitals NHS Trust (HEY) continued to fall below required standards in September 2018, and NLaG has reported an increase in the number of breaches against the 52 weeks waiting time standard.

Improvement actions include the reconfiguration of acute clinics, further development of primary care services, increased activity in community services and review of patient follow-up appointments. The 2018/2019 recovery plan is in place to ensure that the waiting list does not continue to grow and to reduce those waiting over 52 weeks by at least 50%, ideally to eliminate altogether.

There are challenges in Pain services and ENT due to capacity constraints and the Trust are working with an alternative provider to assist in the intervening period. Orthopaedics issues at SGH will be addressed when Job planning changes take place. The position is challenging due to staffing shortages and increasing consultant sick leave in General Surgery and Anaesthetics. The Trust also report additional pressure due to the increasing cancer referrals for Urology, Lung and Gynaecology in particular.

NLaG failed to achieve the A&E 4 Hour waiting time improvement trajectory in September 2018 but the Trust did see an improvement in performance compared to the previous month. During September 18, a 7 day pilot was held in A&E in order to test delivery of an Urgent Treatment Centre (UTC). Initial data suggests 100% performance was achieved against the 4 hour wait in Minors and there were significantly improved ambulance turnaround times. Work is ongoing to embed these changes in order to support winter and improve performance.

Performance against the 62 Day Cancer waiting times continues to under achieve but September does show an improved position. Plans have been developed by divisions in NLaG and are being incorporated into a comprehensive improvement plan. Timescales for delivery are being confirmed with Divisions and the improvement plan focuses on Colorectal, Lung, Upper GI, and Urology.

Action plans have included the following:

1. Vetting of 2ww referrals to reduce un-necessary diagnostic requests and ensure the 'patient is in the right place first time'.

2. Implementation of Best Practice Treatment pathways (faster diagnosis pathways) – nationally published pathways for Colorectal, Lung, Prostate
3. Capacity and demand work across the pathway (outpatients, diagnostics, theatres etc) to inform pathway redesign.
4. Risk stratified follow up pathways – funding received from Cancer Alliance for a Project Manager and Cancer Care co-ordinators to support the Living with and beyond cancer work stream.
5. Inter Provider Transfer cancer tracker funding received from Cancer Alliance to improve communication and smoother transfer of patients between NLAG and tertiary centres.

Diagnostic 6 Week waiting times remains another area of significant concern, specifically in relation to MRI performance. There continues to be issues with the reliability of the Scunthorpe CT scanner and mobile DPOW scanner.

Plans are being drawn up to improve 6 weeks diagnostics including both the actions linked to improvement of the 62 day cancer waiting times, Implementation of Best Practice Treatment pathways (faster diagnosis pathways) and capacity and demand work across the pathway to inform pathway redesign.

Mental Health performance remains strong, with IAPT on track for delivering the increased target level for entering treatment levels, and consistently achieving both 6 and 18 week waits, and recovery levels.

Quality

The main quality concerns currently affecting North Lincolnshire relate to Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH). A summary of these concerns is provided below with further details provided in Section 3 and Section 4 of this report.

1. Concerns identified from recent serious incidents (SI's) and incidents at NLaG.

The CCG has identified concerns in relation to a number of recent SI's within the Trust where a lack of robust systems and processes have apparently contributed to the incident. These include:

- a) the Trust's systems and processes for tracking patient waiting times
- b) lack of system failsafe or alerts in respect of a server not being active and resulting in failure to generate discharge summaries to primary care
- c) delay in the identification, reporting and investigation of 11 pressure ulcers meeting the SI criteria

2. Care Quality Commission inspection at NLaG

Since the previous report the CCG has identified that further assurance is required in relation to progress made by the Trust against the CQC Must Do and Should Do actions at operational level. The CCG has submitted a formal

request to the NLaG Quality Review Meeting to request that this information is provided at the QRM in December 18.

3. Quality Risk Profile at NLaG.

In November 2018 the CCG, in collaboration with the Trust and other CCG's, completed a Quality Risk Profile (QRP) of NLaG services. The QRP was undertaken in response to the CQC's findings from their latest inspection of the Trust.

A QRP of Trust services was previously undertaken in October 2017 resulting in an average risk score of 14. The latest QRP identified an average risk score of 11; this is an improvement of the previous score. Most areas of risk identified by the QRP have already been identified by the Trust and are being addressed as a priority.

4. Mental Health Crisis Services provided by RDaSH.

The Director of Nursing & Quality reported that during quarter 2 2018/19 the CCG received concerns from GP colleagues that high risk patients were not being referred to the correct pathway due to potential flaws in the telephone triage process within the Crisis service in North Lincolnshire.

The CCG Quality Team undertook a review of the service to identify whether the cluster of concerns identified was indicative of a broader system wide issue. The review identified that there are currently no systematic concerns regarding the clinical assessment element of the telephone triage process within the Crisis service.

Emergency Practitioner Service at NLaG – more robust data is being sought, the number of visits requested and the number of visits undertaken. The Chair reported that clinicians are not happy with capacity issues and the data provided.

Agreed outcome:

(a)	Emergency Practitioner Service to be considered by the NL CCG Planning and Commissioning Committee.
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Ambulance Response Times – The DoN&Q advised that she is taking the lead on this and preparing a report. (It was noted that timings in the report did not match – i.e. Cat 1 Sept 18 and red and green transposed for Cat 4 Sept 18.)

Flu Vaccinations it was reported that the uptake figures are better than initially thought.

The Chair commented that the report is getting better.

Agreed outcome:

(a)	The CFO and the DoN&Q to meet to discuss and determine how levels of assurance should be graded for future reports.
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The Chair confirmed that item 8.3 would be considered next

8.3 LOCAL SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT

The Chair welcomed Edwina Harrison, Independent Chair of the Local Safeguarding Children's Board (LSCB), accompanied by Sarah Glossop, CCG Designated Nurse and Head of Safeguarding. The Chair invited Edwina to address the meeting.

Edwina Harrison referred members to the report previously circulated. She explained that the purpose of the LSCB Annual Report 2017/18 is to evaluate the effectiveness of the Local Safeguarding Children Board (LSCB) and its safeguarding arrangements for children and young people in North Lincolnshire. The report covers the LSCB's core business, the effectiveness of multi-agency practice to safeguard and protect the welfare of children and young people, the progress made against LSCB priorities and areas of challenge made by the LSCB to make a difference to the lives and experiences of children, young people and families in North Lincolnshire.

The areas of focus for 2018/19 are also outlined in section 6. The LSCB is effective in driving and shaping how local services work together to safeguard and promote the welfare of children and young people.

Members were informed that in 2017/18, the LSCB continued to have strong and consistent leadership through the Independent Chair and the Director of Children and Community Resilience. Local strategic leaders and senior political leaders have a clear Line of Sight of the safeguarding agenda in North Lincolnshire and the work of the LSCB. The arrangements enable the statutory functions of the Board to be met, priorities to be managed and effectively progressed and new developments to be implemented.

Through the LSCB and the underpinning sub groups' partnership working is established at all levels and partners share a clear vision and commitment for safeguarding children. Partners are engaged in the safeguarding agenda and demonstrate mature relationships with respectful challenge. There are also strong linkages to other key boards and partnerships which ensures that priorities are shared and embedded to enhance ownership and commitment as well as increasing opportunities for collaborative working to keep children and young people safe in North Lincolnshire.

The LSCB has responded quickly and proactively to legislative and national policy changes in safeguarding children including the Children and Social Work Act 2017 and the consultation on the draft Working Together to Safeguard Children 2018 statutory guidance subsequently published in June 2018. Over the next year, new multi-agency safeguarding arrangements will replace LSCBs with more flexible local arrangements led by three safeguarding partners (local authorities, clinical commissioning groups and chief officers of police) with a duty on those partners to work together, also with any relevant agencies, for the purpose of safeguarding and promoting the welfare of children in the area. As part of the Government's Early Adopters programme, North Lincolnshire is in a strong position to build on our already robust arrangements and develop new innovative multi-agency safeguarding

arrangements as we move towards 'beyond outstanding'. Work is ongoing to develop and implement new innovative approaches to multi-agency safeguarding processes from which learning can be shared across other areas.

The LSCB had an embedded learning and improvement framework in place, which includes LSCB training – The LSCB training programme is extensive and offers a wide range of courses associated with safeguarding at different levels using a range of training methods to ensure training is accessible to diverse groups including professionals, carers and also voluntary and community agencies (including e-learning, workbooks, face to face training and bespoke packages).

Training is of a high quality, delivered by knowledgeable and engaging trainers with examples of positive impacts on practice such as, clarification of roles and enhanced knowledge and skills to engage and work with children, young people and families.

Following the LSCB Conference on Messages from Research in Practice – A Focus on Adolescents, there are ongoing developments relating to evidence based professional practice with adolescents. The LSCB also considers research in developing strategies, action plans, policies, procedures and practice.

Members were advised that there are robust processes in place for LSCB members to oversee audits undertaken by case managers to have sight on frontline practice. LSCB members focus on how well the child's lived experience is at the centre of multi-agency work and the quality of this work. Feedback is provided to practitioners and managers involved in the cases and opportunities for strategic learning and development are also explored. In 2017/18, there has been a focus on intra-familial child sexual abuse, child sexual exploitation and child criminal exploitation and there is evidence of increasing levels of contribution, competence and evaluation. Line of Sight meetings have generated a huge evidence base of effective local practice and learning which the LSCB has utilised to further develop multi-agency practice.

There is a dedicated Serious Case Review subcommittee and transparent scheme of delegation in place. In 2017/18, the LSCB did not submit any serious cases to the National Panel of Independent Experts on Serious Case Reviews for their consideration. During the year, a review of practice of health service involvement in one case was completed which resulted in enhanced early help processes and pathways within maternity and paediatric services.

The Northern Lincolnshire Child Death Overview Panel is now embedded and enables shared learning across North Lincolnshire and North East Lincolnshire. In 2017/18 there were developments in relation to premature births and the sharing of good practice for the safe sleeping of babies.

During 2017/18, representatives of the group continued to meet regularly to jointly audit cases and explore specific themes or areas of multi-agency

working. The range of auditing highlighted some excellent examples of how multi-agency practice at different points of the safeguarding pathway is responding to childrens' needs in ways that are focused, timely and proportionate. The group acts as one of the information sources for the Safeguarding Pathway Lead Officers Group in relation to learning from case audit findings.

The LSCB is committed to communicating and engaging with professionals working with children and young people, parents/carers, children and young people themselves, the public and others interested in safeguarding and the welfare of children and young people. A communication and engagement framework has been developed and there is evidence of activity using a variety of methods to engage various audiences. A Twitter account @SafeNorthLincs is the latest communication mechanism to be developed and provides an opportunity to share messages and raise awareness to a broad audience.

There are well embedded scrutiny and assurance arrangements in place through the Section 11 challenge process. In 2017, there was a focus on early help, and the process was also an opportunity to holistically evaluate agencies work to safeguard and promote the welfare of children and young people and to assess their preparedness as we transition to the new multi-agency safeguarding arrangements. Other opportunities for scrutiny and assurance are through the schools safeguarding audit and in 2017/18, all schools engaged in the audit, the outcomes of which highlighted consistently good practice in relation to safeguarding across schools, academies and colleges. The Local Authority Designated Officer (LADO) team is well established within the Independent Reviewing Service and in 2017/18, LADO activity has ensured that children are protected and provided with services where assessed as in need.

On behalf of the CCG the Chair thanked Edwina for her informative report and congratulated her on the LSCB's outstanding achievements during her tenure of office as Independent Chair.

Edwina Harrison and Sarah Glossop left the meeting at 3 pm.

8.2 NORTHERN LINCOLNSHIRE & GOOLE NHS FOUNDATION TRUST: CARE QUALITY COMMISSION UPDATE

The DoN&Q informed members that Northern Lincolnshire and Goole NHS Foundation Trust (NLG) continues to provide monthly updates on progress against the Must Do and Should Do actions that were identified by the CQC during their latest inspection of the Trust's services to the System Improvement Board Patient Safety Group (SIBPSG).

The CCG has identified that the structure currently in place to gain assurance that progress is being made is robust, however the explicit focus on operational assurance around delivery of the CQC actions at the NLG Quality Review Meeting (QRM) requires strengthening.

The Trust has mapped the CQC Must Do and Should Do actions to its Improving Together Programme work streams and into its 'business as usual' plans. Whilst this approach supports the Trust in embedding and sustaining improvements it is difficult for the CCG(s) to identify where progress has been made at operational level as this is not currently explicitly identified in the Trust's updates to the SIBPSG or the NLaG QRM.

In response to this the CCG(s) is seeking to improve the line of sight of progress against Must Do and Should Do actions by strengthening the QRM and refocusing the CCG Risk and Quality Operational Group to review assurance of progress made against the CQC actions at operational level.

The CCG is currently unable to make a comprehensive assessment of progress made against the must do and should do actions in the CQC Improvement Plan due to lack of operational level progress updates provided by the Trust.

Agreed outcome:

(a)	NLCCG Governing Body received the update report and noted the assurance provided.
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9.0 STRATEGY

9.1 OUT OF HOSPITAL TRANSFORMATION

The Chief Operating Officer referred members to the report previously circulated. The Governing Body has been reviewing the community services it commissions over the last year or two in light of the agreed vision for more services to be delivered out of hospital and closer to people's homes. A decision was taken at the Governing Body workshop held in June 2018 to work with our current providers, in partnership, to shape a new integrated out of hospital model. The current main provider of community health services is Northern Lincolnshire and Goole NHS Foundation Trust (NLAG). North Lincolnshire Council provides care services in the community, Rotherham, Doncaster & South Humber NHS Foundation Trust provides mental health services and there are also a range of community and voluntary sector providers.

In terms of the current contract with NLAG for community health services, separate work is ongoing to monitor the current contract via the Contract Management Board and several meetings have been held with Directors of the two organisations to outline the work required during this review period.

It was agreed to establish a Transformation Board with all the system leaders represented to develop a strategy to oversee the development of the integrated model of out of hospital provision working with the above organisations and other partners who are major stakeholders in community services including primary care, GP federation (Safecare) & East Midlands Ambulance Service (EMAS).

In parallel to the above a North Lincolnshire Health and Care Place Plan has been in development and an outline plan has been taken to the Health and Wellbeing Board. The ambition, over the next five years, will focus on transforming the lives of people of North Lincolnshire through developing a

SUSTAINABLE - ENABLING - Integrated care system across all life stages and levels of need that empowers our local population unlocks and builds community capacity.

The purpose of the Transformation Board is to provide system leadership to shape and deliver an integrated model for out of hospital services for both adults and children. The Transformation Board has been established to oversee the development of a model of out of hospital services (including physical and mental health needs) that takes account of future needs, and is developed around the person and their needs, and uses innovative technologies to provide a sustainable model. Its principal outcome will be to improve health and care services and the health and wellbeing of children, young people, adults and communities in North Lincolnshire.

The key aims are to:

- Develop models of delivering integrated out of hospital services
- Broker integration of care
- Commission innovation & outcomes
- Promote understanding of current community services contracts

Senior leaders from the Council, CCG, NLAG, RDaSH, EMAS, Safecare and the voluntary sector are members of the Board. Following the inaugural meeting in July, a Working Group has been established and first met in August to develop key priorities.

Reporting into the Transformation Board is a Working Group. The purpose of the Working Group is to set up and oversee delivery of a Transformation Programme to enable a model of out of hospital care to be developed at pace. The Working Group is the forum for an in-depth discussion about models of out of hospital services; ensuring that the integrated model supports both physical, emotional and mental health needs of adults and children.

At the first Working Group meeting the group agreed a number of priority areas for transformation, such as, Frailty, Care Networks and Gateway to Care. The Working Group agreed a number of Task and Finish Groups to progress the agreed priority areas. Progress of each of the Task and Finish Groups can be found in the next section.

The Working Group has met on a number of occasions and is monitoring delivery against the agreed Transformation Plan and providing assurance to the Transformation Board that the agreed outcomes are being delivered. The Transformation Board will receive Progress Reports from the Working Group on a monthly basis

There is a clear case for change for improving out of hospital services, such as, a rapidly ageing population with more complex health and social care needs and a rising demand and growing costs across the system. The Out of Hospital Transformation Programme consists of a number of Task and Finish Groups have been developing and delivering their plans. Many of the groups form the foundations for a new model for out of hospital services.

The CCG is working together with its population, professionals and partner agencies to design a blueprint for the future delivery of services that would meet the needs of the population both now and in the future.

The vision is to move care closer to home and away from hospital and into the community; avoiding clinically unnecessary hospital appointments and ensuring hospitals can focus on the patients with the most complex of needs. We need to ensure the local population are empowered to take control of their health and wellbeing; ensuring the finite financial resources of Health and Social Care can be used to the maximum effect. We want the North Lincolnshire pound to provide the best value for money that we can achieve for the local population.

By offering integrated services at times required to meet the needs of the community the aim is to reduce reactive, unplanned care and do more planned care earlier. People will receive care which is more timely and organised to meet their specific needs. The services people need will be co-ordinated across providers; providing a flexible pattern of delivery across health and social care and the wider partnerships and assets within local communities, ensuring care is co-ordinated and seamless as one coherent package with a focus on prevention, helping recovery and promoting independence.

Agreed outcome:

(a)	The NL CCG Governing Body received the update on the Out of Hospital Transformation Programme and agreed and approved the direction of travel for the services.
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9.2 MSK ROUTE TO PROCUREMENT

3.32 pm, Owing to a direct pecuniary interest Dr Satpal Shekhawat left the meeting while this item was considered.

3.32 pm, Vicki Robinson joined the meeting for this item.

North Lincolnshire Clinical Commissioning Group (NL CCG) made a decision in December 2017 to continue to work with Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) to enable it to transform its services to meet current and future demand.

The CCG Executive Board (Oct 18) and the Planning and Commissioning Committee (Nov 18) agreed to proceed to full procurement for an Integrated MSK, Pain and Rheumatology Community Service.

This paper outlines the proposal to develop and procure an Integrated Musculoskeletal, Pain and Rheumatology Community Service and the planned impact from moving activity from the acute provider into a community-based service for North Lincolnshire. It explores:

Background and drivers for the service

Strategic alignment to the CCGs priorities

Objectives and aims of the service, including outline service model

Commissioning/Procurement Options – with a recommended option to go out to full procurement for an Integrated Musculoskeletal, Pain and Rheumatology Community Service.

Route to Procurement – Full open market Procurement
Potential Financial impact

It was confirmed that secondary care clinicians have been consulted about the proposals.

Agreed outcome:

(a)	NL CCG Governing Body approves the full procurement of an Integrated MSK, Pain and Rheumatology Community Service as detailed in the report.
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The Chair thanked Vicki Robinson and Dr Hardik Gandhi for their work in this area,

3.35 pm Dr Satpal Shekhawat re-joined the meeting and Vicki Robinson left the meeting.

10.0 GENERAL

Nothing presented for consideration under this category.

11.0 REPORTS FOR INFORMATION ONLY

11.1 NL CCG QUALITY, PERFORMANCE AND FINANCE COMMITTEE 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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11.2 NL CCG INTEGRATED AUDIT & GOVERNANCE COMMITTEE 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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11.3 NL CCG PLANNING & COMMISSIONING COMMITTEE SUMMARY REPORT

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the NL CCG Planning & Commissioning Committee Chair's Summary Report.
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11.4 NL CCG JOINT PRIMARY CARE COMMISSIONING COMMITTEE SUMMARY REPORT

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the NL CCG Joint Primary Care Commissioning Committee Chair's Summary Report.
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11.5 NORTH LINCOLNSHIRE CHILDREN'S MULTI-AGENCY RESILIENCE & SAFEGUARDING BOARD – BRIEFING ON NEW ARRANGEMENTS

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the North Lincolnshire Children's Multi Agency Resilience and Safeguarding Board briefing on new arrangements.
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11.6 CCG FINANCIAL CONTROL SELF-ASSESSMENT CHECKLIST Q2

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the Q2 Self-Assessment position of NL CCG in relation to Financial Control, Planning and Governance.
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12.0 ANY OTHER BUSINESS

It was reported that a funding bid for the Humber Coast and Vale has been successful, £88 million is earmarked for buildings and infrastructure.

13.0 DATE AND TIME OF NEXT MEETING

Agreed outcome:

(a)	The 43rd Meeting of the North Lincolnshire Clinical Commissioning Governing Body, Public and Private , will be held on:- Thursday 14 February 2019 13:30 – 17:00 Board Room, Health Place, Wrawby Road, Brigg
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Abbreviations

A&E	Accident and Emergency
A&EDB	Accident & Emergency Delivery Board
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CFO	Chief Finance Officer
CQC	Care Quality Commission
CSF	Commissioner Sustainability Fund
CT scan	Computerised tomography scan
DoN&Q	Director of Nursing and Quality
DPoW	Diana Princess of Wales Hospital
ENT	Ear, Nose and Throat
EMAS	East Midlands Ambulance Service
GP OOH	General Practitioner Out of Hours
HEY	Hull and East Yorkshire Hospitals NHS Trust
HoG	Head of Governance
ICS	Integrated Care System
LADO	The Local Authority Designated Officer
LSCB	Local Safeguarding Children's Board
MRI	Magnetic resonance imaging
MSK	Musculoskeletal
NL CCG	North Lincolnshire Clinical Commissioning Group
NLaG	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
PMD	Prescribing Monitoring Document
QIPP	Quality, Improvement, Productivity and Prevention
QRP	Quality Risk Profile
RDaSH	Rotherham, Doncaster and South Humber Mental Health
SGH	Scunthorpe General Hospital
SI's	Serious Incidents
SIBPSG	System Improvement Board Patient Safety Group
Upper GI	Upper gastrointestinal
UTC	Urgent Treatment Centre
2ww	2 week wait
YTD	Year to date