Minutes of
NHS Norwich CCG
Governing Body
Tuesday 26th September 2017

	Present: Tracy Williams (TW) – Nurse Practitioner/Chair Dr Victoria Stanley (VS) – GP / Elected Member Dr Jeanine Smirl (JeS) – GP / Elected Member John Isherwood (JIs) – Practice Manager / Elected Manager Dr Andy Douglass (AD) – GP / Elected Member Dr Chris Dent (CD) – GP / Elected Member Rob Bennett (RB) – Lay Member Pam Fenner (PFe) – Non Executive Nurse Dr Neil Ashford (NA) – Secondary Care Doctor Irene Macdonald (IM) – Lay Member – PPI Jo Smithson (JoS) – Chief Officer John Ingham (JIn) – Chief Finance Officer **In attendance:** Nikki Cocks (NC) – Director of Operations and Delivery Karen Watts (KW) – Director of Quality Amanda Carver (AC) – Assistant Director of Primary Care Lynette Dagless (LD) – Executive Assistant (Minute taker) Clive Rennie (CR) – Assistant Director Integrated Commissioning (Mental Health and Learning Disabilities) Agenda Item 7 only **Attending to support meeting:** Jean Clark (JC) – Head of Governance Laura McCartney-Gray (LMG) – Engagement Manager	
1.	**Welcome and apologies**	
	TW welcomed AC Assistant Director of Primary Care who is attending the meeting on behalf of James Elliott. Apologies were received from; Paul Fisher (PFi) – Lay Member – Governance & Audit 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. Items 15 and 16 – Primary Care Report. All those working in primary care have a CoI. These are TW, VS, CD, JeS, JIs and AD.	
3.	**Items Exempt Under Freedom of Information Act (FOI)**	
	Part 2 – Procurement of Commissioning Support Services	
4.	**Minutes of the meeting held on Tuesday 25th July 2017**	
	The minutes were agreed to be an accurate reflection of the meeting and were signed off.	
	Action Log	

	The Action Log was updated as per updates provided by members of the Governing Body.	
5.	**Chair's Actions**	
	None.	
6.	**Questions from the Public**	
	NCCG received an email on Saturday in respect of the treatment of thyroid patients from the Norfolk representatives of the national support group, Improve Thyroid Treatment. The representatives attended the meeting and Tracy Buckenham (TB) read out the questions. TW confirmed that NCCG would provide a comprehensive response once information has been received from the medicines management team. 1. The NHS England Consultation "Items which should not be routinely prescribed in primary care" is still running, so why have Norfolk CCGs already withdrawn Liothyronine T3 from being prescribed? 2. The Consultation's accompanying documentation states "We will be asking CCGs to respond, but also to undertake their own local engagement activities." The CCG appears not to have any patient engagement activities. Can you tell us if these are arranged? TW confirmed that this will be taken forward in order to provide a comprehensive response. The group were advised to respond directly to NHSE consultation but that their concerns would be responded to locally as well. TB requested an official meeting with NCCG. It was confirmed that this would be fed back to the medicines management team as this relates to all Norfolk CCGs, not just Norwich. 3. The huge cost of Liothyronine is the main problem for the NHS. However it can be obtained at a small fraction of the cost from other than the 2 current licensed suppliers. All pharmacies can obtain the ThybonHenning brand if they register with the supplier IDIS. Why have Norfolk pharmacies not been informed of this? Again, the information is not available to be able to answer this question today and will be provided by the medicines management team. The group outlined the differences in costs between the NHS and other European countries. They provided a document outlining these costs to TW. 4. Patients with the DIO2 gene polymorphism cannot convert T4 into T3, which all cells need to function. It is estimated there are 2-300,000 hypothyroid patients who do - and will - need T3 to support them as the thyroid, and Levothyroxine T4, cannot supply all the necessary T3. Why do Norfolk CCGs not allow all patients with the defective DIO2 gene to be prescribed T3? The medicines management team have advised that they are seeking advice from the Norfolk and Norwich Acute Hospital Trusts specialist endocrinologists regarding the mutation as the evidence is not conclusive. Again, this will be provided once available by the medicines management	

	team. TB advised that in their experience, endocrinologists do not understand this gene and are being educated by the group. 5. The British Thyroid Association issued a statement in 2016 with further guidelines stating that patients who are doing well on Liothyronine T3 should not have their Liothyronine stopped. Why is Norwich CCG ignoring this professional advice? The medicines management team have confirmed that they are not ignoring advice and are recommending a review of patients in accordance with BTA recommendations. Again, TB disagreed with this as they have various patient statements saying that this drug has been de-prescribed. TW confirmed that comments would be fed back and a response would be sent in due course.	
7.	**Commissioning Case Study**	
	A short video was played about the group that has been set up by a member of the public following personal experience after childbirth. It shows how small initiatives can lead to millions of pounds worth of savings coming into Norfolk. It is from a patients perspective. Clive Rennie (CR) attended the meeting and outlined the link between the Charity, Get Me Out the Four Walls" and the work carried out with the CCGs and NSFT. There will be a launch event for the new perinatal mental health service at the Forum on Friday 29th September, 7.00 – 9.00pm and GB members were invited to attend. The group was set up by a mum who suffered from post-natal depression. She set up a website aimed at mums in a similar situation. Events are set up via social media and the enterprise cost £50 to set up. 3,000 women are now part of the group and the membership is growing. There are now 17 ambassadors who set up the meetings in various locations where mums can come together with no pressure because of the lack of stigma. A charitable fund has been set up which is used to fund counselling. This is on the back of long waiting times within the statutory mental health services. A bid was submitted to the DoH in respect of perinatal mental health which was successful; it was developed in collaboration with the founder of Get Me Out these Four walls, Norfolk CCGs and NSFT. A national template is currently being completed. Workforce has to be achieved in that various specialists have to be appointed and currently all posts have been appointed to. A pathway is being developed as part of a regional network. Work has been carried out in other areas and therefore work has taken place to ensure parity. KPIs will need to be included in the contract, it is expected that urgent cases would be seen in 12 hours, others within 2 weeks. There will be the 4 hour standard for Mental Health emergencies. Clinics have been set up in the Obstetrics Department at NNUH to help vulnerable woman, this has also been established in Great Yarmouth and a similar service is being set up at the QEH.	

8.	**Community Involvement Panel ToR**	
	This agenda item has been deferred to the next meeting.	
9.	**Engagement Strategy**	
	The current engagement strategy is out of date and therefore this has been updated to reflect changes around new initiatives such as the STP and NHS Five Year Forward View. GB felt that the document is easy to read, makes sense and flows well. JE, IM and LMG were thanked for producing the document. IM was asked to provide reassurance that voluntary groups etc are contained within a database which is kept up to date. It was confirmed that NCCG holds a database of all the groups that have patient representatives and this is kept up to date by LMG. LMG is very active in attending voluntary sector forums and events. **ACTION: LMG to add ITT to the database.** The question was raised with regards to how the strategy would work in the broader context of Strategic Commissioning. Currently it is difficult to be precise due to lack of clarity but once the decision has been made with regards to JSCC then things will become clearer. There are three levels of engagement to include joint commissioning and strategic commissioning. GB agreed to adopt the Strategy.	**LMG**
10.	**Consolidated Quality Committee Report**	
	PFe presented the Quality Report and provided a summary of the key issues. This report is an interim developmental report following discussions at the previous meeting. Consideration is being given in how to present the information in a format that is meaningful and starts to bring in benchmarking and trend analysis. **NNUH** NNUH have met the 62 day target cancer for the first time since 2014. We are now beginning to pick up trends where performance wasn't good and is being addressed. Mandatory training and appraisal compliance remains a challenge. This was flagged in a recent CQC report. There has been an improvement since 2016/17. It is now the focus of the trust Executive Board. The quality team are assured that they are making significant improvement but it is recognised that there is a long way to go. HSMR has been scrutinised and has reduced for seven successive months. It has reduced from 104 to 91 which is below what was expected. The CQC rating from April was requires improvement, there have been significant improvements in certain aspects but overall the rating remains as requires improvement. A quality improvement plan has been produced which is monitored monthly. **NSFT**	

	There is a process in place for monitoring out of area placements. Some placements are in Mundesley but although this is within Norfolk, it is considered to be out of area by the Trust. Part of this monitoring is looking at delayed transfers of care and NSFT have been asked to provide a remedial action plan. A CQC inspection has taken place; the report can't be shared at this moment of time as it has not been validated. A mortality review has taken place and there were a number of deaths of patients over 60, in response to this the Trust are developing a new Physical Health Strategy. **IC24** The Provider has produced a remedial action plan for home visits and there has been progress against this plan. IC24 have commissioned a survey of staff and feedback will be provided once the results are available. **NCH&C** There have been a number of delays in treatment, this is being picked up by CQRM to identify the issues. An action plan has been put in place for Looked After Children as key performance indicators are not being met. GPs are now working within the service with a focus on assessment and improvements are expected. The question was raised around appraisals within NNUH and what the trust is doing to increase compliance. It was confirmed that workforce is being addressed in order to allow staff to be released to undertake their appraisal. There is additional focus at Board level, being fed down to divisional level and is being monitored monthly. The question was raised as to whether NCH&C carry out staff surveys. KW confirmed that 18 months ago there were initial conversations across the organisation and they were keen to understand emerging trends though "Your Voice, Our future". Issues identified were grouped into 5 categories; each category is taken forward by a Director. Short surveys are repeated quarterly and as a consequence there have been more face to face meetings with team leaders. There was a trend around bullying and harassment. This was taken on board and there is a nominated person and they now hold "ask Louise sessions" where staff can go to the individual and talk through any issues. The trust have also introduced freedom to speak out champions. With regards to NSFTs Physical Health Strategy, there have been discussions previously about whose responsibility it is to monitor the physical health of mental health patients, what input has there been from within and outside of NSFT? **ACTION: KW agreed to follow this up and would invite a representative to attend the Quality Committee to provide further detail.**	**KW**
11.	**Provider and System Performance Report**	
	NC presented the Provider & System Performance Report.	

	NNUH The trust achieved the target performance for Cancer 62 day for the first time since 2014. A&E performance slipped in August and this was due to Junior Doctor rotation alongside annual leave. The possibility of changing when rotation takes place is being looked into. This has impacted on RTT, the Trust is working hard to try to recover performance, and there is a move towards working together with the other acute hospitals looking at specialities. A series of discussions are taking place between the three hospitals around three specialities with the biggest backlog. **EEAST** Red performance is good generally however green performance is not as positive. Deloittes are undertaking a service review of demand and associated capacity, it will take into account the changes required as part of implementation of the Ambulance Response Programme. **IC24** Performance of 111 calls remains positive and above required targets. There are challenges within the home visiting services which are being monitored closely to ensure the service is safe. There are significant new integrated urgent care specification issues which must be delivered by 31st March 2018. It is felt that these are really sensible, and with a gap analysis against it, it is likely to join up urgent response for in hours as well as out of hours. There will be a range of developments including working more closely with primary care colleagues. Norwich out of hours are now co-located with the Walk In Centre on Rouen Road. **NCH&C** There is a challenge around the Paediatric Outpatient service, this is starting to turn around. The review identified the need for a Consultant led pathway. **NSFT Wellbeing Service** NCCG are working with the coordinating commissioner and are a key part of the intensive support team. At the moment the expectation is that the performance will be recovered by June 2018. This is due to the backlog of patients waiting to be seen. CCGs are working closely at JCC to make sure targets are achievable. The question was raised around whether NCCG is doing everything we can to bring NNUH performance around A&E and RTT back on track. It was confirmed that we are doing a lot but more can be done. There will always be the challenge of ensuring that patients are being treated in the right place. There is a new specification and there are good ideas within that. Work is being done in primary care to try to stop people going into the acute who don't need to. If this is successful then this would allow the hospitals to concentrate on what they should.	
12.	**Activity and Demand Management Report**	

	JIn presented the Activity and Demand Management Report for June and July. GP referrals to NNUH are slightly up on last year, the target is to keep them flat. This creates pressures on waiting times and in response to this a demand management incentive scheme is being worked through in general practice. NNUH contract performance is below plan, with regards to elective admissions, emergency admissions and outpatient attendances. A lot of the initiatives that are taking place within Norwich as part of the New Models of Care, HomeWard etc prevents the need for patients to attend NNUH. This work supports reduction in the pressure on A&E and emergency admissions. This report is discussed in detail at the CCG Demand Management Group, where numbers are presented along with clinical intelligence beneath it. The group looks at ways to improve services. This report is also reviewed at Finance Committee, there are assurance calls with NHSE, they have commended work carried out by NCCG. NPL are correlating information on the schemes within primary care and the first report is expected by 10th October. It was felt that there is an inverse relationship between some of the figures, by referring a patient earlier it means preventing an emergency / crisis. The Demand Management Working Group recognises that although this means good patient care there is not always an impact on the data. The figures are scrutinised in order to put them into context. Queries were raised around the dermatology figure (600%). This relates to the Dermatology redesign. This is being looked into to ensure that it is counting patients going through the mole clinic. We need to check how many patients also go to NNUH. We are measuring what we can at this point in time. Through using the Telederm, this avoids patient referral as it is a picture of a lesion that is submitted. In theory, Telederm was set up to reduce inappropriate referrals to NNUH. If it is being used to support where clinical judgement would have been made anyway then it is not so effective. With regards to emergency admissions, for the first four months of this year compared to last year, there has been a 45% reduction in admissions from Care Homes for Norwich CCG patients, this can be directly attributed to work we have been doing with care homes.	
13.	**Finance Report**	
	JIn presented the Finance Report at Month 5. The financial position remains positive. With regards to NNUH, we remain ahead of plan which is underpinning a good position within the NNUH contract with an overall underspend. CHC spend and prescribing spend also remains positive. With regards to Primary Care budgets, there is a shortfall in the delegated budget that we are aware of. Previously the issue of transfer of funds related to the transfer of Roundwell	

	Medical practice was flagged, this issue has now been resolved and therefore is no longer a risk. The mental health out of area placements that were mentioned in the Quality Report earlier, may have to be factored in as a risk in future months. This is currently being looked into. This relates to a low number of patients but at a high cost. These costs are reviewed on a package by package basis. This report has been reviewed at Finance Committee.	
14.	**QIPP Report**	
	JIn presented the QIPP report as at Month 5. JIn advised that there is an overlap with the Demand Management Report. The QIPP programme is about reducing both demand and spend. The overall position is positive. We are achieving 98% of plan to date and forecast achievement of 95% at the end of the year. With regards to planned savings, it is expected that there will be different areas of pressure at different points throughout the year. There is a lot of work taking place around pathway design along with work to try to support frequent attenders which we would expect to have an impact in the second half of the year. This report has been through the Finance Committee who have carried out a deep dive into the highest areas of savings. Internal Audit have also provided assurance around the QIPP agenda.	
15.	**Commissioning Report**	
	AC presented the Commissioning Report which is now split into two sections. **The New Model of Care** There has been publication of new guidance for commissioners around the steps that need to be taken, in particular around how to issue a contract and the form it might take. The report highlights the key areas of main areas of change. The document refers to an Accountable Care System (ACS) and Accountable Care Organisation (ACO). With the development of STP this is the terminology increasingly being used by NHSE. Key areas are highlighted within the report. AC presented the Draft MCP @ 2020 structure diagram and explained each area within the diagram. Work is now taking place to look more robustly at Contracting and Finance side in order to meet the target of having the MCP in place by 1st April 2020. Work is taking place to design the specification, working through the implications. An internal steering group has been set up, the membership is SMT, AC and Claire Leborgne (CL). CL will be drafting the initial specification. The Steering Group will oversee the day to day progress and will report into overall New Models Board, who in turn report to GB on progress. It was suggested and agreed that this is explored in more detail at the October developmental meeting.	

	ACTION: Agenda Item for October Developmental Meeting. The second part of the report provides an update on the work programme. Within this portfolio there are nine programmes of work, each with a number of projects to progress the development of the New Model of Care. 1. Care Homes 2. Digital 3. Estates 4. General Practice at Scale 5. Mental Health 6. Planned Care 7. Prevention & Wellbeing 8. Primary, Community and Social Care 9. Workforce Concerns were raised that one practice is not part of NPL and OneNorwich, and therefore there may be an issue around achieving 100% of the targets. AC confirmed that this is being addressed, there is an agreement in place with OneNorwich around delivery of the project and discussions have taken place with the practice to be clear around what we are expecting them to be involved with as they are still a member practice of NCCG. With regards to the issue around pensions highlighted in the report, concerns were raised around indemnity. Whole practice indemnity covers all staff and this could be affected when sharing back office, nursing skills etc. AC confirmed that Vanguards are working on this with NHSE and problems are being worked through. YourNorwich New Models Board ToR were shared for agreement. These were shared as the New Models Board reports into the Governing Body. Governing Body signed off the ToR. **ACTION: YourNorwich New Models Board ToR will need to be included in the Constitution.**	**JE / AC** **JC**
16.	**Primary Care Committee Report**	
	CoI were confirmed for members who work in Primary Care. These are TW, VS, CD, JeS, JIs and AD. The Primary Care Report updated the GB on the current status of Primary Care Delegated Commissioning.	
17.	**IFR Update**	
	CD presented the IFR paper and provided an update on the arrangements for managing exceptional funding requests. There was a focussed effort by the NELCSU lead over the past year to reorganise the way the panel runs which has led to greater efficiency. Patient participation has been discussed, it was decided that the most appropriate	

	way to progress this would be to invite individual patient interest groups to meetings of interest. In order to continue to enhance the effectiveness of the panel, commissioners and clinical leads within the NHS trust have been invited to participate at meetings. By having a representative on the panel from the outset would improve consideration and efficiency. Concerns were raised at the last meeting regarding provision of support from NELCSU, it has been confirmed that this support will be continued and Kathryn Griffiths has been appointed until March 2018. ToR and application forms have been reviewed and updated. These are available on the website.	
18.	**Strategic Commissioning**	
	JoS presented the Strategic Commissioning paper which recommends the establishment of the Joint Strategic Commissioning Committee (JSCC), of the 5 Norfolk CCGs Governing Body are being asked to recommend to CoM the approval of the ToR and inclusion of them within the Constitution. There has been governance oversight. The paper was produced by the Head of Governance from SNCCG and NNCCG with input across the CCGs. There will be a Scheme of Delegation (SoD) to accompany this which needs to be worked through in detail. The JSCC would meet in shadow form before they start to meet in public. The SoD will need to be approved by the CCGs Governing Bodies and Council of Members. Most of the feedback from the previous meetings and discussions in developmental sessions has been incorporated into the ToR. With regards to the membership of the committee , the points raised were discussed by the Accountable Officers and there were arguments for and against the suggestions and it was therefore agreed not to put any restrictions on the three key roles. Governing Body agreed to recommend that CoM sign off the ToR and that these are added to the Constitution. Discussions were underway to propose what decisions would be delegated to JSCC. GB would review the amended Scheme of Delegation in due course	
19.	**Continuing Health Care**	
	NHSE have now approved the Business Case and JoS outlined the process that has been undertaken to date, the purpose of the transition and the objectives. The transition of service is going to take place on 1st November 2017. The contract with NELCSU has been extended for one further month. Gateways are in place to progress this through the next few months. Consultation with staff is now taking place, it is a 45 day consultation. Numerous discussions have taken place around the hosting agreement. NCCG is assured that all arrangements are in place. With regards to information governance, there is a risk share arrangement in place.	

	With regards to the Finances, we have now received significant financial information from NELCSU and are waiting for information around staff TUPE. As part of the governance discussions have taken place around the establishment of an Oversight and Scrutiny Group within NCCG to oversee the CHC Business Unit. The ToR should be finalised later this week and we will be seeking two lay members from the Governing Body to sit on that Scrutiny Group to oversee the running of the Business Unit and hold the Executive to account. It was agreed that it would be important to have clinical input as it is an area of activity that is very important. There needs to be scrutiny around workforce, quality of service, finances and the wider governance. It was agreed that it would be appropriate to see the full ToR before making a decision. It is hoped that the first meeting will take place end October / early November. **ACTION: JoS to share ToR with the five individuals and have email conversations outside of the meeting.**	**JoS**
20.	**EPRR Assurance Self-Assessment**	
	This report has been to the Executive Committee. It is a statutory duty to participate in EPRR, we were therefore asked to undertake a self-assessment to confirm where are. The Executive Committee were assured that we are fully compliant. NC was asked whether there were any areas of concern. Jayde Robinson who was the CCGs Resilience Officer , hosted by NCC is now in a new role but we have been reassured that the now vacant post is being actively recruited into. Governing Body noted the progress with EPRR arrangements and approved the self-assessment against core standards.	
21.	**Conflicts of Interest Committee Chairs Report**	
	RB presented the CoI Committee Chairs Report. There is a lot of work taking place to make sure policies and procedures are up to date and in line with guidance. The Committee is looking at individual case studies where conflicts may exist and mitigations around those.	
22.	**Finance Committee Chairs Report**	
	RB presented the Finance Committee Chairs Report. With regards to self-assessments, the Committee are looking at potential areas of improvement. It was felt that it would be good practice for all committees to carry out a self-assessment. **ACTION: JC to arrange for all Committees to carry out a self-assessment.**	**JC**
23.	**Governing Body Assurance Framework (GBAF)**	
	NC presented the GBAF. A number of risks have reduced. All risks are referenced and discussed on the agenda.	

FOR INFORMATION ONLY		
	Finance Committee	
	Minutes from the Finance Committee meeting that took place on 18th May 2017 were shared for information.	
	Primary Care Delegated Commissioning Committee	
	Minutes from the Primary Care Delegated Commissioning Committee meeting that took place on 22nd June 2017 were shared for information.	
	Joint Commissioning Committee	
	Minutes from the Joint Commissioning Committee meeting that took place on 20th June 2017 were shared for information.	
	Health & Wellbeing Board	
	The link to the Health & Wellbeing Board papers was shared for information.	

Minutes agreed as accurate record of meeting:

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