Minutes of
NHS Norwich CCG
Governing Body
Tuesday 28th November 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 Paul Fisher (PFi) – Lay Member – Governance & Audit Rob Bennett (RB) – Lay Member 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:** 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) Euan Williamson (EW) – Mental Health Commissioning Programme Manager (Agenda Item 16a) **Attending to support meeting:** Jean Clark (JC) – Head of Governance Tim Curtis (TC) – Head of Comms	
1.	**Welcome and apologies**	
	TW welcomed everyone to the meeting and acknowledged that Cllr Emma Corlett, Norfolk HOSC Link Member was at the meeting. There is an additional paper "Mental Health Crisis Hub" which will be taken under Agenda Item 16. Euan Williamson will be attending to present the paper. Apologies were given for the late distribution. Apologies were received from; Pam Fenner (PFe) – Non Executive Nurse	
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. <u>Item 17 - Primary Care Committee Chair's Report</u> – All those working in Primary Care have a CoI. These are TW, VS, CD, JeS, AD and JIs.	
3.	**Items Exempt Under Freedom of Information Act (FOI)**	
	Part 2 – a sensitive issue will be discussed. Governing Body members would stay but those in attendance would be leaving the meeting.	
4.	**Minutes of the meeting held on Tuesday 26th September 2017**	

	Subject to a few minor amendments submitted via email before the meeting, the minutes were agreed as accurate and will be signed off.	
	Action Log	
	The Action Log was updated as per updates provided by members of the Governing Body.	
5.	**Chair's Actions**	
	There were two items taken under Chairs Action, Continuing Health Care and Procurement of Commissioning Support Services both of which are on the agenda.	
6.	**Questions from the Public**	
	No questions were received from members of the public.	
7.	**Commissioning Case Study**	
	A video was shown regarding the Diabetes Prevention Programme which is aimed at patients who have been identified as pre-diabetic. It is about lifestyle changes and support. The programme has had an impact in reducing the number of patients who develop Type 2 Diabetes. The video is a patient who has been through the programme and he detailed how his life has changed for the better. It was suggested that the video should be shown on the PIP screens in surgeries as it was felt that it would inspire a number of patients. Compliments were paid to Rachel Hunt, Healthy Norwich, who has carried out a huge amount of work in establishing this programme.	
8.	**Patient Engagement Update**	
	IM presented the Patient Engagement Update paper. The CCGs Engagement and Communications Strategy was approved by Governing Body at the September meeting. This report outlines the engagement activities carried out since that meeting and Governing Body were asked to note the update and to approve the ToR of the Community Involvement Panel.(CIP) The way in which surveys are carried out and the extent to which people are consulted was discussed. There are two ways in which surveys are carried out as there are differences between NHS formal consultation and engagement exercises. Engagement exercises are through relevant patient groups. There is a panel of 4000 patients subscribed to Norfolk Voice which is a County Council stakeholder panel. Surveys are promoted through the NCCG website, twitter account and media. For a Formal Consultation, unless we are aware that it is a small cohort of patients, the surveys are not sent to individual home addresses due to the huge costs involved. However, where there is a small cohort of people then we will write to them directly where can. A paper version is provided on request. With regards to the STP led Extended Access to Primary Care survey, this is being carried out Norfolk wide and is about STP communications and engagement. There have also been STP engagement events that are HealthWatch initiated	

	public meetings in Taverham and Kings Lynn, and another meeting is planned for Great Yarmouth. Governing Body felt that the CIP ToR are very clear and reflect previous discussions and therefore were agreed. It was agreed that a review of how the group is working will take place in 6months time. There are two meetings per year and at least one meeting must take place within the set timescale. **ACTION: Feedback to be provided in 6 months' time (May 2018) of review of CIP.**	**LMG**
9.	**Consolidated Quality Committee Report**	
	VS chaired the last Quality Committee so presented the Chairs report providing a summary of assurance in relation to key healthcare providers and key areas of quality focus. KW presented the Quality Committee report providing a summary around clinical quality and patient safety relating to providers. Concerns were raised around NNUH Stroke Performance. It was acknowledged that there are some challenges and these are being monitored through CQRM. At the next meeting there will be a pathway review of beds. NCH&C are part of the stroke pathway and the review will look at overall capacity across the system. There are issues are around key alerts from the ambulance trust as there have been changes within the trust around conveyances and we need to ensure that Stroke is protected. Six themes have been identified in relation to non-compliance with "Improving how Hospitals work with General Practice". KW was asked to confirm that the Quality Team receives them. KW confirmed that the Quality Team receives this information and issues are discussed with the Medical Director and followed up. Concerns were raised also around the number of patient falls and whether any work is underway to reduce the number of falls. NNUH carry out internal falls risk assessments and reviews are carried out to make sure that staffing levels are adequate. Due to the geographical layout of the wards this can be complicated and there has to be appropriate one to one care for patients. Any significant harm is followed up through Serious Incident (SI) reporting. An example of good practice within another trust was provided, coloured wrist bands are used to identify patients at risk of falls and it was suggested that this might be an option. **ACTION: KW to follow up.** With regards to RTT, the question was raised as to whether the Quality Team are confident that NNUH is doing all it needs to in order to improve quality. It was confirmed that there has been progress on 62 day waits and some clinical pathways are being reviewed. There is a significant challenge in balancing emergency demand in terms of admission avoidance and the impact on routine work. There is an internal process for root case analysis of long waits and this is monitored.	**KW**

10.	**Provider and System Performance Report**	
	NC presented the System and Performance report. The question was raised as to whether there is variance in the Dementia trajectory levels. It was confirmed that there are but we don't know what they are yet. The challenge is that some of the practices have a lower denominator which causes significant differences in levels. It was recognised that it is important to have a support service after diagnosis in place as well as diagnosing Dementia in patients. Work previously carried out identified that practices with higher diagnosis rates are those that look after Care homes with Dementia patients. There are plans moving forward which are backed up the Admiral Nurse service in respect of support and diagnosis. **Action: NC to follow up with NSFT as to whether the change in the way they wrote their letters has made a difference.** NC was asked to confirm that WIC data is being incorporated into the A&E data in accordance with NHSE rules set for calculating performance in this area. NC confirmed that we are actively engaging with NHSE and have received verbal support from both NSHE & NHSI. There are two weekly calls with NHSE regarding A&E performance, which includes WIC, this doesn't take pressure off performance at NNUH and therefore this remains under close scrutiny.	**NC**
11.	**9 Must Dos Assurance Report**	
	JIn presented the report providing assurance of the delivery of the 9 must dos. It has already been discussed and scrutinised by Audit Committee who feel that it gives the assurance that they were looking for. However, concerns were raised around Mental Health and the areas flagged as red with the actions "to be considered for inclusion in future performance reports". Why does it say to be considered for inclusion whereas other areas say it will be included? Information / data has to be available at the right level to be able to report on it. Some information is not available at CCG level yet it is at a wider system level. . New guidance has just been released and based on this some reporting could be at system level rather than CCG specific. KW provided assurance around LD health checks as this is under the scrutiny of NHSE. It is dependent on their data. CD advised that medical records differ from LA records and these both differ to patients' perception. We know that County Council LD registers differ from those at an individual practice. This means that the data often needs validating and there is now a process of contacting surgeries in place to do this. It is monitored by the Quality Surveillance Group.	
12.	**Finance Committee Chair's Report**	
	RB presented the Finance Committee Chairs report for both September and November meetings. With regards to the deep dive into Mental Health out of area placements, are there any areas that can be addressed? Questions have been raised with regards to the trust's management of placements,	

	the safe return of patients to Norwich and Norfolk and how to make sure there is an effective handover and follow up when patients do return. We are currently waiting for a response from the commissioning lead. Concerns were raised as when Mundesley Hospital was closed, it was thought that patients would be transferred to another hospital, however, many were discharged so the question was raised as to why they hadn't been already discharged. There are concerns about patients that are placed out of area and how their length of stay is monitored and what the incentives are to discharge them appropriately. Are reviews being carried out with regards to bringing them back? It was felt that it would be useful to have Dr Ashford's oversight. The issue of STP finances came up in both reports and concerns were raised around the impact of the STP balancing of the system with regards to the different organisational control totals. The resolution of the STP planning gap was around bringing budgets into line between providers and commissioners. The possibility of the CCG being asked to pick up additional costs over budgets already committed was the outcome of the resolution exercise. This will be monitored throughout the financial year. JIn outlined a few specific examples. With regards to clearance of RTT backlogs NNUH had assumed income where CCGs hadn't assumed expenditure. This has been flagged as a risk but is not materialising at present. There were a couple of other contractual areas the NNUH planned for and CCGs didn't and therefore there may be some contract variations; however, funding has been identified to mitigate these pressures.	
13.	**Finance Report Month 7**	
	JIn presented the Finance Report as at month 7. This reflected an overall good financial position with a year to date underspend against plan. If the rest of the year continues in a similar way the CCG could end up with a surplus. Key areas of spend relating to acute contracts, Continuing Healthcare packages and GP prescribing remain underspent against plan. The main source of concern currently is Mental Health, where there are significant cost pressures relating to Out of Trust placements and secondary commissioning ie where patients are referred on to more specialist centres. This area had been the subject of a "deep dive" at the November Finance Committee meeting, at which a number of queries were raised. JIn highlighted that the Mental Health "deep dive" had also focused on the Mental Health Investment Standard, whereby annual spending on mental health services should rise by at least the same percentage as the increase in overall CCG allocation. NCCG continues to deliver this commitment, with planned spend on mental health being 2.3% higher than in 2016/17 and actual spend around 10% higher due to the cost pressures. This is within a context whereby NCCG already spends a higher proportion of its budget on mental health services compared to other CCGs.	
14.	**Activity and Demand Management Report**	
	JIn presented the Activity and Demand Management Report. NCCG are in a positive activity position, however referrals are slightly up. Overall the NNUH position is positive, with activity generally being less than in 2016/17.	

	JIn highlighted the additional benchmarking information included in the report this month, which showed that NCCG compares well against national and regional averages, and also against local CCGs. The 8% increase in cancer referral was discussed. GB concluded it was positive. There are campaigns around increasing awareness of symptoms and encouraging early referrals for earlier diagnosis. Conversion rates are important to monitor whether they are good quality referrals. Rachel Hunt, Healthy Norwich, is involved in this work.	
15.	**QIPP Report Month 7**	
	JIn presented the QIPP Report at Month 7. The main area of concern is around pathway design, which is a joint programme of work across the central Norfolk CCGs. This is a big programme of work with a lot of focus as we are behind where we hoped to be for 2017/18, but the pathway work does give us a head start for the next financial year when more savings will be realised. A "deep dive" at Finance Committee took place in September and this will be picked up again early in 2018. With regards to acute clinical threshold, the question was raised as to what progress is being made. JIn stated that the reported poor performance on this scheme gave the wrong message, as it actually indicates that best practice thresholds are being adhered to and therefore the CCG is not getting back the same level of contractual credits.	
16.	**Commissioning Report**	
	One key programme of work, YourNorwich, was shortlisted for a HSJ award. Although we didn't win we are proud to have been short listed and acknowledge that we did well to have been considered. JE presented the commissioning report and provided a verbal update on the process surrounding the journey of the MCP and implementation of the new model. STP governance arrangements have shifted, previously there was a single workstream for both prevention and primary care including new models. This has now been separated into two workstreams. The new workstream looking specifically at Primary Care, New Models and 5YFV has been established. There will be five local delivery boards and it is therefore anticipated that the YourNorwich Programme Board will evolve into a local delivery board. The next development session will focus on the New Model of Care.	
	Mental Health Crisis Hub	
	Euan Williamson, Mental Health Commissioning Programme Manager presented the Mental Health Crisis Hub paper. The preferred option to ensure sustainability is to carry out a procurement in early 2018 for a longer term contract rather than the two year pilot that was originally envisioned.	

	The question was raised as to whether the pilot is still a possibility or if that has been ruled out. The preferred option is to go out to procurement based on information available and preferences of the stakeholder groups. It is felt that this would be more sustainable. However, a pilot is a legitimate process and is still an option. This is open to CCGs to discuss and make comments. The timelines were outlined for both options. For a two year pilot, the original plan is for a service to be in place Autumn 2018. If a procurement takes place then it would be start of 2019. A suitable building, Churchman House on Bethel Street, has been identified and an evaluation has taken place by both service users and clinicians. The building is owned by Norwich City Council and is currently empty. If a procurement exercise takes place then we would have to revisit timings for the building and a process would need to take place with NHS Property services. Commissioners were successful in bidding for £150,000 of national capital funding which needs to be spent by 31st March 2018. How this money could be spent for both options was discussed. There are rules around who can draw the £150,000, it can only be either the third sector or Local Authority. Plans are being put in place to manage it through the City Council. If Churchman House is identified as the building which would house the service then there would be refurbishment costs. In addition, a bid has been submitted for £600,000 from the STP Capital fund, and we are waiting to hear whether the bid has been successful. Either, or both, could be used for a range of things Work will be carried out to find the most sensible model to procure. It is felt that even if the outcome is a small reduction in out of area placements, it is still a good thing to be doing as it will improve the quality of care and provision of care closer to home. Governing Body approved the outline proposal and noted the process to date. **ACTION: Agenda Item for January GB meeting.**	**EW**
17.	**Primary Care Committee Chair's Report**	
	All those working in Primary Care declared a CoI. These are TW, VS, CD, JeS, AD and JIs. JE presented the Primary Care Committee Chairs report and the attached ToR for approval. The ToR was developed with NHSE. Hellesdon Medical Practice applied to change their boundaries, this was discussed by the Committee but turned down due to implications in relation to the pressure of population growth. Discussion took place around two practices that are affected in North West Norwich and pressures within North East Norwich. A small sub-group has been formed to look at this and discussions will take place with planners in Norfolk County Council and the district authorities. The ToR were approved.	

18.	**NCC Budget Consultation**	
	JE present the Norfolk County Council Budget Savings proposals for 2018-19. Concerns were raised around what will happen to Children's Centres and it was agreed that NCCG should respond to the Consultation formally setting out our concerns with suggestions about how it could be addressed working with the Norwich New Model of Care. Concerns were also raised about the review of the operation of bus services with regards to potential impact on the WIC and NNUH. **Action: TW to work with Gita Prasad to prepare a formal response.** As this is a public consultation, personal responses can also be submitted.	**TW**
19.	**STP Update**	
	JoS presented the STP Update which is the first report provided by the STP Project Office to Governing Bodies of both CCGs and providers. The paper was discussed and although it was helpful to have received something, it was felt that there is very little detail about STP delivery on individual items. Governing Body would like to understand the progress and current position with RAG ratings against each. It is felt that there should be a vision from STP showing where they are going in total terms, an understanding on where the financial bridge has gone and a progress report on finances. With regards to finances, Governing Body are also interested in the budget and forecast outturns. In addition to this there needs to be an understanding of risks and mitigations. **Action: JoS to take forward comments and discuss with STP Lead.**	**JoS**
20.	**Strategic Commissioning Update**	
	JIn presented the Strategic Commissioning Update. The JSCC has started to meet in shadow form and has no delegated authority at the moment. The paper provided an update on discussions that have taken place to date.	
21.	**Procurement of Commissioning Support Services**	
	JIn presented a brief update on the Procurement of Commissioning Support Services. Chairs Action was taken as this was a live procurement process it had to be taken in part 2 of Governing Body meetings. JIn outlined the process that has been undertaken and the outcome. We are now in the mobilisation phase as the Contract was awarded to NHS Arden and Greater East Midlands (GEM) CSU. As this is a contract with a new Provider it was felt that we need to monitor performance in the early months of the Contract and if there is any evidence of non-performance then action can be taken quickly to remedy it. JoS advised that there will be reports to Governing Body's in the short term to provide assurance and that monitoring would continue once the Contract is live. The recommendations were agreed and noted.	

	ACTION: Agenda Item for January 2018	
22.	**Continuing Health Care**	
	Jill Shattock, Director of CHC attended the meeting and provided an update on CHC. The question was raised as to how reporting will take place going forward. This has been discussed and there will be a Strategic CHC Board who will provide reports to Governing Bodies a few times a year.	
23.	**Scheme of Reservation and Delegation**	
	JIn presented the Scheme of Reservation and Delegation. An annual review has taken place and there are some amendments which are recommended for approval by CoM. This has been discussed by Audit Committee. The Scheme of Reservation and Delegation were recommended to go to Council of Members for approval.	
24.	**Audit Committee Chair's Report**	
	PFi presented the Audit Committee Chair's report which was noted by Governing Body.	
25.	**Conflicts of Interest Committee Chair's Report**	
	PFi presented the CoI Committee Chair's report. The Committee have reviewed the Managing Conflicts of Interest Policy which has been updated in line with the latest guidance by NHSE and recommend approval by Governing Body. Governing Body approved the Managing Conflicts of Interest Policy.	
26.	**Governing Body Assurance Framework (GBAF)**	
	NC presented the GBAF which was noted by Governing Body.	
27.	**Procurement Strategy**	
	NC presented the Procurement Strategy which was written by the Procurement Experts at NELCSU. NCCG have been assured that it is based on best practice and current legislation. Governing Body approved the Procurement Strategy.	
FOR INFORMATION ONLY		
	Research Annual Report 2016-17 – Primary and Community Care	
	The Research Annual Report for 2016-17 was shared for information only. SNCCG host them.	
	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)