Minutes of NHS Norwich CCG
Governing Body
Tuesday 25 November 2014

NHS Norwich Clinical Commissioning Group

		ACTIONS
	Present: Dr Chris Price (CP) – Chair Dr David Goldser (DG) – Governing Body Member Dr Victoria Stanley (VS) – Governing Body Member Dr Cath Robinson (CR) – Governing Body Member Tracy Williams (TW) - Nurse Practitioner/Governing Body Member Paul Fisher (PF) –Non Executive Member Professor Paul Jenkins (PJ) – Non Executive Member Irene MacDonald (IM) – Non Executive Member Jo Smithson (JS) – Acting Chief Officer **In attendance:** Nikki Cocks (NC) - Director of Operations and Delivery James Elliott (JE) – Director of Clinical Transformation Karen Watts(KW) – Head of Quality Improvement and Assurance Tim Curtis (TC) – Communications Lead Laura McCartney-Gray (LMG) – Engagement Manager Marika Pieri – NEL CSU, Anglia (minute taker)	
1. 1.1 1.2	**Welcome and apologies** The Chairman opened the meeting by welcoming members of the public and invited their participation and questions. Minutes would be taken by Marika Pieri and it was agreed that the meeting would be recorded for administration purposes only. Apologies were received from Jonathon Fagge who is currently on compassionate leave. In his absence, the Acting Chief Officer will be Jo Smithson and the Chief Finance Officer post will be back filled. Apologies were also received from Sheila Glenn (Karen Watts attended on her behalf), Dr Chris Francis, and Pam Fenner**.**	
2.	**Declaration of conflicts of interest** The Chairman reminded the group that any declarations of conflict of interest should be disclosed as soon as possible. For it to be then decided whether it is appropriate to participate in the discussion and to confirm not to vote on that item. No new items were declared.	
3.	**Items Exempt Under Freedom of Information Act (FOI) –** No items exempt.	
4.	**Minutes of the meeting held on 23 September 2014 and Action Log**	
4.1	The Minutes of the meeting held on 23 September 2014 were agreed as a correct record of the meeting. Chairman to sign a hard copy of the final minutes.	**CP**
4.2	All updates on the previously circulated Action Log were noted to be on target and updates were provided.	
5.0	**Chair's Action**	
	No items were raised.	
6.0	**Questions from Members of the Public**	

	Mr Bill Adnams asked the following questions with responses from the Chairman:	
6.1	What is the consequence of the rotation of the lead commissioner of mental health services? It would seem to be that expertise acquired by North Norfolk CCG is wasted. What does Norwich CCG consider to be the benefits and of rotation? Response: The commissioning, quality and contracting teams within NEL CSU do not rotate and thus expertise is retained for the mental health contract. The acute brief has the highest workload burden and is heavily monitored by the Local Area Team. Rotation of co-ordinating commissioner will be every 2 years and enables the development of long term relationships between all CCGs and all main providers; it develops expertise within CCGs; and balances workload.	
6.2	When will the announcement about IAPT, due in September, be made? CP was not able to clarify what was to be announced in September. But confirmed that the Invitation to Tender will be on 28 November 2014; the tender evaluation will be completed by 2 February 2015; and the award of business will be by 2 March 2015. The go live date will be negotiated with the successful provider, but is likely to be during Summer 2015.	
6.3	What concerns if any, does NHS Norwich CCG have about trusts in general and NSFT in particular applying for mutualisation, with their consequent removal from the public sector? Response: NHS Norwich CCG is awaiting further details on the pilot proposals for the structure and effect of mutualisation. The CCG is watching with interest, but does not at this stage have any specific concerns about this element of government strategy. If the CCG has any major concerns with supporting evidence of the trusts moving to Foundation Trust status, then these would be taken into account.	
6.4	What is NHS Norwich CCG's reaction to the CQC's publication of the 'risk-rating' scores for GP practices? Response: The risk rating scores are the criteria used by CQC to identify which practices they will prioritise for an inspection. It would be an immediate concern to NHS Norwich CCG if a Norwich practice were to be placed in special measures as a result of an inspection. The possible closure of a practice would have a massive impact on the patients and other neighbouring practices. The CCG is already reviewing ways to support all Norwich practices to prevent this outcome from happening.	
6.5	What are the roles of Norwich CCG, NEL CSU and outside consultants in Contract and Performance monitoring? Response: NHS Norwich CCG is responsible for contract and performance monitoring in partnership with other CCGs across Norfolk and Waveney. Some of this work is performed on the commissioner's behalf by NEL CSU. No outside consultants are involved in contract and performance monitoring.	
6.6	How were Contact Consulting chosen? Response: Contact Consulting were chosen on the recommendation of the NHS Confederation Mental Health Network and following a reference provided by Tower Hamlets CCG, for whom they have conducted a similar review.	
6.7	Who is paying for this research? Response: The review is being paid for from the Management Allowance allocated to Norwich CCG by NHS England.	

6.8	What is the brief? Response: A comprehensive review of all mental health services provided to patients in Norwich across all statutory, voluntary, and private providers; and will be in terms of quality and value for money of current services and whether current services are in line with current best practice.	
6.9	Why is it being done now? Response: NHS Norwich CCG is committed to providing the best possible mental health services in Norwich within available resources. This review will inform our commissioning of community mental health services as part of our integrated care strategy for Norwich. It needs to happen in time for year 2 of the operating plan and the further development of locality based community mental physical health and social care to support patients experiencing complex needs and or frailty.	
6.10	Have Contract Consulting been required to speak to the relevant trade unions? Response: The review does not include workforce specifically within its scope, but Contract Consulting may speak to the trade unions if it will assist the production of their review.	
6.11	Have Contract Consulting been required to speak to the Campaign to Save Mental Health Services in Norfolk and Suffolk? Response: Contract Consulting have been made aware of all local organisations active in the field of mental health services. Contract Consulting have not yet, but may speak to them if it will assist in the production of their review.	
6.12	Will Contract Consulting's full report be made public? CP explained that this has not yet been discussed. Unless there were any parts of the report which are patient identifiable, he did not see any reason for keeping it private. The report should be completed in December 2014. Bill Adnams queried if Contract Consulting plan to spend further days in Norwich. CP responded that this would be likely, as they would need to link with key leads. Other work involves reviewing contract information so can be carried out remotely.	
7.	**Patient Story**	
7.1	KW provided an account from a patient's family about excellent compassionate care received by the patient at end of life from local heath and care services.	
7.2	CP provided comments from a consultant respiratory physician. CP explained that a peer review of referrals is a review of referrals into one speciality from all of the practices over a period of time. The review is carried out by a number of GPs to feedback to practices. The physician participated in one of the meetings and commented that this work for improving services, is worthy of national recognition.	
8.	**Harvest Reports**	
8.1	The Head of Quality, Improvement and Assurance presented the report and confirmed that all the risks are also identified in the Governing Body Assurance Framework and in the Quality Directorate Register.	
8.2	NNUH: KW highlighted the main concerns regarding Unplanned and Planned Care; utilisation of their escalation areas, and failure to meet the Cancer 62 day referral to treatment target. These are closely monitored by the Clinical Quality Review Group (CQRM) and Service Performance and Review Group.	

	DG queried if the 66.9% for Cancer 62 day referral to treatment had deteriorated from previous months. NC confirmed that the Performance report shows that there has been deterioration between August and September 2014. It was agreed for KW to raise this issue at the CQRM. DG queried if there is any information regarding how long and why patients are waiting longer than 62 day from referral for cancer treatment. NC responded that she did not have this level of detail to hand and would obtain this information to circulate to members as soon as possible. It was confirmed that relevant GPs and their patients are made aware of the delays.	**KW** **NC**
8.3	NCH&C: KW highlighted the key concerns regarding cases of SIs, C.*Diff* and Falls. A majority of the SIs relate to pressure ulcers, 6 of which were attributed to NCH&C. The Pressure Ulcer Validation Group review cases and share learning. The report from the CQC inspection is due early December 2014. TW queried if the 25 reported SIs had increased from previous months. KW responded this number is expected, as there are a large number of pressure ulcers reported, some of which are not attributed to NCH&C.	
8.4	NSFT: KW highlighted the key concerns around training compliance; workforce issues and the continuous increase in out of trust placements. These issues are closely monitored at CQRM and the Contract and Performance Review Group.	
8.5	EEAST OOH/111: Confidence has increased following joint Contract and Performance and Quality Safety meetings. Additional staff have been recruited to the 111 service and the level of training they receive has been quality assured.	
8.6	CHC: NHS Norwich CCG has appointed a new member of staff to support with care home visits. There are no Norwich care homes with CQC enforcement notices, but there are concerns with the CHC process. A project is underway with dedicated resource; regular meetings are held with the CSU; and desktop reviews are carried out to ensure patients are satisfied with the care they receive. Gaps in governance have been identified and steps are being taken on how to progress.	
8.7	The report and levels of assurances detailed therein were otherwise noted.	
9.	**Finance and activity report – Month 7**	
9.1	JS presented the report. Full details of the Month 7 Year to date financial position were shown in the report; highlights included a year to date surplus of £1,345K, £42k favourable to plan and is forecasting a year end surplus of £2.235m representing the 1% surplus required by NHS England as per the CCG plan. The Governing Body noted that the Finance and Activity, QIPP and a detailed NHS Norwich CCG Finance Report have been scrutinised by the Finance Committee, who meet a week prior to the Governing Body meeting.	
9.2	JS asked the Governing Body to note that NNUH contract costs have been adjusted to exclude the costs of managing down the over 18 week waiting times; which is being funded by targeted non-recurrent funding from NHS England.	
9.3	JS asked the Governing Body to note that the forecast outturn takes into account that Norwich CCG will not achieve on QIPP.	
9.4	The underlying position of NHS Norwich CCG, which is the income against	

	recurrent cost, is a surplus of 0.9% going forward. JS apologised for not including this in the report but that this would be reflected in the minutes.	
9.5	JS highlighted that the key pressures were in the acute system, emergency activity and admissions, continuing health costs, high cost drugs and GP prescribing. This is due to new anti-coagulation drugs and a change in national pricing levels.	
9.6	NHS Norwich has received £1.12m non-recurrent System Resilience Funding (SRF) from NHS England to relieve winter pressures. The SRF group includes commissioners and providers, who meet monthly to discuss how the money should be spent. JS to circulate the approved bids. Some of the schemes may have merit to extend beyond 31 March 2015 and JS asked the Governing Body to consider its role and input as to whether some of these initiatives should be recurrent. PF confirmed that the Finance Committee were keen for the Governing Body to have sight of how the SRF will be allocated. There was also concern to ensure that a large amount of the Transformation Reserves was used in-year for the purpose it was set aside for. It was discussed that there is an extensive programme of work in commissioning which are long term and recurrent projects. IM queried if running costs could come out of Transformation Reserves. JS responded that it was agreed to invest underspend on several interim staff to work on specific service improvement projects. IM acknowledged the response and commented that there may be a greater need to strengthen existing staff on a project basis. CP responded that the current staffing levels are at the maximum management cost limit for next year. The schemes need management resource to implement and the interim staff will help to move these projects forward. CP responded to DG's concerns regarding the £5 per head transformational funding, by explaining that it is from existing allocation and not additional funding. The issue is that the money needs to be spent non-recurrently within this financial year on supporting general practices to reduce pressure on urgent care systems. The Rapid Response and support to nursing and care home schemes will be funded from the £5 per head, but these schemes have taken time to develop. Once up and running, they will be funded recurrently. If further detail on other schemes is required then this could be provided. JS explained that the Finance Committee had discussed how to account for the £1m and confirmed that the forecast accounts for an underspend against the £1m. If there is a decision to spend the money which meets the criteria, then an alternative approach will be used to balance the accounts. DG requested that the criteria on how the money is to be spent should be made clear to General Practices as soon as possible. Discussion continued around the use and risks of non-recurrent SRF money on projects which are recurrent. Next year Norwich CCG will have a challenging QIPP target which it will need to fund in full.	**JS** **CP**
9.7	The Governing Body noted the report.	
10.	**QIPP Report**	
10.1	JS presented the report explaining that at month 7 the QIPP Programme is £387k behind plan as per the Two Year Financial Plan. It has achieved £1,852k against plan of £2,239k resulting in the variance of £387k. The significant shortfall has been accounted for in the forecast outturn in the Finance and Activity Report.	
10.2	JS highlighted that there have not been any savings in CHC and referral levels	

	have increased. There have been some savings in pathology this year, but not as high as expected. GP referrals are now at 2%, so no savings have been made. Services for MSK Pathways Redesign are being reviewed in Norwich, but the review has taken longer than planned and no savings have been made. A QIPP Manager is in place to drive the QIPP workstreams and to plan for 2015/16 which needs to be in place by end of March 2015. PF queried the results for CHC. JS confirmed that the CSU are engaged; have recruited to fill vacant posts; will provide a Remedial Action Plan (RAP) to address concerns; and the CCG will monitor its delivery. There have been previous discussions to consider bringing the CHC service in-house. This would be a major undertaking for the CCG. A review of the CSU plan and service will be carried out at the end of the year to assess progress for improvement and against delivery of the RAP.	
10.3	PJ commented that there needs to be a robust benefits analysis on the schemes for savings and to measure any quality improvement. JS responded that part of the SRF has been set aside for evaluation. The NHS North Norfolk CCG is the lead for a piece of work which they have commissioned the CSU to review Marginal Rate Credit funds which have been invested in and inherited by the PCT. Now waiting for the outcome of this review to assess the benefits of these investments. DG queried if any learning could be gained by linking with the King's Fund or learning from other areas. CP confirmed that he would look into this and explained that there are dates in the diary for this type of discussion with the Norwich Leadership Group. Membership includes representatives from NHS Norwich CCG, providers, Social Services and the Voluntary Sector. It was acknowledged that more transformative work is needed for the 2015/16 QIPP plan.	**CP**
10.4	The Governing Body noted the report.	
11.	**Operating Plan Update**	
11.1	The report was presented by the Director of Clinical Transformation. The report provided an update on the implementation of the CCG two year Operating Plan including its three major transformation programmes, namely YourNorwich, Healthy Norwich and Operation Domino. JE outlined the governing arrangements for YourNorwich, listing representation of its Steering Group Committee, revised Terms of Reference and roles of the sub groups.	
11.2	JE highlighted the table on Page 8 of the report which illustrates progress of the schemes. The initiatives have been through a robust process which has included involvement of stakeholders and public.	
11.3	Primary Care: A Council of Members meeting is scheduled on 9 December 2014 to have an open discussion with practices and other stakeholder representatives on how we can work with and support primary care.	
11.4	DG commented that he had seen the specifications for the Rapid Response and Care Home schemes, but not the costings. It would be helpful to have this information before the meeting on 9 December 2014. It was explained that it has been difficult to predict how much the schemes would cost this financial year and that the pilot should give more information. JE confirmed the need to be transparent and would provide costing information on the Virtual Ward and Rapid Response schemes. JS explained that they have not yet reached the financial	JE JS

	discussion stage for the Care Home scheme, but would work with Bruce Rumsby, CCG Programme Manager, to get some costing information.	
11.5	JE confirmed that the IT issues with phase 1 BT Cloud are being resolved and a pilot with one of the practices will begin this Friday.	
11.6	CP explained the new emphasis within Healthy Norwich to work with and add value to emerging projects such as "Getting on" in Norwich, which seeks to address loneliness amongst older people. There will also be more targeting of areas with the greatest deprivation and training offered to community workers to improve signposting to/uptake of health services. The GB meeting on 16 December 2014 will focus on primary care and will discuss the NHS 5 year forward review; structures for primary care; key decisions on co-commissioning of primary care and other issues. Relevant papers will be circulated.	CP
11.7	The Governing Body noted the report.	
12.	**Procurement of GP Out of Hours and 111 Service**	
12.1	The Director of Operations and Delivery presented the report which outlines the restricted procurement, tender and governance process for the integrated 111 and GP Out of Hours service. The new service is to start on 1 September 2015 and will cover Norfolk and Wisbech. The procurement is currently out to advert and a process is being undertaken to ensure legal requirements and regulations are met.	
12.2	IM queried if there had been engagement from stakeholders, public and service users at key points of the process as outlined in the procurement strategy. NC responded that although restricted by time, evidence and patient opinion has been reviewed and CCGs have been engaged and provided input. LMG has worked with HealthWatch to ensure that their representative has a strategic oversight and will also be actively involved in developing and scoring the Invitation to Tender questions. There will be 2 patient representatives from each CCG involved in the Shortlisted Bidders Stakeholder Engagement Day on 16 December 2014 and they will have the opportunity to engage with the bidders. There has been engagement with HOSC to discuss what is potentially needed for a formal consultation and patient engagement. Where possible, people with some of the 9 protected characteristics covered under the Quality Act will be engaged in the process. There is also an Engagement Plan, which outlines the legislation and all the work being carried out. NC apologised that the report did not cover all of these elements and acknowledged it should have been included.	
12.3	The Governing Body noted the report.	
13.	**Performance Report**	
13.1	The Director of Operations and Delivery apologised for a discrepancy between the Performance and MDT reports. NC clarified that the Performance Report for the 62 day cancer standard quarter 2 actual of 77.5% is correct.	
13.2	There is pressure on the Urgent Care System to hit all targets. The local system, in particular NNUH are struggling to meet the monthly A&E targets. Work is undergoing to manage over-performance. A system wide review of Urgent Care is scheduled for early next week with ECIST. There is focus on reducing delayed transfers of care and work on the Virtual Ward scheme has been expedited. There are 2 key pieces of work in community and Intermediate Care Providers to ensure all patients which have been placed outside of intermediate care within spot and	

	procure beds in the Independent Sector have a care plan in place. The other piece of work is to review what could be done better within the NNUH and community liaison teams.	
13.3	NNUH have received additional funding to remove the backlog of Cancer and RTT waiting times, but are struggling to meet targets by 1 December 2014.	
13.4	EEAST 999: Just below target for Norwich.	
13.5	NCH&C: There have been delays in podiatry surgery. There is a Remedial Action Plan, but part of the issue is to find theatre space at NNUH.	
13.6	IAPT: Performance in the percentage of patients that complete treatment and move to recovery has dipped. Updates are received on the Remedial Action Plan from the integrated mental health commissioning team. There is also a detailed Action Plan by CCG.	
13.7	The Quarter 2 Assurance meeting is scheduled with the Local Area Team tomorrow. NHS Norwich CCG are held accountable for the failing A&E and Cancer targets and need to provide assurances that targets will be met. Several members expressed their concern and discussion ensued on the issues causing high demand on Urgent Care System and the need for an integrated care approach. CP commented that Mental Health Services, including IAPT and out of area placements is also of high importance and there should be equal focus for mental health as well as physical health.	
13.8	The Governing Body noted the report.	
14.0	**Audit Committee Report (October Meeting)**	
14.1	The Audit Committee Chair presented the report with an update of the CCG's Audit Committee meeting on 24 October 2014. JE attended the meeting to update on the several undergoing projects. The Audit Committee recommended the prioritisation of the projects and to be realistic about what can be delivered and risks involved.	
14.2	The Governing Body noted the report.	
15.	**Remuneration Committee Report**	
15.1	The Remuneration Committee Chair presented the report with an update of the CCG's Remuneration Committee meeting on 10 October 2014.	
15.2	The Governing Body noted the report.	
16	**Governing Body Assurance Framework (GBAF)**	
16.1	The Director of Operations and Delivery presented the report covering the high risk items and 4 new risks.	
16.2	PJ expressed concern with the increased demand increasing pressure on staff which will cause a risk to staff morale. NC responded that there is communication on progress with projects to address the issues and where possible staff are kept informed of news by their own organisations. Staff are also thanked for their hard work. CP confirmed that he would bring forward some of the comments covered in the discussions with the Local Area Team tomorrow.	

17.	**AOB**	
	None items raised.	

The meeting closed at 5 pm

Minutes agreed as accurate record of meeting:

Signed: …… Date: ……...
Chair (on behalf of NHS Norwich CCG Governing Body)