

	<p><b>Present:</b>  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  Rob Bennett (RB) – Non Executive Member  Pam Fenner (PFe) – Non Executive Nurse  Dr Neil Ashford (NA) – Secondary Care Doctor  Jo Smithson (JoS) – Chief Officer  John Ingham (JIn) – Chief Finance Officer</p> <p><b>In attendance:</b>  James Elliott (JE) – Director of Clinical Transformation  Nikki Cocks (NC) – Director of Operations and Delivery  Karen Watts (KW) – Director of Quality  Lynette Dagless (LD) – Executive Assistant (Minute taker)  Francoise Price (FP) – Deputy Director and Chief Pharmacist Anglia (NELCSU) – (Agenda Item 16 only)</p> <p><b>Attending to support meeting:</b>  Jean Clark (JeC) – Head of Governance  Tim Curtis (TC) – Communications  Laura McCartney-Gray (LMG) – Engagement Manager</p>	
<b>1.</b>	<b>Welcome and apologies</b>	
	<p>TW welcomed everyone to the meeting.</p> <p>Apologies were received from;  Dr Chris Dent (CD) – GP / Elected Member  Paul Fisher (PFi) – Lay Member – Governance  Irene Macdonald (IM) – Lay Member – PPI</p>	
<b>2.</b>	<b>Declaration of Conflicts of Interest</b>	
	<p>Item 15 – Primary Care Report. Conflicts of interest were declared by members who work in general practice – TW, AD, JeS and VS.</p>	
<b>3.</b>	<b>Items Exempt Under Freedom of Information Act (FOI)</b>	
	<p>Part 2 – CHC Transition Update</p>	
<b>4.</b>	<b>Minutes of the meeting held on Tuesday 23<sup>rd</sup> May 2017</b>	
	<p>The minutes were agreed to be an accurate reflection of the meeting and were signed off by the Chair.</p>	
	<b>Action Log</b>	
	<p>Updates to the action log;</p> <ul style="list-style-type: none"> <li>Commissioning Report – KW confirmed that she is assured in terms of the follow up. The Quality Team are in contact with the practices that declined to take up the LCS service and the process is in place for them to contact and escalate issues to KW or CD.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Provider and System Report – this has now been included.</li> <li>• Commissioning Report – A conversation has taken place and has had clinical input. This was discussed at CRG. It has been implemented.</li> <li>• Procurement of Commissioning Services – The award of the contract is due in September and therefore there will be an update at that meeting. It was confirmed that NCCG is going through the process. Bids have been received and we are approaching the evaluation stage.</li> </ul>	
<b>5.</b>	<b>Chair's Actions</b>	
	<p>This relates to item 7 – Patient and Community Advisory Group (PCAG).</p> <p>A review of the CCGs PCAG supported by PCAG was commissioned by the CCG and undertaken by an external consultant. The findings were discussed at a GB developmental session and Chairs Action required on the decision when the GB's views were considered.</p> <p>It was agreed to dissolve PCAG in its current form and continue with focused engagement through the Community Involvement Panel.</p>	
<b>6.</b>	<b>Questions from the Public</b>	
	None.	
<b>7.</b>	<b>Patient and Community Advisory Group (PCAG)</b>	
	<p>Following a review of the PCAG it was agreed to dissolve PCAG in its current form and continue with focused engagement through the Community Involvement Panel.</p> <p><b>ACTION: The ToR of the Community Involvement Panel will be refreshed and it is proposed that this will be brought to the September GB meeting.</b></p> <p>GB formally noted its appreciation to the PCAG members and at the last PCAG meeting it was emphasised to the individuals how much their contributions to date is valued and we shall want them to stay involved in future pieces of work.</p> <p>PFe confirmed that the Quality Committee would welcome input from patients and feels that this area could usefully develop.</p> <p>It was raised as an observation that since the Community Involvement Panel was formed, Conflicts of Interest (Col) advice and information has been strengthened and therefore this needs to be taken into consideration.</p> <p><b>ACTION: It was agreed that this would be picked up by the Col Committee.</b></p> <p>The Clinical Reference Group reviews policies around conditions and management. It was suggested that it would be useful for these to be reviewed by patients, specifically advice leaflets, with regards to how useful they are, whether they are understood. It was also suggested that this could be done via email or other electronic means.</p> <p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>1. <b>JE to take forward to Clinical Reference Group Chair / CPRG Chair to see if the policy review has patient input.</b></li> <li>2. <b>LMG to follow up on the "virtual panel" and the validity of contacting</b></li> <li>3. <b>The CCGs revised Engagement strategy will be coming to the September meeting.</b></li> </ol>	<p><b>IM</b></p> <p><b>JC</b></p> <p><b>JE</b></p> <p><b>LMG</b></p> <p><b>IM</b></p>

8.	<b>Consolidated Quality Report</b>	
	<p>PFe presented the Quality Report. The purpose of the report is to provide a summary of the key highlights around clinical quality and patient safety relating to our key NHS Trusts and Provider Organisations.</p> <p><b>NCH&amp;C</b> – The level of assurance has reduced and the reasons for this were highlighted.</p> <p><b>IC24</b> – The level of assurance has reduced and the reasons for these were highlighted.</p> <p>NCCG is undertaking some significant work with IC24 to understand what we can do to improve the situation.</p> <p>With regards to referrals to the District Nursing service it was confirmed that IC24 have some new call handlers and the issue has been the technical transfer across. There have been some QIRs in relation to this.</p> <p><b>NSFT</b> – The level of assurance has reduced and the reasons for these were highlighted.</p> <p>A discussion around NSFT mortality reviews highlighted that there needs to be enhanced training around the physical health of patients with a mental health illness, because so many mental health medicines contribute to other long term conditions. There are ongoing debates about whose job it is to monitor certain aspects of a patient’s physical condition.. There needs to be clarity with regards to this.</p> <p>It is hoped that this will be addressed as within the New Model of Care for Norwich programme.</p> <p>The number of out of Trust placements remains high. This is related to capacity in the wider Trust system and has been raised as a risk by SNCCG as coordinating commissioner. There is the potential for CCGs to risk these placements across the CCGs. It was noted that a number of patients were at Mundesley which is within NNCCG area. Issues are being addressed following external review.</p> <p>There are concerns regarding capacity within the system. Although there has been investment into the service, there is a significant a level of vacancies which needs to be addressed before improvements are achieved. NSFT has attracted newly qualified staff which is positive, however vacancies within new services are filled from within the same system, therefore creating vacancies within a different area of the service.</p> <p><b>NNUH</b> – The level of assurance remains the same and the reasons for these were explained.</p> <p>Cancer remains an issue and the remedial action plan is being scrutinised. There were 40 breaches in May, 5 of which were Norwich patients. The Quality Committee seeks assurance around risk to individual patients and potential impact. The Trust analyses all breaches and weekly review meetings take place.</p> <p>There has been a CQC visit but we have yet to receive any feedback. It is hoped that this can be reported at the September meeting.</p>	

	<p>It was confirmed that there has been improvement over the course of the year and that it was agreed that it would be useful to have a long term comparison included in future reports of past performance.</p> <p><b>ACTION: Long term comparison to be included in future reports.</b></p>	<b>KW/PFe</b>
<b>9.</b>	<b>Provider &amp; System Performance Report</b>	
	<p>NC presented the Performance Report highlighting the areas of concern for each provider.</p> <p><b>NSFT</b> Attention was drawn to concerns around the Wellbeing Service (IAPT). The recovery plan for Norwich indicated it would be back on track by July. A piece of work is taking place to validate the data and there are concerns that reporting is not as it should be and that our position might be slightly worse. SNCCG, as the coordinating commissioner have focus on this and actions have been agreed to address the key areas of challenge.</p> <p><b>ACTION: It was suggested and agreed that there should be a detailed discussion at the Joint Commissioning Committee (JCC).</b></p> <p>There are various ways for GPs to refer into the service and the query was raised around what is being measured. It was confirmed that it is the number of patients entering treatment and recovering from treatment. The performance issue relates to recovery to discharge rate.</p> <p>Further work is required to understand the key factors as this is not known as NCCG are not involved in discussions. The intensive support team have prepared a report and this is now the area of focus.</p> <p><b>NNUH</b> A deep dive took place at Audit Committee around RTT in order for members to understand the work and focus. They would be interested to know whether there is any information by speciality showing trajectories. There is a clear backlog and it is key that they remain on top of the caseload. Demand management is looking at performance against trajectory</p> <p><b>ACTION: NC to circulate up-to-date information.</b></p>	<b>NC</b>
<b>10.</b>	<b>Activity and Demand Management Report</b>	
	<p>JIn presented the report providing an overview as at June 2017.</p> <p>The observation was raised, going back to earlier discussions around the number of vacancies within the system, are there significant vacancies in the areas that are under performing? Are there alternatives that we can offer?</p> <p>This was acknowledged as a valid point and work needs to be carried out to collate all of the information. It could be seen as positive that activity is down but if this is due to not having the capacity to see patients then the waiting list will be growing.</p> <p>NCCG has established a Demand Management Working Group. The intention is to look at the activity information monthly and to gather intelligence around what might be happening to gain assurance. It was recognised that this needs to be joined up with workforce plans and focus on training and education to ensure that we are</p>	

	<p>future proofing it.</p> <p>The purpose of the report is to show that demand management is working but this needs to be consistent with the Quality and Performance reports. Further work to improve it will take place.</p> <p>This report was reviewed by the Finance Committee which found it to be clear, helpful and well laid out. A query was raised in respect of Dietetics with regards to the comparison between last year and this year. This has been raised by Finance Committee and is going to be looked into.</p> <p>GB found it reassuring that anomalies are being picked up.</p>	
<b>11.</b>	<b>Finance Report</b>	
	<p>JIn presented the Finance Report as at Month 3.</p> <p>The CCG's cumulative surplus is planned to reduce in year from £5.8m to £5.3m, representing 2.2% of the CCG's programme spend (excluding delegated primary care budgets).</p> <p>The CCG financial position to month 3 is an underspend against plan of £46k, comprising £17k underspend in programme budgets and £29k in running costs.</p> <p>Risks were highlighted and GB noted that there has been progress since the last meeting with regards to property services.</p> <p>Concerns were raised with regards to the planning gap within the STP footprint and whether this meant that there would be an increase to the QIPP challenge. This is a probability and work is taking place with the other CCGs looking at how to resolve the planning gap. Work is taking place to look at areas that could be added to QIPP to help with this.</p>	
<b>12.</b>	<b>QIPP Report</b>	
	<p>JIn presented the QIPP Report as at Month 3.</p> <p>The QIPP Report presented at the March meeting was based on best estimates. A detailed process has taken place to look at the estimates.</p> <p>NCCG is broadly on track for the delivery of QIPP. The initiatives are RAG rated in terms of progress. The CCG Programme Board looks at, and has focus on, any projects that are rated red or amber. The reasons are discussed as are ways to unblock them.</p>	
<b>13.</b>	<b>Annual Audit Letter</b>	
	<p>JIn presented the 2016/17 annual audit letter on behalf of our External Auditor, Ernst &amp; Young.</p> <p>It was felt that it is a clear and excellent report confirming that the auditors are happy with everything they have looked at. It is a reflection of the hard work that has gone in throughout the year putting information together for the auditors to look at.</p> <p>GB acknowledged the effort by CCG staff that has gone into achieving this outcome.</p>	

	Thanks were given to the auditors for the work they have done.	
<b>14.</b>	<b>Commissioning Report</b>	
	<p>JE presented the Commissioning Report and provided an update on the four commissioning portfolios;</p> <ol style="list-style-type: none"> <li>1. Norwich New Model of Care</li> <li>2. Norwich Other</li> <li>3. Central Norfolk</li> <li>4. Norfolk and Waveney</li> </ol> <p>With regards to the strategic review of primary care estates, GB feel that it is important that NCCG keeps in touch with local authorities planning for growth, population growth and the impact on general practice. There are plans for Greater Norwich establishing major housing developments over the next 10-15 years. This will impact on estates and services.</p> <p><b>ACTION: A document from Broadland District Council has been circulated to SMT and this will be picked up at a SMT meeting.</b></p> <p>The question was raised as to whether the impact on the system as a whole is being considered within the STP. There is an estates workstream which is establishing links with councils within the area where they manage estates.</p> <p>Concerns were raised around the capacity of the team to deliver to projects within the QIPP plan.</p> <p>An internal Project Programme Commissioning Group will be established by August which will oversee the programme. Part of the role will be to ensure that contracting processes are in place, monitor where we are in terms of capacity to deliver the programme. There are clear commissioning responsibilities and this is being carried out in conjunction with other partners.</p>	<b>JoS</b>
<b>15.</b>	<b>Primary Care Report</b>	
	<p>Conflicts of interest were declared by members who work in general practice – TW, AD, JeS and VS.</p> <p>JE presented the Primary Care Report providing an update on the current status. This will be presented by IM at future meeting as Chair of the Primary Care Committee.</p> <p>The report was noted by the Governing Body.</p>	
<b>16.</b>	<b>Self-Care for Self-Limiting Conditions Policy</b>	
	<p>Francoise Price (FP) attended the meeting and presented the Self-Care for Self-Limiting Conditions Policy. The Policy is Pan-Norfolk and has been adopted by NNCCG, SNCCG and WNCCG.</p> <p>The policy encourages a reduction in prescribing medicines that are available to purchase over the counter for self-limiting conditions has been developed by the expert medicines management team and with local GP input. It underpins the public Self-Care campaign across Norfolk &amp; Waveney and aims to guide patients and doctors on where self-care is better for patients and can alleviate pressures on GP appointments and reduce prescribing costs.</p>	

	Governing Body approved the policy.	
<b>17.</b>	<b>Audit Committee Report</b>	
	<p>RB presented the Audit Committee Report, providing an update on the April meeting of the CCG's Audit Committee.</p> <p>The Audit Committee has carried out a Self-Assessment, responses are being collated and an action plan will be developed. This will define the work of the Audit Committee going forward.</p> <p>The ToR have been updated and GB was asked to approve them.</p> <p>GB approved the revised ToR.</p>	
<b>18.</b>	<b>Conflicts of Interest Committee Report</b>	
	<p>RB presented the Conflicts of Interest Committee Report, providing an updated on the second meeting of the Committee,</p> <p>The main focus at the moment is in respect of policies to ensure that they are in line with National Guidance which has recently changed.</p> <p>The ToR were shared and GB was asked to approve them.</p> <p>GB approved the ToR.</p>	
<b>19.</b>	<b>Finance Committee Report</b>	
	<p>RB provided an update from the last Finance Committee meeting.</p> <p>The Committee discussed Activity Demand Management, the Finance Report and the QIPP Report. The Committee also looked back at QIPP performance in the previous year to consider lessons learnt, what worked well and what NCCG needs to do differently.</p> <p>There was a deep dive into RightCare and an update on CHC and the approach taken by NCCG in managing the budget. It is about delivering the most effective service for patients on an individual basis and by doing so realising financial benefits.</p> <p>The Committee will be carrying out a self-assessment and will provide feedback once this has taken place.</p>	
<b>20.</b>	<b>Annual Assurance (NHS England)</b>	
	<p>JoS presented the Annual Assurance documents from NHSE.</p> <p>NCCG has been classified as Good. NHSE recognises a number of achievements.</p> <p>There is a number of key areas of challenge around performance in the system ie RTT, Cancer, A&amp;E and Mental Health. Recently there have been significant improvements around Cancer and A&amp;E, but RTT is more difficult.</p> <p>NHSE has made it clear that they expect to hold coordinating commissioners to account for commissioning of services to an appropriate level of quality. There needs to be processes in place for doing this. A question was raised about how this will work in the context of the Joint Commissioning Committee (JCC) and STP.</p>	

	<p>Until a few months ago there were two committees:</p> <p>The Joint Contracting Exec (JCE) was created to enable all parties to be updated on contract discussions, with individual CCGs leading on specific areas. The JCE has not met over the last few months and this needs to be replaced. It was felt that the meeting was no longer functioning and the right people were not attending and therefore the meeting was stood down.</p> <p>Joint Commissioning Committee has a mechanism for holding CCGs to account and JoS has raised concerns with SNCCG around communication of Mental Health issues and will request a formal update periodically. NCCG is willing to provide formal updates on areas for which it is the coordinating commissioner.</p> <p>There has been some confusion over the roles of 'lead' commissioner and 'coordinating' commissioner. All CCGs are Coordinating Commissioners and work on behalf of the other CCGs. There are no lead commissioners. It was agreed that moving forward there needs to be clarity around this terminology to ensure that all CCGs have the same understanding.</p> <p>At the recent NHSE East Accountable Officer meeting it was confirmed that there will be changes to the annual assurance process as it is more likely to be at system level. There will be annual assurance at CCG level.</p> <p>The report also provided the 2016/17 assessment ratings for cancer, mental health and dementia,</p> <p>Cancer – requires improvement Mental Health – inadequate Dementia – Good</p> <p>Nationally, there are “9 must do’s” for CCGs and there are a number of different performance markers under Mental Health. This information has been requested as it is intended to report on all nine routinely. This is required from the coordinating commissioner as we need to see it to be able to scrutinise it.</p> <p><b>ACTION: It was agreed to focus on it in the next development session.</b></p> <p>GB thanked all CCG staff for their hard work.</p>	<p>JIn</p>
<p>21.</p>	<p><b>360° Stakeholder Survey</b></p>	
	<p>JE presented the CCG annual 360 stakeholder survey for 2017 which has been published and is attached to this report.</p> <p>It was felt that it would be useful to provide feedback to those who input into the stakeholder survey.</p> <p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>1. <b>LMG to respond to those who provided feedback, including practices, confirming what the CCG are going to do in response to it.</b></li> <li>2. <b>TW to pick up with the new CoM Chair regarding practice feedback from 360 to take to future CoM meeting.</b></li> </ol>	<p>LMG</p> <p>TW</p>
<p>22.</p>	<p><b>Governing Body Assurance Framework (GBAF)</b></p>	

	<p>NC presented the GBAF which contains risks identified as potentially impacting on the ability of the CCG to meet its strategic objectives. All risks have been picked up within the agenda.</p> <p>With regards to the earlier conversation around workforce and population growth, there are various risks already within the GBAF but these have a clear focus on Primary Care. There will have a wider impact such as Acute hospitals. Does there need to be a separate risk included on GBAF around the population growth and new developments?</p> <p><b>ACTION: Pick up the potential risk around workforce and population growth at Exec Committee.</b></p>	<b>JC</b>
<b>23.</b>	<b>STP Update</b>	
	<p>JoS presented the paper providing an update on the developing N&amp;W STP.</p> <p>This has been to the Health and Wellbeing Board and they were asked to suggest any actions that could accelerate progress. The PMO of the STP will be writing reports for CCG Governing Bodies going forward.</p> <p>The report was noted by the Governing Body.</p>	
<b>FOR INFORMATION ONLY</b>		
	<b>Annual Report and Accounts</b>	
	The Annual Report and Accounts were shared for information.	
	<b>Finance Committee</b>	
	Minutes from the Finance Committee meeting that took place on 17 <sup>th</sup> March 2017 were shared for information.	
	<b>Executive Committee</b>	
	Minutes from the Executive Committee meetings that took place on 27 <sup>th</sup> April 2017 and 25 <sup>th</sup> May 2017 were shared for information.	
	<b>Audit Committee</b>	
	Minutes from the Audit Committee meeting that took place on 18 <sup>th</sup> April 2017 were shared for information.	
	<b>Primary Care Delegated Commissioning Committee</b>	
	Minutes from the Primary Care Delegated Commissioning Committee meeting that took place on 23 <sup>rd</sup> February 2017 were shared for information.	
	<b>Joint Commissioning Committee</b>	
	Minutes from the Joint Commissioning Committee meeting that took place on 16 <sup>th</sup> May 2017 were shared for information.	
	<b>Health &amp; Wellbeing Board</b>	
	Link to the Health & Wellbeing Board papers was shared for information.	

**Minutes agreed as accurate record of meeting:**

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

Date: .....