Minutes of NHS Norwich CCG
Governing Body
Tuesday 24th July 2018

NHS Norwich Clinical Commissioning Group

	Present: Tracy Williams (TW) – Nurse Practitioner/Chair 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 & Audit John Ingham (JIn) – Chief Finance Officer Jo Smithson (JoS) – Chief Officer Karen Watts (KW) – Director of Quality & Nurse Member **In attendance:** James Elliott (JE) – Director of Clinical Transformation Frank Hume (FH) – Deputy POD Director, Arden GEM CSU (on behalf of Nikki Cocks) Jean Clark (JC) – Head of Governance Chrissy Jackson (CJ) – Data Protection Officer **Attending to support meeting:** Tim Curtis (TC) – Head of Comms Laura McCartney-Gray (LMG) – Head of Engagement Lynette Dagless (LD) – Executive Assistant (Minute taker)	
1.	**Welcome and apologies**	
	TW welcomed everyone to the meeting. Apologies were received from; Dr Victoria Stanley (VS) – GP / Elected Member Irene Macdonald (IM) – Lay Member – PPI Dr Neil Ashford (NA) – Secondary Care Doctor Nikki Cocks (NC) – Director of Operations and Delivery Karin Bryant (KB) – Assistant Director of Clinical Commissioning	
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 16 – Strategic Commissioning Report and JSCC Report</u> – All those working in Primary Care have a CoI. They are TW, CD, JeS, AD and JIs. <u>Item 17 – New Models of Care (NMoC) Commissioning Report</u> – All those working in Primary Care have a CoI. They are TW, CD, JeS, AD and JIs. <u>Item 18 – Primary Care Committee Chair's Report</u> – All those working in Primary Care have a CoI. They are TW, CD, JeS, AD and JIs.	
3.	**Items Exempt Under Freedom of Information Act (FOI)**	
	None	

4.	**Minutes of the meeting held on Tuesday 22nd May 2018**	
	No amendments are required and therefore the minutes were signed off	
	Action Log	
	The action log was updated as per discussions. EEAST Briefing – The trust is recruiting to increase staffing levels over winter and is also reviewing demand and capacity in order to ensure that they are prepared leading into the coming winter period. With regards to concerns raised at the previous meeting, there has been a complete review of these cases with NHSI support and there is quality assurance around the process.	
5.	**Chair's Actions**	
	Governing Body received a paper at their June meeting following an email exchange, in which the Governing Body recommended a Chairs action was taken in support of the recommendations, chairs action taken in relation to expansion of psychological therapies and integration with physical health across N&W to 2020/21.	
6.	**Questions from the Public**	
	None received.	
7.	**Commissioning Case Study**	
	Rachel Hunt introduced a short film of a patient who has been supported by a small Social Prescribing pilot which took place between October 2016 and March 2018. Social Prescribing is a way of linking patients with non-medical needs to sources of support within their community. It was for a small cohort of patient, 60 in total, and therefore we have to be careful about our assumptions but the outcome was a 44% reduction in GP appointments. Norfolk County Council is going to run a larger two year programme as part of the STP prevention workstream, with each CCG area developing its own model based on local need and services. The question was raised as to whether we are feeding into this pilot. It was confirmed that there is a more detailed report which has been shared with the STP social prescribing pilot. All Norfolk CCG areas have adopted slightly different approaches for delivering Social Prescribing and Norwich is using an 'advice and guidance' led model, based on our local populations need for welfare advice alongside onward referral into community support. The question was raised about how Social Prescribing compares to Active Signposting. They are similar but distinct. Active Signposting is opportunistic with no focus on behaviour change. Social Prescribing is setting goals with longer term support. Social Prescribers will have enhanced knowledge to support patients and will be producing individual plans with an end point which is not the case for Active Signposting. As STP are picking up this project is there anything we should and could do alongside it?	

	We are working closely with *One*Norwich. There will be dedicated Social Prescribers working located with ICCs living well workers, trying to understand the needs of our population.	
8&9.	**Quality Committee Chair's Report & Consolidated Quality Report** **CQC Reports**	
	KW presented the Quality Committee Chair's Report, Consolidated Quality Report and CQC Reports together. These were discussed and questions were raised by Governing Body members. **<u>NNUH</u>** JoS confirmed NNUH recognises that there is a lot of work to do following an 'inadequate' rating from the CQC. At the first meeting with the CCGs in June they provided assurance that they had already taken measures around appointing to two posts on their board, Medical Director and Chief Nurse. Both are professors and are strong appointees, Erica Denton and Nancy Fontain. They also recognise that there are big issues around culture and development. There is now a substantial programme around development of their Directors in place. They are also developing a programme for middle management. There needs to be a positive influence on culture. NNUH needs support from system and it was recognised that there is a system issue as NSFT are also in special measures. With regards to QIRs and SIs, do we have higher proportions than other areas? KW confirmed that we do have high numbers and this has been discussed with the Medical Director. Some are not what we would term are true QIRs and therefore conversations need to take place outside of CQRM in respect of one practice which submits these reports in particular as there is a danger of flooding the system. With regards to SIs, these are tracked and trends and themes are followed up and visits are undertaken to any areas of concerns. Never events are always investigated. **<u>NSFT</u>** The Trust is in special measures, which impacts on morale. There have been changes of staffing at high levels, including a new Chief Officer and Director of Nursing in post. It is worth noting that within the CQC report staff rating is good and there is evidence to build on the caring nature of staff. There are key areas that have been identified under the section 29A issued by the CQC: Access to services in the community and when in crisis. NCCG is investing above what was required, particularly with regards to community based services. Governing Body asked whether we have assurance that internal processes and scrutiny are sufficient? We believe that they have appointed strong leaders who understand their problems and know what they need to do.	

	A key risk is the short time scale they have to make changes. **<u>IC24</u>** Concerns were raised regarding increasing access to primary care and the impact on out of hours staffing. It is felt that due to recruitment into the 111 service there is a genuine risk to OOH staffing as practitioners may be enticed away due to better pay rates elsewhere. *One*Norwich monitored who put themselves forward for improved access, the numbers were low and insignificant. This is on the basis that work is very different and only for 3hrs in the evening whereas OOH is 6-8hours and ends at midnight. Therefore this taps into capacity not previously used. IC24 is sighted on this and has been asked to put it on its risk register as a high risk. CQC have carried out a recent inspection and the report is with IC24 for validation. There are no significant concerns and we are awaiting the report. **ACTION: If the report is received between GB meetings, KW to share with GB members.** **<u>NCH&C</u>** As NCH&C has been rated outstanding, is there something it is doing right could apply to other providers? It's their culture and leadership, they are innovative with primary care. For example, Anna Morgan is an Executive Lead within the STP and is interested in resource development. She has progressed models in nurse training, apprenticeships, supported primary care in shared roles. She has supported joint bids and supported that by taking financial risks. She supports *One*Norwich and the home visiting services. She utilises and develops their workforce.	**KW**
10.	**Provider and System Performance Report**	
	FH presented the Provider and System Performance Report. With regards to the NSFT Wellbeing Service recovery, this has fluctuated monthly for all CCGs but failed to hit the 50% target for Norwich CCG. This is going to be discussed in detail at tomorrow's TIFG meeting. FH confirmed that conversations are taking place about the service with NSFT. Although the report is showing that we are nearly hitting the target in relation to Dementia diagnosis, there is still a technical issue with regards to Bowthorpe Care Village which is being followed up. It has recently came to light at JSCC that there are significant waiting times with regards to CAHMS which needs to be monitored via future reports. This has been escalated and needs to be monitored as it affects a large cohort of Norwich patients. With regards to NNUH RTT 18 week wait trajectory, as an organisation how are we as sighted on that? It needs to be included in contract reports and picked up in contract discussions.	

	JIn confirmed that this will be picked up at next week's JSCC meeting as there is the need to understand the recovery trajectory and the impact it will have on the finances. The current recovery date is set for October 2018.
	
	There is a renewed National focus on national waiting times which is at odds with money and urgent care. FH to provider a separate briefing for that with regards to the size and shape of the waiting list as this is important.
	
	ACTIONS:
	• **FH to include in future reports;**
	  ○ **CAHMS**
	  ○ **RTT 18 week wait**
	• **FH to pick up RTT 18 week wait in contract discussions**
	• **JIn to discuss RTT 18 week wait at next week JCC meeting.**
	• **FH to provide a separate briefing for RTT with regards to the size and shape of the waiting list.**
		FH
		
		FH
		JIn
		FH

11.	**Activity and Demand Management Report**	
	JIn presented the Activity and Demand Management Report summarising key measures in respect of referrals to NNUH and activity at the NNUH to May 2018 year to date. With regards to advice and guidance referrals, would this skew numbers? **ACTION: JIn to check**	**JIn**
12.	**Finance Committee Chair's Report**	
	RB provided an update from July's Finance Committee meeting. <u>Finance Report</u> – The Committee discussed finances to end June 2018. NCCG are in line with the expectation to break even at the end of the financial year. There are pressures on the NNUH acute contract with regards to emergency activity and outpatient follow up appointments have increased. Due to the pressure on that budget this will be compensated by using the reserves and this will need to be monitored. With regards to NSFT, there is a focus on reducing out of trust placements which will need to be monitored. The allocation for delegated primary care is less than anticipated so it is expected that this gap will be covered by non-recurrent funds. <u>QIPP</u> – This is broadly in line with the plan. There are a number of schemes which are below performance and a number of these are joint schemes with other CCGs. The Finance committee had a deep dive into demand management at their last meeting. There is concern about flow to monitor these joint schemes effectively and the Finance Committee are going to review the top five QIPP schemes at the next meeting and will invite reps from other CCGs to attend. <u>Deep Dive – STP Financial Recovery Plan</u> – There is a gap in the system of £66.1m. There are initiatives in place to address the gap such are a block contract for acute activity to cap costs which would identify risks **ACTION: LD to circulate the Report following the meeting.**	**LD**

13.	**Finance Report Month 3**	
	JIn presented the Finance Report as at June 2018 (Month 3). There is a reference in the report to a block contract which will be discussed in Part 2 of the meeting as this is part of a negotiation process. If we achieve that then that will cap a significant level of risk for us and enable us to have view of where we will end the financial year.	
14.	**QIPP Report Month 3**	
	JIn presented the QIPP Report as at June 2018 (Month 3). JIn confirmed there is a range of targets across the Norfolk and Waveney system and Norwich does not have historical debts. Norwich is able to generate more savings to support the gap and if there are other areas we can look at then we would do so. JoS confirmed that she had been challenged at the STP Exec Group with regards to the differential levels of QIPP savings across the CCGs. We recognise that Norwich is part of a system and it is in a position to compare and share what we have done within the other CCGs. If there is an opportunity we can tap into we will, however as part of system recovery there may be some slightly more difficult direction we may have to take alongside neighbouring CCGs. Concerns were raised as it felt that some of the QIPP schemes are repeating what has already been done and therefore will not generate savings within the year. As we are in a better financial position, we are able to undertake more pilots and then share learning with other CCGs, i.e. NEAT.	
15.	**STP Report**	
	JoS presented the STP report. Governing Body would like to see more engagement from NNUH. As part of the second phase of the acute services review there will be external input, in the form of establishment of governance and implementation including community and primary care looking at whether pathways are appropriate or not. There has been involvement from NNUH at the *Your*Norwich Provider Board and *Your*Norwich Local Delivery Group. There is a new member of staff heading up the Emergency Department who has attended meetings and has been participating more at individual project level. JoS and TW are due to meet the Chair and Chief Officer soon to discuss how they will get more involved with *Your*Norwich.	
16.	**Strategic Commissioning Report**	
	All those working in Primary Care have a CoI. They are TW, CD, JeS, AD and JIs. JoS presented the Strategic Commissioning Report, this will be presented by Karin Bryant at future meetings. The report was noted by Governing Body	
	JSCC Report	
	JoS presented the JSCC Report from the first meeting in public.	

	The report was noted by Governing Body	
17.	**New Models of Care Commissioning (NMoC) Commissioning Report**	
	A copy of the consultation document was provided for information. The consultation was launched on 23rd July and closes in October. The programme of engagement and activities is detailed at the back of the document. Governing Body thanks to LMG, TC and everyone involved in the process. *Your*Norwich LDG haven't met since the Alliance Agreement workshop and work is ongoing to take forward the learning from the workshop to help populate schedules in agreements, principals and objectives to focus on outcomes.	
18.	**Primary Care Committee Chair's Report**	
	RB presented the Primary Care Committee Chair's Report from June's meeting providing an update on the progress from individual estates. Governing Body were asked to approve the amended ToR with regards to who should make decisions. There is an extra meeting on Thursday this week to discuss applications for boundary changes. There will be further discussion and in-depth review. Governing Body **APPROVED** the Terms of Reference.	
19.	**GDPR Compliance Report**	
	CJ presented the GDPR Compliance Report which was noted by the Governing Body. NHSE contracts team have now updated the Grant Agreement. Norfolk County Council working on updating Section 75 agreements. This report will be presented to Governing Body every six months unless there is a significant IG breach or a concern profile. NCCG received substantial assurance from internal auditors. This seemed a really daunting huge amount of work and for it to be in this shape at this time is down to CJ expertise and JIn endorsed this as SIRO. It is a good example of how NCCG are punching above our weight and have demonstrated best practice across the system.	
20.	**Annual Audit Letter**	
	JIn presented the 2017/18 annual audit letter produced by the CCG's external auditor, BDO. This was noted by Governing Body.	
21.	**Annual Assurance (NHSE)**	
	JoS presented the 2017/18 Annual Assurance Letter from NHS England. For the fifth year in a row our annual rating is good. The letter outlines areas of strengths and areas for improvement.	

	TW thanked JoS and the teams for the grip they have on the organisation in order for them to do well recognising that the wider system is not within our control. This was noted by Governing Body.	
22.	**NCCP Operational Management Group Chair's Report**	
	RB presented the NCCP Operational Management Group Chair's Report, April to June 2018. This report was noted by Governing Body.	
23.	**Audit Committee Chair's Report**	
	PFi presented the Audit Committee Chair's Report from July's meeting. This was noted by Governing Body.	
24.	**Governing Body Assurance Framework (GBAF)**	
	JC presented the GBAF which is here for information and discussion. All high risk items are on the agenda. <u>Risk 1.12 - Mobilisation of Change Grow Live</u> It is not clear what the risk is, can this be clarified. It is the delivery of the Drug and Alcohol treatment service in terms of quality and patient safety. It is a public health commissioned service and soft intelligence suggests that we need to be concerned about needle exchange and other key issues. We are in dialogue with Louise Smith the Director of Public Health . A lot of Norwich patients are affected and therefore we are raising it as a risk and walking the pathway. It has been through Quality Committee and many other forums and although we are not accountable for delivery it really impacts on our patients. Given the high number of red risks, PFi requested that the Audit Committee review how we assure ourselves on how were managing the risks. JC confirmed there were three new risks added this month. There is a programme of deep dives scheduled to be picked up at Audit Committee in October. JC to add to the agenda for the next meeting. **ACTION: JC to add Deep Dives to the Audit Committee agenda** With regards to GB elections over the Summer, JC confirmed that the packs are being put together and this will be circulated shortly.	**JC**
FOR INFORMATION ONLY		
	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)