

Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 10th August 2017

MEETING:	33rd Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 <p style="text-align: center;">GOVERNING BODY PUBLIC MEETING</p>
MEETING DATE:	Thursday 08 June 2017	
VENUE:	Board Room, Health Place, Brigg	
TIME:	13:30 – 14:55	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Dr Margaret Sanderson (<i>MS</i>)	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Ian Reekie (<i>IR</i>)	CCG Vice Chair CCG Lay Member, Joint Commissioning	NHS North Lincolnshire CCG
Liane Langdon (<i>LL</i>)	Chief Officer	NHS North Lincolnshire CCG
Ian Holborn (<i>IH</i>)	Chief Finance Officer	NHS North Lincolnshire CCG
Catherine Wylie (<i>CW</i>)	Director of Nursing & Quality	NHS North Lincolnshire CCG
Dr Robert Jaggs- Fowler (<i>RJF</i>)	Medical Director/Director of Primary Care	NHS North Lincolnshire CCG
Erika Stoddart (<i>ES</i>)	CCG Lay Member, Governance	NHS North Lincolnshire CCG
Janice Keilthy (<i>JK</i>)	CCG Lay Member, Patient and Public Involvement	NHS North Lincolnshire CCG
Heather McSharry (<i>HM</i>)	CCG Lay Member, Equality and Diversity	NHS North Lincolnshire CCG
Dr Faisal Baig (<i>FB</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Christine Nield (<i>CN</i>)	Consultant in Public Health	North East Lincolnshire Council
Penny Spring (<i>PS</i>)	Director of Public Health	North East Lincolnshire Council
IN ATTENDANCE:		
Martina Skellon(<i>MSk</i>)	Office Manager (<i>Minute Taker</i>)	NHS North Lincolnshire CCG
Julie Killingbeck (<i>JKi</i>) (Agenda item 6 only)	Head of Primary Care	NHS North Lincolnshire CCG
Sally Czabaniuk (<i>SC</i>) (Agenda item 7 only)	Engagement Manager - Communications and Engagement Team	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Richard Young (<i>RBY</i>)	Director of Commissioning	NHS North Lincolnshire CCG
Dr Satpal Shekhawat (<i>SS</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Neveen Samuel (<i>NS</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Andrew Lee (<i>AL</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY		
MS welcomed all members and public attendees to the thirty-third meeting 'in public' of the Clinical Commissioning Group Governing Body. Apologies for absence were received and noted, as detailed above. It was noted that the meeting was quorate to proceed.	Decision: Noted	Chair
2.0 DECLARATION OF INTERESTS		
The Chair invited those with any Declarations of Interest, not previously declared, to make them known to the meeting. The Chair welcomed PS. PS advised that she had no interests to declare.	Decision: Noted	Chair

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3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 13 APRIL 2017		
<p>Page 5 HMcS advised that her question was not how quickly we would be expected to implement any changes, but rather whether we would have time for any consultation process.</p> <p>Page 1 SS advised that his title was CCG Member/General Practitioner and not CCG Lay Member, Governance.</p> <p>The minutes from the meeting on 13th April were approved.</p>	Decision: The minutes from the meeting of 13 April 2017 were approved	Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 13 APRIL 2017		
<p>7.7 Individual Funding Requests Work was on-going. Item closed and removed from the Action Log.</p> <p>9.1 Assurance Framework Report Assurance framework AO1 had been updated. Item closed and removed from the Action Log.</p> <p>Strategic Objectives Meeting to discuss strategic objectives arranged for 26 June 2017. Governing Body Workshop to take place on 13 July 2017. Item closed and removed from the Action log.</p> <p>Risk Registers Discussed at Executive Team Meeting on 30 May 2017 and at Governing Body Meeting today. Item closed and removed from the Action log.</p> <p>9.5 Finance & Performance ToR Item placed on the Private section of the Agenda for meeting today. Item closed and removed from the Action log.</p>	Decision: All Actions were completed, closed and removed from the Action Log.	Chair
5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
<p>The Chair advised that there was nothing on the Agenda specifically about Finance, which should appear at the top of the agenda at every meeting.</p>	Decision: Noted MSk	Chair
6.0 PRIMARY CARE STRATEGY		
<p>RJF advised that the Strategy had never come to Governing Body for ratification.</p> <ul style="list-style-type: none"> The Action Plan at the back of the Strategy contained dates which had now passed. RJF advised that he would be happy to update those timelines if required. It was also noted that the red, amber and green columns had not yet been completed. RJF advised that these would be updated. IR queried whether there had been any intention to review enhanced services. It was explained that a review was under way and this would be discussed at the next CoM as the contract with NLaG could not be agreed. IR queried therefore whether there might have to be an interim arrangement. It was also queried what the implications for enhanced services would be in view of the National negotiations taking place this year, which would take into account QoF payments. It was acknowledged that trying to develop the wellbeing hubs was a slow process. Meetings had been planned to develop them in conjunction with PPG representatives and voluntary services. 	Decision/Action The Primary Care Strategy was ratified by the Governing Body. RJF	JKi

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<ul style="list-style-type: none"> Developing utilised estates – it was acknowledged that this was slightly complicated as the CCG did not own the premises GPs worked from. Most GPs in North Lincolnshire owned their GP practices. Funds would be drawn down where available to alter premises, but it was emphasized that the money available for this would be quite small. RJF explained a considerable amount of public engagement was taking place, not only through the six monthly Health Matters Forum, but also through experience led commissioning. At group practice level, engagement was taking place through the PPG annual conference and regular group sessions. There was an indication that learning lessons was taking place. It was acknowledged that some PPGs were very good and JK had been attending PPG meetings. There was some confusion about the STP and JK will attend the next Chair's Forum to discuss this in more detail and to ensure PPGs are involved in any developments. It was agreed that some PPGs were better supported by their practices than others. CN explained that PPGs presented a real opportunity to link in with other parts of the community and the voluntary sector and questioned whether this was something which could be developed. CN requested a meeting with JK outside today's meeting to discuss the recruitment of Practice Champions. <p>The Governing Body agreed to ratify the Primary Care Strategy.</p>	<p>CN/JK</p>	
7.0 DEVELOPMENT OF NORTH LINCOLNSHIRE CCG PATIENT & COMMUNITY ASSURANCE GROUP (PCAG)		
<p>DoN&Q presented the paper.</p> <ul style="list-style-type: none"> The purpose of the group was to provide independent assurance to the CCG Governing Body that effective robust structures, processes and accountabilities were in place for engagement with local people. To inform the commissioning decision of the organisation and ensure that NLCCG appropriately and effectively fulfilled the statutory duty for public involvement outlined in the Health & Social Care Act (2012) and the NHS Constitution (2013). It was queried whether there would be room for representation on the PCAG from equality groups e.g disability, LBGT. It was acknowledged that certain groups within the community were difficult to engage and the PCAG might have to address this. It was agreed it was important to have the right mix of people on the group with the right skill base and to ensure they were representative of the local community. 24 seats had already been taken. It was agreed that the group should not become too big, which would make it unwieldy. It was suggested that perhaps some of the equality characteristics could be split up. LL reminded the Governing Body that this was not an engagement group, but an assurance group. Training was discussed. It was acknowledged that HMCS, as lay member for Equality & Diversity would have a key role in this. 	<p>Decision/Action Governing Body agreed to the Proposal.</p>	<p>DoN &Q</p>

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<ul style="list-style-type: none"> IR advised that this paper was really welcome. He had spoken to Graham Prestwich from Leeds North CCG who chaired the same group. It was acknowledged that the success of the group would partly depend on the enthusiasm of the members. The draft recruitment information was discussed. It was important group members were not asked to take on too much. Meetings would be monthly initially and bi-monthly thereafter. It was queried whether this would be too much of a commitment for some. It was agreed that the recruitment information should state that members sign up to Embrace. The information should also go onto the mailing lists of VANL and community and voluntary sector bodies. Minor typos were noted as follows: Page 4. 10. Terms of Office – first paragraph should read “with an option”, not “which an option.” Page 4. 12 Resource implications – “initial” spelt wrong. Pages 2, 3 and 4 feed back had been written as one word rather than two. <p>The Governing Body approved the development of the CCG PCAG.</p>		
8.0 CHAIR/CHIEF OFFICER UPDATE		
<p>It was queried whether the Governing Body could provide an update in a public meeting due to Purdah. Part of the update would take place in the private meeting, however there were some key things to note:</p> <ul style="list-style-type: none"> The CCG did not yet have a signed contract with our acute provider. Budget completed and risk profiles identified as a problem. NLCCG would be re-submitting its Operational Plan on 12 June 2017 and would continue to develop its QIPP programme for the year ahead. This would present a number of challenges. Our A&E performance was one of the worst in the country and this position would continue to be challenged and subjected to scrutiny. 2ww for cancer, priority national indicator 62 day wait marker. This was an additional risk as £8.3m was dependent on the achievement of this marker. This would put the CCG at risk for the STP. The Risk Register should be updated to reflect this failure. 	<p>Decision/Action: Risk Register to be updated.</p> <p>JP</p>	<p>Chair /CO</p>
9.0 PATIENT STORY		
<p>The Governing Body watched a You Tube clip from NHSE entitled “The Last 1000 Days”. Following the clip there was a brief discussion.</p>	<p>Decision/Action Noted</p>	<p>DoN &Q</p>
10.0 CORPORATE GOVERNANCE AND ASSURANCE		
10.1 Assurance Framework Report		
<p>The DoN&Q advised that the purpose of the paper was to inform the Governing Body of the risks to the delivery of the North Lincolnshire CCG (NL CCG) strategic objectives and risks.</p> <p>The paper contained a presentation of the risks in column format. Work was ongoing to add additional columns to the format to address the risk tolerance and provide an effective tracker of risk movements. The format would be developed in light of feed back, the requirements of the CCG and best practice guidance.</p>	<p>Decision/Action The Assurance Framework Report was received and noted</p>	<p>DoN &Q</p>

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<p>Discussion:</p> <ul style="list-style-type: none"> The focus tended to centre on the format but there was not a lot of challenge around the content. There was agreement that further work was necessary. The Strategic objectives and associated risks for the CCG would be reviewed at a workshop on 13th July 2017. Aggregate risks also needed to be looked at and ES had met with JP Risk appetite discussed. It was argued that there was no sense regarding whether the risks were acceptable or not. LL advised this information was on the last version and it was possible this had been lost on formatting the document. It was suggested that vulnerability and speed of onset needed to be included. It was noted that The Institute of Risk Management had some good practice steps regarding Risk Registers. DoN&Q advised that the risk register and the assurance framework were still being muddled. The Framework was about setting objectives and the risks to achieving that whereas the risk registers agreed the risk in the organisation. It was agreed that it would be helpful if JP had another meeting with ES before the workshop. The person responsible for the risk should advise what they intended doing about the risk. This element should be included. If there was a risk which the CCG could not control to an acceptable level, the CCG should have a contingency plan. This had not been identified in the paper which had been presented. <p>The Governing Body received and noted the Governing Body Assurance Framework and Corporate Risk Register.</p>	<p>JP/ES</p>	
<p>10.2 Quality Report</p> <p>Key points included:</p> <ul style="list-style-type: none"> Enhanced surveillance taking place with NLaG. The CCG had received a raft of assurance about how NLaG were addressing problems, but had not seen much evidence of change. Main concerns related to a Section 29a letter regarding maternity, RTT and A&E urgent care services. The CCG continued to work with NLaG on issues. Concerns around EMAS not meeting targets. EMAS had also received a S29a notice from the CQC. Improvement observed from HEY, had been full turnaround and performance in some areas had improved. In terms of quality they have not been getting the same Serious Incidents. CHC – KPIs had been formulated to identify more efficient ways of working and more effective pathways for patients. The team were confident their QIPP plan would be achieved. It was queried what a “Commissioning incident meeting SI criteria” meant. DoN&Q provided an explanation. There was a query regarding CHC data and whether any comparisons had been made between NLCCG and other organisations. DoN&Q advised that the KPIs could be benchmarked against other CCGs. DoN&Q advised outliers were being placed on fully continuing healthcare rather than being considered for funded nursing care instead. This issue was being addressed. It was noted on Page 4 of the report, that CCG was used instead of CQC 	<p>Decision/Action The Quality Report was received and noted.</p>	<p>DoN &Q</p>

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<p>in relation to inspections at the Trust. This error had also been repeated in the table format.</p> <p>The Report was noted and received by the Governing Body.</p>		
<p>10.3 Corporate Performance Executive Summary The main points of the report were summarised by the CO as follows:</p> <ul style="list-style-type: none"> • The Overall Constitution Indicator Performance illustrated that the required level of performance was being achieved. • The MH Care Programme Approach (CPA) needed to be looked at as it had an amber rating. • The 18 week RTT continued to underperform and continued to fall significantly below required levels. • An increase in the RTT>52 week position was noted. NLaG were working on this issue. • A&E year- end position finished on 87.4% which had increased slightly. • 62 Day Cancer RTT rate had declined in the last six months. • The rest of the report captured information about the dashboard. • Urgent care was being looked at. • It was noted that CCG was not expected to receive any Quality Premium Funding, regardless of actual performance on the relevant clinical targets, as a result of the CCG's forecast financial deficit. <p>The Governing Body received and noted the Corporate Performance Report.</p>	<p>Decision/Action The Corporate Performance Executive Summary Report was received and noted.</p>	CO
<p>10.4 CCG Audit Group Summary Report</p> <ul style="list-style-type: none"> • Audit meeting had been held on 24 May 2017 with KPMG to discuss the annual accounts. • The auditors had made some minor comments regarding the remuneration report. • The Governing Body congratulated the Finance team on their achievements. <p>The Governing Body received and noted the verbal update.</p>	<p>Decision/Action The Audit Group Summary Report was received and noted.</p>	Chair of Audit
<p>10.5 Joint Commissioning Committee Summary Report</p> <ul style="list-style-type: none"> • IR provided an update on the Market Hill Practice Procurement. The General Election Purdah had caused a delay in the launch of this which would have a knock on effect on the re-procurement timetable. It was felt that extension to the existing Market Hill contract would be necessary to provide time to consult on the proposed specification, but as there would not be any change to services the CCG ought to be able implement changes from 1 April 2017. • HMCK declared an interest in this development as a Market Hill patient. <p>The Governing Body received and noted the Summary Report.</p>	<p>Decision/Action The Joint Commissioning Committee Summary Report was received and noted.</p>	Chair of JCC
<p>10.6 CCG Executive Team Meeting Summary Report</p> <p>The CCG Executive Team Meeting Summary Report was received and noted.</p>	<p>Decision/Action The CCG Executive Team Meeting Summary Report was received and noted.</p>	CO
<p>10.7 CCG Quality Group Minutes</p>	<p>Decision/Action</p>	DoN

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SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
It was noted that IR's title had been incorrectly recorded as CCG Lay Member, Patient and Public Involvement. This should read CCG Lay Member, Joint Commissioning.	Received and noted	&Q
10.8 CCG Engine Room – Agenda Item Log: February 2017 & March 2017 Received and noted.	Decision/Action Received and noted	Chair
11.0 SUSTAINABILITY & TRANSFORMATION PARTNERSHIP		
Update: STP Delivery The update was received and noted.	Decision/Action Received and noted	CO
12.0 PUBLIC QUESTION TIME		
No members of the public were present.	Decision/Action Noted	Chair
13.0 ANY OTHER BUSINESS – URGENT ITEMS BY PRIOR NOTICE		
There was no other business.	Decision/Action Noted	Chair
14.0 DATE AND TIME OF NEXT PUBLIC MEETING		
Thursday 10 th AUGUST 2017 at 13:30 Board Room, Health Place, Brigg	Decision: Noted	Chair
15.0 DATE AND TIME OF FUTURE MEETINGS		
Thursday 12 October 2017, 13.30, Board Room, Health Place, Brigg	Decision: Noted	Chair
Thursday 14 December 2017, 13.30, Board Room, Health Place, Brigg	Decision: Noted	Chair