Minutes of
Governing Body Meeting
Tuesday 26 November 2013

NHS Norwich Clinical Commissioning Group

	Present|: Dr Chris Price (CP) – GP, Chair of Governing Body Dr Cath Robinson (CR) – GP, Governing Body Member Dr David Goldser (DG) – GP, Governing Body Member Dr David Munson (DM) – GP, Governing Body Member Tracy Williams (TW) – Nurse Practitioner, Governing Body Member Prof Paul Jenkins (PJ) – Non-Exec Director Irene MacDonald (IM) – Non-Exec Director Jonathon Fagge (JF) – Chief Executive Officer Jo Smithson (JS) – Director of Finance **In attendance:** Dr Augustine Pereira (AP) – Public Health Consultant Sheila Glenn (SG) – Director of Quality Improvement & Assurance James Elliott (JE) – Director of Operations Nikki Cocks (NC) – Director of Corporate Affairs & Performance Kate Hinchley (KH) – Integrated Commissioning Support Officer (Minutes) Tim Curtis (TC) – Communications Manager	
1.	**Welcome and Apologies**	
1.1	The Chairman opened the meeting by welcoming members of the public and inviting them to participate with questions.	
1.2	Apologies were received from Dr Chris Francis, Paul Fisher and Pam Fenner.	
2.	**Declarations of Conflicts of Interest (CoI)**	
2.1. 2.2	Referring to the new statement on the agenda at Item 2, the Chairman reminded Members of their obligations under paragraph 8 of the NCCG Constitution. Accordingly he declared a direct pecuniary interest in Item 11 (Locally Commissioned Services) together with Drs David Goldser and David Munson, all of whom are General Practitioners at local surgeries. In addition to the above, GB noted The Register of Interests circulated with the agenda.	
3.	**Items Exempt under Freedom of Information Act (FoI)**	
	None.	
4.	**Minutes of Last Meeting and Action Log (September 2013)**	
4.1	The Action Log was noted and updated.	KH
4.2	The Minutes of the meeting held on 24 September 2013 were agreed as a correct record.	
4.3	Matters Arising from the Minutes:	
(13)	Review of Voluntary Sector Investments: CP advised that the Voluntary Sector	JF

	workshops agreed at the last meeting had taken place this morning. Attendees had contributed a number of positive ideas and the outcomes will be reported to GB in January.	
5.	**Questions from the Public – Items not on Agenda**	
5.1	There had been no prior notice of questions from the public. However, Mr Tony Vale's point regarding averting possible double running costs with Norfolk County Council was noted. The Chairman advised that the matter had been addressed via the CCG's response to NCC's current consultation process.	
5.2	Responding to a question from Councillor David Bradford concerning funding streams for alcohol abuse and the nightclub economy, CP guided that this matter is being addressed through the CCG's Healthy Norwich initiative with strong engagement from the police in the development strategy. He further noted changes to licensing had been postponed pending further advice.	
CLINICAL QUAILITY & PATIENT SAFETY		
6.	**Quality Committee Report & Patient's Story**	
6.1	Introducing this item, SG provided a short film to illustrate a patient's story concerning the challenges of managing pressure ulcers from patient, carer and nursing perspectives. The film highlighted the importance of identifying the condition early and how this influences successful management. SG advised that PMRG is currently considering how to raise awareness across all staff groups.	
6.2	Turning to the Quality Committee's report, the Director of Quality outlined the approaches and methods of scrutiny used by the Committee to produce an overall level of assurance. IM explained that the Committee had been working with the challenge of making a large amount of data accessible to GB and triangulating it with soft information in line with patient opinion. Members were ask to comment on the new style of reporting and the levels of assurance detailed in the paper against all key providers; this included a pending decision to move NSFT to status 'red'.	
6.3	DG expressed concerns about service levels in the Mental Health Trust, particularly in relation to that organisation's perceived lack of participation in patient and staff feedback. GP's were not, he said, feeling assured. SG confirmed this matter is being taken into account and hence the pending 'red' status which will be considered by Quality Committee at its next meeting. She reassured GB that robust processes are in place in terms of governance through the co-ordinating commissioner (North Norfolk CCG) and that they are sighted on these issues.	
6.4	Addressing a further question from CR as to whether NSFT is engaged in moving towards full assurance, SG added that this would be taken to CQRM.	
6.5	Acknowledging these concerns, the Chairman advised that both he and JF had met with NSFT's Chief Executive and Chair two weeks ago where they had suggested further strengthening user involvement and Governor and staff feedback. He also referred to a lively public meeting which he had attended yesterday and anticipated further questions would emerge from that. All Norfolk CCG Chairs are seeking a separate urgent meeting with NSFT's Chair to bring about a resolution. AP proposed peer reviews be part of the discussion with NSFT. Whilst supportive, the Chairman guided that the decision for this lies with that organisation.	
6.6	Returning to the report, PJ proposed translating the information into hard objective	

	data to depict trends in levels of assurance. SG confirmed she would revisit this and bring to the next meeting.	SG
6.7	DM asked whether the report had captured CQC criteria and, in particular, whether NCCG is a 'learning organisation'. SG said she believed the report did capture this standard although it was NCCG's definition (see Item 7 below) rather than the CQC version. Concluding, the Director of Quality explained that if NCCG simply followed CQC's criteria it would be fully assured, but because NCCG's systems are different they also speak differently. She went on to welcome further comments on how the new system is shaping. The report was otherwise noted.	
7.	**Quality Strategy – Statement of Strategy, Quality and Approach**	
7.1	SG presented her previously circulated report which described NCCG's aims and specific goals for quality and safety, and how the organisation holds itself to account through the development of a culture of continuous improvement.	
7.2	Thanks were expressed by both the Chairman and the Chief Officer for SG's contributions to the development of a robust strategy and Quality Committee which is currently driving high quality care from providers and considering how the CCG can continually improve. The Chairman guided that the strategy encompasses the principles contained in the Francis Report which underpinned its robustness and credibility.	
7.3	In terms of possible additions to the report, JF suggested that the detail could include greater expectation on providers.	SG
7.4	The GB agreed the approach to quality and safety set out in the report.	
CLINICAL COMMISSIONING		
8.0	**Health and Wellbeing / Healthy Norwich Update**	
8.1	In presenting this report, JF explained his intention to bring bi-monthly reports in future to reflect the high volume of work being progressed by the Healthy Norwich team and the significant grants it had attracted. He highlighted the production of a promotional film which publicises core messages through NHS Norwich CCG PIP screens; this work had received particular recognition from the Chief Executive of Norfolk Community Health & Care who had reported high levels of public engagement.	
8.2	IM asked whether community development featured in the work stream in terms of areas of high deprivation where (say) families might not be able to afford a cycle. JF explained that, whilst partners were not there yet, they had clearly identified that it is where they want to get to. Stronger links were developing with City Council resulting in a joint management board and joint resources. He went on to suggest that the Integration Transformation Fund is yet to be explored as a commissioning asset and has the potential to support and empower communities to help themselves.	
8.3	AP commended the work of the Healthy Norwich partnership suggesting that important steps were in place for health improvements. He advised that the Health & Wellbeing Board has three priorities across Norfolk, one of which is to tackle obesity, and he acknowledged the need for all partners to work more closely together in terms of weight management programmes.	

8.4	A short discussion followed in which DM reminded Members of the many benefits of exercise, including regular walking which in addition to weight management reduces the chances of stroke by up to 30%.	
8.5	Concluding this item, and expressing his concerns at recent decisions in the weight management programme identified in the report, the Chairman proposed further dialogue with Public Health and the Health & Wellbeing Board to seek their views and support on the long term efficiencies of Slimming World. He further proposed that the Slimming World programme is extended for 12 months to facilitate a full evaluation. The report was otherwise noted.	CP to report back
9.	**Specialist Fertility Treatments and IVF Services**	
9.1	JE summarised the options identified in the paper following commissioning responsibility for specialist fertility services transferring to CCG's in April this year.	
9.2	GB debated each of the options taking into account various factors, including how the choice of provider can influence success rates, and the importance of balanced decisions in difficult financial circumstances.	
9.3	After careful consideration GB was minded to favour Option G, in line with neighbouring CCG's, subject to further consultation as this decision represents a significant change to the service.	JE
10.	**Mental Health Services: Co-Production Update**	
10.1	JE provided an update on work to re-commission the Wellbeing Service (IAPT). A particular aspect of this phase is co-production which is being achieved through focus groups. Thanks were expressed to the CCG Engagement Lead for her support in working with members of the public and service users.	
10.2	Noting this work stream had been identified as a high priority for member practices, GB requested that members of the Mental Health CAT meet with GB on a regular basis to receive further updates together.	JE
11.	**Locally Commissioned Services**	
11.1	(Having declared interests at Item 3 above, Drs Price, Goldser and Munson depart) The meeting was confirmed as quorate.	
	Mrs Irene MacDonald in the Chair	
11.2	JE presented his previously circulated report which explained that CCGs became responsible for Locally Commissioned Services from April 2014 (previously LES) with funding included in CCGs' overall commissioning budgets.	
11.3	GB worked through each of the LES procurement route assessment templates which accompanied the report. After careful consideration GB agreed to commission as follows:	
	1) Anti-coagulation: List based. 2) Atrial fibrillation: List based. 3) Post op wound care: List based 4) Near-patient testing: List based 5) Choose and Book: Retain the existing LES with additional requirements to	JE

	formally include peer review and education programmes. 6) Minor Injuries: Continue to commission minor injuries services from primary care for a further year while bringing a review of this provision into Operation Domino. 7) Phlebotomy: The service is put out to competitive tender, with a service mobilisation date of April 2015, subject to member practices being assured that they can take part in the procurement exercise and following appropriate communications to member practices to that effect.	
	(Drs Price, Goldser and Munson return to the meeting)	
	Dr Chris Price in the Chair	
12.	**Project Domino Update**	
12.1	Providing context to the report, the Chief Officer explained that this collaborative programme of work had been driven by the Director of Quality last year to improve the governance around urgent care which had been historically weak. As lead commissioner, NCCG has recruited an experienced Programme Manager to take the work forward. He has developed the project architecture illustrated in the report and work to date has included a 'stocktake' resulting in 17 projects being stepped down and 4 new projects identified. JF suggested this had brought renewed momentum and pace to the work stream and he guided Members through the report. Of particular note were: • The appointment of a Hospital Ambulance Liaison Officer (HALO) to provide a co-ordinating interface between the Ambulance Trust and hospitals. • An Urgent Care Service pilot (an example was given where £2.5k had been saved on one patient. • OT's & Physios working up comprehensive care packages to enable patients to be discharged who might otherwise occupy community beds. GB was reminded that NCCG is still waiting to hear the extent of its share of the £150m winter pressures money from the national purse which could further support this work.	
12.2 12.3	The Chairman asked JF whether he is confident that the system will be better managed and whether these new measures will now deliver. JF confirmed he is very assured about the strength of the process and suggested it will expose those areas where improvements are needed. DG made the point that GP's are not clear what impact the new system will have on primary care, and he and his colleagues remained concerned about the level of admissions. JF suggested that Domino's management of urgent care is likely to impact primary care with earlier discharges home (if it works well). He did not however anticipate any noticeable change this year but would look into whether there is scope for acceleration. Members went on to ask for statistics to crystallise the data in the report and the establishment of outcomes criteria. It was agreed that this information would be included in future reports. Subject to these changes, the report was otherwise noted.	JF
CORPORATE GOVERNANCE AND ASSURANCE		
13.	**Finance and Activity Report**	
13.1	Referring to her previously circulated report, the Chief Finance Officer provided an update on allocation adjustments to the 13/14 budget, key messages on the	

	financial position of NCCG and a forecast position to year end.	
13.2	GB discussed at length the matter detailed on page 2 of the report which identified a loss of approximately £3m of funding against services it commissions following adjustments for Specialist Services. GB noted senior officers' concerns about the arbitration process connected to this issue and what appeared to be a conflict of interest as the arbitrator, and party responsible for this decision (NHS England), is also the body to whom NCCG is accountable. JF explained that he had made representations to the Local Area Team but, as there is no appeal process, it appeared all channels of dispute had been exhausted. All Members expressed similar concerns but reflected that as part of the NHS 'family' there had to be a degree of acceptance.	
13.4	Addressing a question from CR about the impact of the above on services, JS suggested that multiple service lines in contracts would be affected by the adjustment; she is looking at pressure areas and hopes to finalise by month 8.	
13.5	Returning to the report and the pressures in Continuing Care and Mental Health, IM asked for an update on restitution costs. JS explained there were on-going risks here. She said more detailed processes are now in place and a better understanding of referrals has been achieved, but at year end further provision will have to made. The Chairman reminded GB of the legacies inherited in this aspect of work following the dissolution of PCT's, and he gave notice of his intention to take the matter up with Norman Lamb MP.	Chair
13.6	Concluding this item, GB noted the positions identified in the report, including risks not reported in the expenditure position, and gave their thanks to JS for continuing to meet the CCG's statutory obligations despite these significant challenges. GB also requested that more of this detail is brought to GB in future in order to facilitate greater support to the finance team.	JS
14.	**Medium Term Financial Plan**	
14.1	Following presentation of her report, JS invited Members' questions and comments.	
14.2	CR suggested to was time to have a debate with the public to explain that there are now some services which are no longer affordable. JS suggested that system-wide planning is key to finding a solution, not just CCG planning. In support, the Chairman guided that movement from the illness model to one of prevention is now high on the agenda as previous approaches are not sustainable. Given this imperative, and the gravity of the discussions in Item 13 above which impact all areas of the CCG's business, it was agreed that Finance matters be placed much nearer the top of the GB agenda for future meetings.	JF/LD
14.3	The report was otherwise noted.	
15.	**Clinical Academic Reserve**	
15.1	Following a short debate, which reflected on the financial challenges facing the CCG (as above), it was agreed to cease funding the Clinical Academic Reserve on 31 March 2014 and that any proposed future investment in research will be considered by the GB on a case by case basis, subject to it being of benefit to the people of Norwich.	
16	**Governing Body Assurance Framework (November 2013)**	

	NC presented the previously circulated report. The GB noted the Assurance Framework and the action being taken to mitigate risks.	
17.	**Performance Report**	
	The areas of performance contained in the report, including those of concern, were noted together with current performance management arrangements for CCGs.	
18.	**Governing Body Committees**	
	Following consideration of the reports contained in this item, the GB agreed: 1) To adopt the revision of the Operational Scheme of Delegation and agree the proposals for a Finance Committee and associate members contained in the Governance Update; 2) To note the Audit and Remuneration Committee reports.	

The meeting closed at 17.44

Minutes agreed as accurate record of meeting:

Signed:

Dr Chris Price
Chair (on behalf of NHS Norwich CCG Governing Body)