DRAFT Minutes of
NHS Norwich CCG
Governing Body
Tuesday 29 September 2015

NHS Norwich Clinical Commissioning Group

	Present: Dr Chris Price (CP) – Governing Body Chair Tracy Williams (TW) – Nurse Practitioner/Governing Body Member Dr Cath Robinson (CR) – Governing Body Member Dr Chris Francis (CF) – Governing Body Member Dr David Goldser (DG) – Governing Body Member Dr Victoria Stanley (VS) – Governing Body Member Dr Chris Dent (CD) – Governing Body Member John Isherwood (JI) – Governing Body Member Paul Fisher (PF) – Non Executive Member Irene Macdonald (IM) – Non Executive Member Pam Fenner (PFe) – Registered Nurse / Non Executive Member Jo Smithson (JS) – Chief Officer Robert Kirton (RK) – Interim Chief Finance Officer **In attendance:** Nikki Cocks (NC) – Director of Operations and Delivery Sheila Glenn (SG) – Director of Quality, Strategy and Innovation Dr Augustine Pereira (AP) – Consultant in Public Health Jean Clark (JC) – Head of Governance Tim Curtis (TC) – Communications Lead Laura McCartney-Gray (LMG) – Engagement Manager Lynette Dagless (LD) – EA (Governing Body) (Minute taker)	
1.	**Welcome and apologies**	
	The Chair opened the meeting by welcoming members of the public and invited their participation and questions. Apologies were received from: Professor Paul Jenkins (PJ) – Non Executive Member James Elliott (JE) – Director of Clinical Transformation	
2.	**Declaration of conflicts of interest**	
	The Chair reminded the group that any declarations of conflicts of interest should be disclosed as soon as possible for a decision as to whether it is appropriate for the member to participate in discussion and voting for decision making. No new conflicts of interest were declared.	
3.	**Items Exempt Under Freedom of Information Act (FOI)**	
	None	
4.	**Minutes of the meeting held on 28th July 2015**	
	Two issues of accuracy were raised, LD to amend minutes as below; Item 17 on Page 5 – Patient and Public Engagement Proposals. It was agreed that the issue of remuneration will be reviewed in a years' time. Also, the use of "experts by experience" was outside this agenda item which relates to the payment to members of the new advisory group. There is a commitment when experts by experience are contracted for a specific purpose then this would be considered	**LD**

	separately. Item 11 – Finance Report. The date needs to be amended to 30 June 2015.	
	Action Log	
	All outstanding actions are now complete and the action log updated.	
5.	**Chairs Actions**	
	None	
6.	**Questions from the Public – Items not on Agenda**	
	Bill Adnams submitted questions prior to the meeting with regards to NNUH and Vanguard Healthcare Solutions Ltd. JS responded to these questions confirming that Vanguard was used to provide additional theatre capacity to reduce backlog in key surgical areas and not for eye surgery as stated in the question. Vanguard did not provide any nursing or theatre staff. In terms of NHS Norwich CCG's role in gaining assurance, we operate collaborative commissioning and NHS North Norfolk CCG lead on NNUH and are aware of sub-contracting but due to reasons of proportionality would not be party to negotiations. In terms of the quality of service then the standard NHS contract allows us to monitor this under the standard NHS contract. NNUH are required to inform us of any sub-contracting. With regards to the question about patient choice then in this instance the patients are treated by NNUH staff on NNUH site in line with current practices. **Action: JS to provide the response in writing**. Q – Ian Hunt from Opening Doors wanted to make NCCG aware of training taking place at the Edith Cavell training school. Next week they will be providing training for ambulance drivers and paramedics on issues relating to patients with learning disabilities. By sharing life experiences they will be paid as experts by experience.	**JS**
7.	**Patient Story**	
	SG shared the experience of two elderly people in their 80s. They are generally fit and active. Roy had a fall suffering deep cuts to his arm and as he takes warfarin he bled profusely which frightened them both. After speaking to their daughter his wife dressed his arm and they attended A&E. They went to see the receptionist who took their details and asked them to take a seat. They waited 90 minutes before being seen by the triage nurse, who didn't look at the wound, at which time they were told that they were in the wrong place and should have gone to the Urgent Care Centre. They were told that there would be a further 90 minutes wait and that they have to prioritise the most ill patients as it is an emergency department. Roy's wife pointed out that the sign above the door says "Accident and Emergency". At this point Roy felt unwell so they decided to go home. His wife continued to dress the wound and the next morning they called their GP and were seen within an hour. This story raised the issue that they were not aware of 111 or the Walk in Centre (WIC). It also raised whether it is reasonable for any patient to wait 90 minutes to be triaged. If they had been triaged sooner and informed of their options then they would have gone away happy. SG will be raising concerns around the triage system through the NNUH CQRM	

	and will also raise with NNUH the signage at the front door, whether A&E should actually be called an emergency department. Consideration should be given by all CCGs to further promote awareness of 111, WiC and other alternatives to A&E.	
8.	**Consolidated Quality Report (inc CQUIN)**	
	SG presented the Harvest Report which is provided by the Quality and Patient Safety Committee who have reviewed a range of information. The level of assurance is based on the framework through which NHS organisations are accountable. NCH&C – The level of assurance remains unchanged. NCCG continue to scrutinise the provider at a monthly face to face meeting and feel that we have enough assurance that their services are safe. Concerns were raised about the increase of Grade 4 pressure ulcers and whether this is related to equipment not being in place. This needs to be considered when rolling out HomeWard where the frail and elderly will be nursed at home. SG confirmed that this was picked up at CQRM where there were a significant number of RCAs and lessons are being learnt. It has been identified that the assessment tool is no longer being used effectively and that another tool has been identified which should pick up deterioration quicker. This is being rolled out and it is hoped that once nurses have undertaken training, the number of Grade 4 pressure ulcers will decrease. With regards to Looked After Children, SG confirmed that a meeting has taken place to consider an alternative delivery model, which has been agreed. Further work still needs to take place to develop this model. An immediate action plan was agreed with specific actions which are time limited and have a responsible person. The new model will be discussed by each CCG by end of November. Concerns were raised that elements of the Healthy Child Programme will be moving to a new provider from September. Discussions have taken place with NCH&C and they have assessed potential issues and mitigating actions have been put in place. Assurance has been received from Public Health that they are satisfied and assured that services are safe with a high level of surveillance. OOH/111 – Since the last report there has been a change of provider so some of the information is relating to previous provider (EEAST) and then from 1st September it relates to the new provider (IC24). In relation to the last report the assurance was getting towards red and after discussion with IC24, although it is early days there are a lot of areas that are improving. Concerns were raised with regards to IC24. SG confirmed that she received some feedback from clinicians and as a result has undertaken a survey and has input their feedback into a QIR and is working through the key issues with IC24. As the Chair and Chief Officer from IC24 attended the NCCG AGM, CP confirmed that he discussed the concerns that had been raised with the Chair. It is recognised that there are workforce pressures to be addressed and conversations with the provider will continue. NSFT – This remains red as the CCG is not fully assured and the level of assurance remains unchanged. There are action plans in place to address the issues but we are not assured that the actions are robust or at a sufficient pace to achieve the necessary change.	

	NNUH – We are moderately assured but are closer to red than green. The trust have implemented remedial action plans to address specific areas (A&E, cancer and stroke services).	
9.	**Nurse Revalidation**	
	The revised Nursing and Midwifery Council (NMC) code became effective on 31 March 2015 and all registered nurses and midwives are required to uphold its standards of practice and behaviours. Nurses now have to revalidate every three years to renew their registration, by providing evidence that they practice safely and effectively. This was discussed and the following actions agreed ; • As the responsibility of NHS England was questioned in respect of nurse revalidation, SG would have a clear dialogue with NHSE to clarify and gain a clear understanding on what NHSE are doing. • LMC will be asked to attend a medi-bites session to provide some further information / training for the practices. • SG to look into the software available as there is a number of packages available. It was suggested that some primary care nurses are involved with this before a final decision is made.	**SG**
10.	**Research Annual Report**	
	Tracy Shalom (TS) from Norfolk and Suffolk Primary and Community Care Research Office attended the meeting and presented the Research Annual Report and outlined the key achievements for 2014/15.	
11.	**Finance Report**	
	RK presented the Finance Report as at 31st August 2015, detailing the year to date financial position and activity. It was confirmed that the Finance Committee has discussed the report in detail and is assured that the reserve for 2015/16 is sufficient so long as expenditure remains stable. There are concerns when looking at the future and taking into account the full year savings that will be provided by QIPP initiatives. Concerns were raised as Norfolk County Council have yet to provide information with regards to Better Care Fund expenditure. RK confirmed that subsequent to the Finance Committee, he has contacted Norfolk County Council who have confirmed that they will table a financial paper at a meeting on Thursday.	
12.	**QIPP Report**	
	RK presented the QIPP Report at Month 5, providing an update on the QIPP Programme for 2015/16. Finance Committee had received a full status report for each scheme. There has been some slippage year to date and new schemes have been developed to address the gaps as outlined in the paper. The proposal to withdraw gluten free products on prescription was included in the paper. The proposal had been agreed at Executive Committee. The GB had no questions on the proposal.	

	A member of the public raised concerns with regards to best practice pharmacies, as there have been some instances where certain drugs are not available at a particular pharmacy. CP confirmed that the CCG responsibility is about how GPs prescribe drugs and this initiative is about using pharmacists to help with prescribing. Provision of drugs is not the responsibility of CCGs as the contracts are held by NHSE. Sometimes pharmacies do not have drugs and there are many reasons for this due to the complicated supply chain. It is usually beyond the control of the pharmacy as the regulations around products are European wide. The prescribing team keeps practices up to date in order that they know what is in short supply so they don't prescribe something that is not available. CP advised that if this situation arises the patient should go back to the practice to be prescribed an alternative. The member of the public detailed another case with regards to a prescription for a child, where they were first prescribed the medication at 4.00pm but didn't received it until 4.00am the following day. CP confirmed that it wouldn't be appropriate to discuss this further during the meeting, that this would need to be looked into in further detail but that if the person who suffered is willing to provide details then this can be looked into further.	
13.	**Medium Term Financial Strategy**	
	RK presented this report summarising the three year medium term financial plan submitted to NHSE on 10 September 2015. Feedback has been received from NHSE who have confirmed that the draw-down of surplus is compliant with business rules how they currently stand but this rule might change in the future. If this is the case then the plan will be considered further. Concern was raised with regards to running costs, as there will be a significant reduction in the running costs available to the CCG. Consideration will need to be given as to how we cope with that reduced level of funding and the impact on the ability of the CCG to continue to operate as it does at the moment. This will also happen at a time when the CCG will be taking on more responsibility for primary care commissioning. It was noted that the 5% reduction in running costs is an assumption of the Midlands and East regional team and not an NHSE one. The Governing Body was concerned that the CCGs ability to deliver its agenda will be affected if this reduction to running costs is applied for 2016/17.	
14.	**Commissioning Report**	
	Karin Bryant (KB) presented the Commissioning report on behalf of JE. Updates were provided for YourNorwich, Healthy Norwich, Orthopaedic Triage and MSK Physiotherapy, Paediatric Speech and Language Therapy and the CCG's Weight Management Pilot. There are concerns with regards to the increase in 999 calls and also conveyance rates of Norwich patients to A&E. Business Intelligence are carrying out work to look into this. A meeting has taken place with representatives from the Ambulance Trust and the two areas identified where work needs to take place are falls and care home related conveyances.	

	MSK Physiotherapy service is part of the WIC contract and this expires July 2016. Discussion has been undertaken with the current providers on integrated solutions and as this has not been successful a full procurement exercise will need to take place. Both SNCCG and NNCCG are also considering joining us. The GB were asked to note what has been undertaken and support the move to procurement. GB confirmed their support. Speech and Language Therapy – This has been re-procured jointly with Norfolk County Council and was led by their processes. Two bids were submitted and evaluated against set criteria. This was reported to the Executive Committee due to the tight timeframe and was agreed at that meeting by the CO and CFO. GB were asked to note the decision made on their behalf. It was confirmed that this was not Chairs Action as it was within the delegated authority of the Chief Officer and Chief Finance Officer to sign off. Weight Management – The two year evaluation has been completed. Based on the reduced outcomes seen at 24 month follow up, it is likely that a longer term support programme is also required. Public Health are commissioning a Tier 2 weight management service for Norfolk, to be jointly delivered by My Time Active and Active Norfolk and will be called "Weigh to go". The services commence January 2016. The Exec Comm reviewed the evaluation and agreed to issue the remaining Slimming World on Referral vouchers and promote the new service within the practices going forward. Following discussions, it was agreed to include brief updates on joint work being carried out with SNCCG and NNCCG in future reports. It was also felt that it would be useful to focus on specific areas of concern, such as Mental Health, at future meetings.	
15.	**Primary Care Development**	
	Amanda Carver (AC) presented this report on behalf of JE outlining the current Primary Care Development Group (PCDG) work programme. Co-Commissioning In line with other Norfolk CCGs, the CCG will submit an application to move to co-commissioning with the intention to commence in April 2016. This will involve establishing a joint committee, moving to the next stage of full delegation from April 2017 once there is a full understanding of the financial implications to NCCG and member practices. GB agreed this timetable. PMS Review Nationally all PMS contracts have been reviewed in order to establish more equitable funding across all practices. Where practices have voluntarily moved to a GMS contract there will be transitional support over the next 4 years. The freed up money will come to NCCG for reinvestment in primary care. It will be our responsibility to look at the overall pot and spend it for the wider population and not just for particular practices. The money will become available over the 4 year period and it was felt that it is important to set up a process that is clear and transparent to identify how the money will be reinvested. The process was discussed at Council of Members and generally accepted. GB accepted these principles. The next stage is for the PCDG to set out the process that will be followed to enable the funds to be spent. Schemes need to be identified and then an	

	application made to NHSE. On acceptance by NHS England funds will be released. The possibility of the funding being used for funding GP practice based pharmacists was discussed and it was felt that this is a worthwhile proposal that could be worked up and submitted as it could build over the 4 year period. Concern was raised to be avoid double funding. <u>Primary Care Vision and "Summit"</u> It is proposed to have summit on 11th November to discuss approaches, opportunities and options with member practices for possible models under the NHS 5 year forward view..	
16.	**Collaborative Commissioning Update**	
	JS presented the paper updating proposals that were discussed at the July meeting. The proposals were approved in principle at the July Governing Body but there were concerns around the clinical networks. The clinical networks have moved forward with regards to how they will operate. Discussions have taken place with clinical representatives and agreed a number of key principles as to how they would operate going forward. These changes should improve the way they function.	
17.	**CCG Commissioning Intentions (inc CQUIN)**	
	IM declared a CoI – she chairs a Children's Charity which currently receives funding and therefore will not take part in the discussion. JS presented this paper on behalf of JE. The paper details the key commissioning intentions for 2016/17. The CSU will pull together a letter to be sent to the wider health system, stakeholders and interested parties on behalf of NCCG, NNCCG and SNCCG. The letter will identify issues that are common across the CCGs and also CCG specific and the letter will include more specific contractual requirements. It was recognised that workforce needs to be considered and that work needs to be done to identify workforce implications, which will then be discussed at the Workforce Partnership Board, JS will be attending these meetings going forward. A member of the public raised concerns with regards to how integrated care use personal data that dates back for years and is no longer relevant. JS confirmed that if you do not wish data to be shared between organisations then you are able to opt out. An attendee from Family Voice raised a query in relation to the ASD pathway for children, as they are not aware of any support for them through the process. They asked for further information regarding the review of the current ASD pathway. It was confirmed that the Child Health and Maternity Network have carried out this piece of work and recommendations have been shared with colleagues. It was felt that further consideration needs to be given to whether there is anything further that can be done around NSFT, whether there is anything that can be done to enhance services and identify patients within primary care who have underlying mental health concerns.	

	KB confirmed that there is a new Wellbeing service by NSFT with the involvement of partners Relate and MIND which is considered to be a positive approach. There is a Norwich Mental Health Locality Group which includes various partners, and it is felt that there is a positive attitude in terms of the work programme going forward. CQUIN – also included in the Commissioning Intentions is a signal to providers that Norwich CCG will have a CQUIN scheme that is provider specific and has a common goal for Norwich.	
18.	**Electing the Chair**	
	The Constitution states that the election and selection of Chair is the responsibility of the Governing Body and that either the Chief Officer or Chair must be a clinician. This was discussed at the August Governing Body meeting and TW was elected as Chair. Governing Body fully supported this and TW will be Chair from 1st October 2015.	
19.	**Audit Committee Report**	
	A paper was circulated to provide an update on the July meeting of the CCGs Audit Committee.	
20.	**Provider & System Performance Report**	
	NC presented the performance report. There are four areas at NNUH where formal remedial action plans are in place, these are monitored by SRG. The coordinating commissioner has written to NNUH to note concerns that they are not on track to deliver and would like to agree updated action plans. One area of concern that has not been included is with regard to theatre capacity and the associated capacity to deliver RTT. With regards to 999 performance, Norwich CCG has seen an increase in 999 calls within our patch and work is being carried out to try to identify the reason for this. There has also been an increase in patients being conveyed to hospital so work is specifically being carried out to look at care homes, falls and GP practices.	
21.	**EPRR Self-Assessment**	
	NC presented this report on behalf of JE. NCCG needs to ensure that its EPRR ability is robust and work is carried out closely across the local health system on this. NCCG have carried out a self-assessment and this needs to be returned to NHSE by 2 October. GB noted the report.	
22.	**GBAF**	
	NC presented the GBAF highlighting key risks that the organisation faces. The Audit Committee considers one high risk item at each meeting, CCG reps attend to discuss the approach to mitigate these risks. With regards to the four areas of high risk; • Item 1.10 (Risk to NNUH meeting the needs of unplanned and planned care admissions). The Audit Committee will consider this in October. • Item 1.13 (Risk to sustainability of General Practice due to the pressure on GPs regarding increasing workload and reducing income). It was agreed to add the impact of Nurse Revalidation to this risk.	

	• Item 1.14 (Risk to Looked after Children). This was discussed earlier in the meeting. • Item 1.25 (The implementation of the IT Lorenzo system). This was discussed at the Q&PS Committee who continue to monitor it. The committee has not heard that the situation has improved. **Action; NC to provide a paper summarising SG update around additional assurance.**	**NC**
23.	**Closing Address**	
	This is the last GB meeting for CP, CF and CR who have been long standing clinical members and officially retire tomorrow following 25+ years in Norfolk. NCCG has benefitted from their input and thank them all and wish them well. TW recognised that although we are thanking them as a collective, they are all very much individuals and have all had very distinguished careers.	
24.	**Finance Committee**	
	Minutes from the Finance Committee meetings that took place in April 2015 and May 2015 were shared for information.	
25.	**Executive Committee**	
	Minutes from the Executive Committee meetings that took place in May 2015, June 2015 and July 2015 were shared for information.	

Minutes agreed as accurate record of meeting:

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