

	<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 Member  Dr Chris Dent (CD) – GP / Elected Member  Dr Andy Douglass (AD) – GP / Elected Member  Rob Bennett (RB) – Lay Member  Paul Fisher (PFi) – Lay Member – Governance &amp; Audit  Irene Macdonald (IM) – Lay Member – PPI  John Ingham (JIn) – Chief Finance Officer  Jo Smithson (JoS) – Chief Officer  Karen Watts (KW) – Director of Quality &amp; Nurse Member</p> <p><b>In attendance:</b>  Jean Clark (JC) – Head of Governance  James Elliott (JE) – Director of Clinical Transformation  Frank Hume (FH) – Deputy POD Director, Arden GEM CSU (on behalf of Nikki Cocks)</p> <p><b>Attending to support meeting:</b>  Tim Curtis (TC) – Head of Comms  Laura McCartney-Gray (LMG) – Head of Engagement  Lynette Dagless (LD) – Executive Assistant (Minute taker)  Rachel Hunt (RH) – Commissioning Programme Manager (Agenda Item 7)</p>	
1.	<p><b>Welcome and apologies</b></p>	
	<p>TW welcomed everyone to the meeting.</p> <p>Apologies were received from;  Nikki Cocks (NC) – Director of Operations and Delivery  Irene MacDonald (IM) would be arriving late</p>	
2.	<p><b>Declaration of Conflicts of Interest</b></p>	
	<p>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.</p> <p><u>Item 5 – Chairs Action.</u> GPs have a share in NPL and therefore a Col, this will be discussed when we get to that agenda item.</p> <p><u>Item 18 – New Models of Care Commissioning</u> – All those working in Primary Care have a Col. They are TW, VS, CD, JeS, AD and JIs.</p> <p><u>Item 19 – Primary Care Committee Chair’s Report</u> – All those working in Primary Care have a Col. They are TW, CD, JeS, AD and JIs.</p> <p>Governing Body members were reminder to complete their Col mandatory training by the deadline of 31<sup>st</sup> May.</p>	

	They are also reminded to sign and return their declaration forms as part of the 2018 annual review if they haven't done so already.	
<b>3.</b>	<b>Items Exempt Under Freedom of Information Act (FOI)</b>	
	None	
<b>4.</b>	<b>Minutes of the meeting held on Tuesday 23<sup>rd</sup> January 2018</b>	
	<p>There are a few minor amendments to be made to the minutes, once these have been made it was agreed that they can be signed of as accurate.</p> <p>Page 3, NCH&amp;C paragraph 6 – “JoS is participating in work...” to be amended as it's the wider CCG participating in the work.</p> <p>Page 8, paragraph 2 – surplice to be amended to surplus.</p>	
	<b>Action Log</b>	
	The action log was updated as per discussions.	
<b>5.</b>	<b>Chair's Actions</b>	
	<p>Chairs Action was taken to approve the three year contract of the Central Norfolk Community Complementary Therapy Primary Care Led Lymphoedema Service. Governing Body members who are shareholders of NPL left the meeting in April where GB agreed that TW could take Chairs action on this they were not part of the discussions. There will be a full report within the Commissioning Report for the July GB meeting.</p> <p>GB confirmed that they are happy with this.</p>	
<b>6.</b>	<b>Questions from the Public</b>	
	None received.	
<b>7.</b>	<b>Commissioning Case Study</b>	
	<p>Rachel Hunt attended the meeting and provided a presentation about Healthy Norwich projects and programme of work.</p> <p>It is a key element in the commissioning programme and is the first part of the YourNorwich New Model of Care that focuses on prevention and reducing inequalities and health improvement-</p> <p>RH was asked whether she is closely linked with frequent attenders of A&amp;E and NEAT. She is via the Health-Coaching pilot which receives referrals from NEAT, which identifies people who they think will benefit.</p> <p>With regards to Smokefree Sidelines, UEA is carrying out an evaluation. Is there any scope to going back on the radio once the results are available? It is a great opportunity to get clubs to sign up in Norwich.</p>	
<b>8.</b>	<b>Quality Committee Chair's Report &amp; Consolidated Quality Report</b>	
	<p>VS and KW presented the Quality Committee Chair's Report and Consolidated Quality Report.</p> <p>IC24 have been having issues filling GP shifts, which is an issue seen across the country. There is a national clinical leadership meeting tomorrow to discuss. There is a very sparse workforce and people are unwilling to work out of hours.</p>	

	<p>This has been highlighted on the GBAF as a risk.</p>	
	<p><b>EEAST Briefing</b></p> <p>KW presented the EEAST Briefing providing information from the Risk Summit held in January 2018.</p> <p>Concerns were raised around changes to the responses, “are they awake, are they breathing”. There are a number of medical conditions that need an immediate response and real examples were provided. There are concerns around how the call is handled and triaged, the assessments seem too basic.</p> <p><b>ACTION: This will be picked up by the Quality Committee and tested through Kate Barlow.</b></p>	<p><b>KW/VS</b></p>
<p><b>9.</b></p>	<p><b>EEAST Independent Service Review</b></p> <p>KW presented the outcome of the EEAST Independent Service Review.</p> <p>NHSE and NHSI jointly commissioned an independent service review for the EEAST 999 service contract. Part of the review looked closely at demand and capacity, HR and equipment, vehicles and right crews to meet demand and activity.</p> <p>There is a three year workforce plan funded over a period of three years. Health Education England have agreed to support continuation of EEAST 3 year Student Paramedic Programme.</p> <p>There are details within the paper around costings and managing activity through initiatives within Norwich.</p> <p>JIn reassured Governing Body, that the report lays out the investment. There is a £25-30m increase but the impact on Norfolk &amp; Waveney is minimal. There has been a low increase in activity over 2-3 years and our share of value comes down to spend, this indicates that our initiatives are coming to fruition. Across the whole of Norfolk performance varies considerably.</p> <p>Because of the nature of the contract, unless there is a national steer, the Provider has to achieve at a contract level, albeit with local variations, to improve the service in rural areas. There are going to be an extra 160 vehicles which are double staffed, they are going to reduce single staffed vehicles which cannot convey patients.</p> <p>NCCG has good ambulance performance because we are not rural. Those that live in rural areas do not enjoy the same level of service.</p> <p>Call handlers now have an additional 15 seconds to assess patients before dispatch. EEAST are trying to be more effective with resources.</p> <p>As part of CQUIN initiatives, it is proposed to have three early intervention vehicles to be shared between the CCGs.</p> <p>AMU transport has had a positive impact. For any patients that GPs want to admit to NNUH, instead of the GP having to arrange transport, the hospital now contacts the patient and goes through a procedure to arrange alternative transportation, avoiding ambulance transfers where possible. It is hoped that this will continue as</p>	

	it has been successful. It is being rolled out across EoE as it is very appropriate and helps GPs.	
<b>10.</b>	<b>Patient Engagement Update</b>	
	<p>IM provided an update on patient engagement.</p> <p>Within the strategy there are two important actions. One is New Models of Care (NMoC), there will be a 12 week consultation in the summer. The other is a change to engagement with patients and public. The Community Involvement Panel has been enhanced.</p> <p>Work is taking place around LGBT plus Project Group. Funding has been secured from the Executive Team to carry out a survey of care homes with regards to residents, and potential residents, in respect of increasing awareness, identify unmet needs. This will be linked to the Adult Safeguarding Board.</p>	
<b>11.</b>	<b>Provider and System Performance Report</b>	
	<p>FH presented the Performance Report for 2017/18.</p> <p>With regards to the Wellbeing Service, more complex patients are being seen by the service. thus are less likely to recover on the trajectory that has been set , it is difficult for NSFT to meet the targets. As coordinating commissioners, SNCCG will have a clinical meeting with the Trust to look at the appropriateness of referrals as there are more patients going into the service than anticipated, and the level of activity is not appropriate as their needs are too complex.</p> <p>Concerns were raised with regards to the trajectory for recovery of the IAPT targets for NCCG as we have a later recovery target. As clinics are deemed to be in Norwich staff capacity is not aligned. Patients from neighbouring CCGs access services in Norwich and therefore Norwich appointments but are not necessarily Norwich patients. Staff cannot be reallocated. Governing Body was unhappy that they have to accept a longer target and are concerned with regards to the above.</p> <p>The question was raised as to whether the other CCGs met the 50% target at the end of March.</p> <p><b>ACTION: FH to check whether other CCGs met the 50% IAPT target at end of March.</b></p> <p>The question was raised with regards to the dementia dashboard and whether feedback can be provided to the Practices on diagnosis rates.</p> <p><b>ACTION: KW to take forward.</b></p> <p>With regards to out of trust / out of area placements there was a large overspend in the last financial year, will we have a similar overspend in current financial year?</p> <p>JIn confirmed that we plan to spend at the same level as in 2017/18. However, this is a QIPP target as it is the wrong thing for patients to be out of trust and initiatives are in place to address it.</p>	<p><b>FH</b></p> <p><b>KW</b></p>
<b>12.</b>	<b>Activity and Demand Management Report</b>	
	JIn presented the Activity and Demand Management Report. The full version will be taken to the Finance Committee next month outlining the year end activity	

	<p>position.</p> <p>JIn provided as overview summarising key measures in respect of referrals to NNUH and activity at NNUH for 2017/18. With regards to GP referrals per working day, this started to increase in March and is therefore being monitored.</p> <p>The question was raised as to whether it is a matter of maintaining this going into the new financial year.</p> <p>JIn confirmed that the plan for 2018/19 is a do nothing position and to keep things as they are.</p>	
<b>13.</b>	<b>Finance Report Month 12</b>	
	<p>JIn presented the Finance Report as at Month 12. NCCG outcome position is as forecast, a surplus against plan of £4.3m of which £2.7m was generated locally and £1.6m which related to technical adjustments required by NHS England.</p> <p>The position is reflected in report and annual accounts are on the agenda and will be discussed at Finance Committee later in the month.</p>	
<b>14.</b>	<b>QIPP Report Month 12</b>	
	<p>JIn presented the QIPP report as at Month 12. NCCG were aiming for QIPP savings of £9.8m and achieved £8.5m which is 87% delivery of target.</p> <p>A lessons learnt piece of work has been carried out and it identified that we were unrealistic in some areas, other projects included specialist areas of work, systemwide projects were not up and running as quickly as we had hoped. Some projects are work in progress and therefore there will be QIPP savings in the current financial year.</p> <p>There were areas of good performance in emergency admissions, GP prescribing which was under plan and CHC continued with good cost control.</p>	
<b>15.</b>	<b>Annual Report and Accounts Sign Off</b>	
	<p>JIn presented the Annual Report and Accounts for sign off.</p> <p>They have been reviewed by Audit Committee and Remuneration Committee and have also been scrutinised by the External Auditors, BDO. BDO highlighted some things that they wanted to amend and the only thing of note was in terms of hosting the Continuing Care partnership.</p> <p>JIn asked for Governing Body to delegate authority to JoS to approve the Annual Report and Accounts once the amendment has been made.</p> <p>PFi, as Chair of the Audit Committee, recommended the Annual Report and Accounts for sign off following a very positive process.</p> <p>GB signed off the annual report and accounts and agreed to delegate authority to JoS to make any further recommendations if necessary.</p>	
<b>16.</b>	<b>STP Report</b>	
	<p>TW presented the STP report recognised that Governing Body have requested more detailed information on progress and for risks to be acknowledged within the report. This is being looked at and worked on.</p>	

	<p>With regards to the Norfolk Acute Hospitals Group presentation, this gives the impression that this is going to be a massive piece of work and concerns were raised that this will probably interfere with pathway redesign while the work takes place.</p> <p>JoS confirmed that this is being clinically led and there is no wider involvement at this stage. However, it will need wider engagement in the future to include patients and public, commissioners, primary care and other providers.</p> <p>Concerns were raised with regards to the wording “care closer to home” as it isn’t true, it is care coming out of acute into the community. Some patients will have to travel further to receive treatment and therefore in terms of public engagement it is felt that the wording needs to be reconsidered.</p>	
17.	<p><b>Strategic Commissioning Report</b></p>	
	<p>JoS presented the Strategic Commissioning Report and provided an update on the four areas of work.</p> <p>The report was noted by the Governing Body.</p>	
	<p><b>New Models of Care Commissioning Report</b></p>	
18.	<p>JIn and JE presented the <i>Your</i> Norwich Model of Care Commissioning Report. JIn is leading on the contracting side and JE is leading on the service development programme.</p> <p>The report is in a different format to previous reports. It includes a status report, and specific timelines for tasks, to allow monitoring and reporting providing an accurate reflection of each project.</p> <p>There will be an engagement process, a Consultation with the Public will start mid-July with regards to direction of travel and the sort of things we want in the future to support the next stage. Mills and Reeve are supporting us to ensure that it is fit for purpose.</p> <p>There is a workshop taking place on 12<sup>th</sup> June regarding the Alliance Agreement as the term means different things to different people. We have invited providers, GPs, CSU and we want to come out of it with a common view. Patricia Hewitt is going to open the event, speakers have been lined up and Mills and Reeve are providing technical support.</p> <p>Also, a scoping piece of work will be carried out to pin down what NMoC will look like i.e. what is practice based, neighbourhood based and city wide. The CCG will then look at the outcomes, what are we trying to achieve and how we can work together in an integrated way.</p> <p>It is hoped that in a few months’ time there will be 5-10 things that we can achieve, that an alliance agreement can focus around.</p> <p>All providers should look at the right place of care for patients, this has been signed up to as a group of providers and outcomes require improved patient care and better value for money. It is a common purpose of outcome.</p>	

	<p>It was suggested that once the alliance agreement is in place, JoS could send an alliance agreement letter asking NNUH to highlight three key outcomes that they would like primary care to deliver.</p>	
	<p><b>Your Norwich Local Delivery Group Chairs Report</b></p>	
	<p>In NA absence, the report was noted by Governing Body.</p>	
<b>19.</b>	<p><b>Primary Care Committee Chair's Report</b></p>	
	<p>IM presented the Primary Care Committee Chair's Report which was noted by the Governing Body.</p>	
<b>20.</b>	<p><b>Appointment of Vice Chair</b></p>	
	<p>TW asked Governing Body to approve the appointment of Dr Chris Dent as Vice-Chair of Governing Body for three years.</p> <p>Governing Body approved the appointment.</p> <p>This will need to go to CoM for their final approval.</p>	
<b>21.</b>	<p><b>NCCP Operational Management Group Chair's Report</b></p>	
	<p>RB presented the Operational Management Group Chair's Report.</p> <p>The group has been established for three months and a lot of work has taken place to get it to where it is. Governing Body noted how well it has gone.</p> <p>Governing Body congratulate the management team, they are a strong team with the right mix of skills.</p>	
<b>22.</b>	<p><b>Audit Committee Chair's Report</b></p>	
	<p>PFi presented the Audit Committee Chair's Report which was noted by the Governing Body.</p>	
<b>23.</b>	<p><b>Remuneration Committee Chair's Report</b></p>	
	<p>PFi presented the Remuneration Committee Chair's Report which was noted by the Governing Body.</p> <p>It was noted that the ToR do not require approval.</p>	
<b>24.</b>	<p><b>Governing Body Assurance Framework (GBAF)</b></p>	
	<p>JC presented the Governing Body Assurance Framework (GBAF). All high risk items were covered on the agenda.</p> <p>With regards to A&amp;E there has been an improvement and this has become sustainable over the last few weeks. Winter planning has already started for 2018/19.</p> <p>With regards to patient handover within 30 minutes, the question was raised as to whether information shows how many delays there are. It was confirmed that they do count and record them and that this data is available.</p> <p>It was confirmed that the average delay has reduced, there has been an improvement in last few months from 29 minutes to 20 minutes. However, this is not NNUH specific but EEAST.</p>	

	<p>Very targeted work is taking place as it is recognised that some parts of the region are more of a challenge.</p> <p>As there is a bank holiday weekend coming up and this is always a challenge, there is enhanced planning in place which generates increased levels of resources.</p>	
<b>FOR INFORMATION ONLY</b>		
	<b>Health &amp; Wellbeing Board</b>	
	The 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: .....