**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY**

**MINUTES OF THE MEETING HELD ON THURSDAY 15 JUNE 2017 AT 1PM**

**SOCIAL ENTERPRISE CENTRE, 84 WELLINGTON STREET, GRIMSBY DN32 7DZ**

**PRESENT:**

Mark Webb Chair

Dr Derek Hopper Vice Chair of CoM

Helen Kenyon Deputy Chief Executive

Laura Whitton Interim Chief Finance Officer

Jan Haxby Director of Quality and Nursing

Tim Render Lay Member Governance and Audit

Juliette Cosgrove Strategic Nurse

Dr Peter Melton Clinical Chief Officer

Joe Warner Managing Director – Focus independent adult social care work

Dr Rakesh Pathak GP Representative

Dr Thomas Maliyil Chair Council of Members

Dr Arun Nayyar GP Representative

**IN ATTENDANCE:**

Councillor Hyldon-King Deputy Leader and Portfolio Holder for Health, Wellbeing and Adult Social Care

Councillor Patrick Portfolio Holder for Finance and Resources

Helen Askham PA to Executive Office (Minutes Secretary)

**APOLOGIES:**

Philip Bond Lay Member Public Involvement

Dr David James Secondary Care Doctor

Stephen Pintus Director of Public Health

**1. APOLOGIES**

Apologies were noted as above.

**2. CONFLICTS OF INTEREST**

Helen Kenyon, Cllr Patrick and Cllr Hyldon-King did not comment on agenda item 5 due to conflicts of interest.

**3. APPROVAL OF THE MINUTES OF PREVIOUS MEETING:**

The minutes of the Governing Body held on 9 March 2017 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

All matters arising were noted as completed.

1. **STRATEGIC CASE FOR CHANGE**

*Helen Kenyon, Cllr Patrick and Cllr Hyldon-King did not comment on this agenda item due to conflicts of interest.*

A presentation was given to the Governing Body to discuss the Strategic Case for Change and accept and agree the changes made following discussions at previous Partnership Board meetings and at the Council of Members meetings.

The Governing Body noted the following regarding the Strategic Case for Change:

* Both organisations will continue to exist and will retain ultimate accountability
* What will be delegated to the ‘union’ will be determined/approved by CCG Gov.Body/CoM & NELC Cabinet – working principle will be that it should be included unless there is legal/statutory limitation or a good reason for it not to be
* CCG & Council overarching governance will not change (CoM, Gov. Body, Community Forum, Cabinet & Full Council etc) – need to ensure the ‘union’ element does not add another ‘layer’ of governance
* Some amendments to CCG/Council constitutions would be required as the proposal would change high level scheme of delegation to reflect items that both organisations have agreed to delegate to the ‘union’ element
* Each organisation will retain the ability to move areas back to their own direct control should circumstances occur where this was felt necessary.
* The arrangement will be governed by an extended/enhanced legally binding section 75 agreement

The Governing Body were assured that there are procedures in place to exit the arrangement if necessary.

**The Governing Body voted unanimously to support the Straetgic Case for Change.**

1. **ACCOUNTABLE OFFICER UPDATE**

An update was provided to the Governing Body regarding the following issues.

A System Improvement Board has been established in response to the recently published CQC Report. This Board provides the governance framework to monitor improvements and provide assurance. There are five key pieces of work underpinning the SIB; Performance A&E, Planned Care, Patient Safety, Finance, Communication and Engagment. The CCG are an active member of the SIB.

As part of the financial measures in place at the Trust, a Capped Expenditure Process has been put in place which requires the Trust to deliver (performance and quality targets) within a controlled target. As part of this, NEL CCG are being encouraged to move to an aligned incentive scheme contract. The Governing Body were assured that any changes in the contract would require assurances from the Trust on quality, alongside financial measures. The CCG are working to define the impact on quality, to ensure that any work undertaken understands the safety implications. The Board were assured that the CCG’s priority is patient safety.

A Clinical Harm Sub-Group has been established, which works with stakeholders to consider potential harm to patients in the system. The CCG wants this meeting to be driven by clinical leadership.

Discussions were held regarding the CCG’s funding of the Trust through the Aligned Incentive Scheme contract. The Board were assured that financial measures are in place in order for the Trust to work in an efficient and cost effective way, and the CCG will work with them to achieve this in order to have a viable secondary care offer in the region.

Further action will be taken by NHSI / NHSE if strict financial measures are not met. The Governing Body noted that the CCG will feedback caveats and assurances to the SIB as the financial measures are put in place.

1. **QUESTIONS FROM THE PUBLIC**

There were no questions from the public.

1. **AOB**

A presentation regarding Prevent was given to the Governing Body.

**The Governing Body noted the contents of the presentation.**

1. **DATE AND TIME OF NEXT MEETING**

Thursday 14 September 2017 at 1.30pm, Centre 4, Grimsby.