Minutes of NHS Norwich CCG
Governing Body
Tuesday 25th September 2018

	Present: Tracy Williams (TW) – Nurse Practitioner/Chair Dr Jeanine Smirl (JeS) – GP / Elected Member Dr Chris Dent (CD) – GP / Elected Member Dr Andy Douglass (AD) – GP / Elected Member Dr Victoria Stanley (VS) – GP / Elected Member Irene Macdonald (IM) – Lay Member – PPI Rob Bennett (RB) – Lay Member John Ingham (JIn) – Chief Finance Officer Jo Smithson (JoS) – Chief Officer Karen Watts (KW) – Director of Quality & Nurse Member **In attendance:** Karin Bryant (KB) – Director of Commissioning Frank Hume (FH) – Deputy POD Director, Arden GEM CSU (on behalf of Nikki Cocks) Jean Clark (JC) – Head of Governance **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; Nikki Cocks (NC) – Director of Operations and Delivery Dr Neil Ashford (NA) – Secondary Care Doctor John Isherwood (JIs) – Practice Manager / Elected Member Paul Fisher (PFi) – Lay Member – Governance & Audit TW thanked FH for standing in for NC during her secondment. KB was welcomed into her new role of Director of 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 15 – Strategic Commissioning Report and JSCC Report</u> – All those working in Primary Care have a CoI. They are VS, TW, JeS, AD and CD <u>Item 17 – New Models of Care (NMoC) Commissioning Report</u> – All those working in Primary Care have a CoI. They are VS, TW, JeS, AD and CD <u>Item 18 – Primary Care Committee Chair's Report</u> – All those working in Primary Care have a CoI. They are VS, TW, JeS, AD and CD	

	Item 21 – Appointments to Governing Body – Elected members who are conflicted are CD, TW and JeS. IM will Chair this agenda item.	
3.	**Items Exempt Under Freedom of Information Act (FOI)**	
	Part 2 of the meeting is exempt under the FoI Act.	
4.	**Minutes of the meeting held on Tuesday 24th July 2018**	
	No amendments are required and therefore the minutes were signed off as an accurate reflection of the meeting.	
	Action Log	
	The action log was updated as per discussions.	
5.	**Chair's Actions**	
	No Chairs Actions have been taken since the last meeting.	
6.	**Questions from the Public**	
	No questions were received from members of the public.	
7.	**Quality Committee Chairs Report** **Consolidated Quality Report**	
	VS presented the Quality and Patient Safety Chairs Report providing a summary of assurance in relation to the key healthcare providers. A question was raised with regards to the Transforming Care Programme as to whether we are behind where we need to be. There are 18 patients across the STP, our trajectory is 12. There is a dedicated resource working on this to ensure that patients are appropriately placed. Work is taking place with the local authority around their estates strategy to ensure that needs are appropriately met and bespoke packages of care are put in place to ensure that the offer is right for each individual. With regards to the Regional Ambulance Service (EEAST) the report shows that Norwich is performing better with regards to response times etc. However, this is not the case for the rest of Norfolk and Waveney and is therefore a concern. The STP has a Norfolk and Waveney systemwide A&E Delivery Board which meets monthly. This is within the Urgent and Emergency Care workstream; all Chief Executives of all the organisations within the system attend. We are very aware that ambulance performance in Norfolk is below national performance levels, and there are significant issues within NNCCG and SNCG's who have the lowest response times in the Country. An independent service review has been carried out, this was commissioned by NHSE and the findings resulted in a programme of investment in ambulance services. There will be six additional ambulances in Norfolk over a period of time and once extensive training has taken place for paramedics, there is a recruitment plan as part of that for staff. All CCGs have invested additional monies, there are extra vehicles coupled with local responses to improve ambulance handover at hospitals to get paramedics back out on the roads rather than sat at hospitals and this is part of the improvements taking place.	

	There is a monthly Accountable Officer briefing from the coordinating commissioners. Concerns were also raised with regards to difficulties around recruitment and competition that exists which everybody is already aware of. There are great demands across the whole system. This becomes of concern with regards to winter pressures, Also of concern are flu vaccinations. There are two types available this year with programmes of delivery through primary care and some questions may be raised with regards to delivery of appropriate vaccines. Last winter we had extreme weather conditions and lots of flu. Plans are in place this winter and a winter room director is in post. If NNUH are not coping then there will be an impact on Norwich patients in terms of ambulances getting through. CCGs are meeting with the ambulance service and working with all partners in the system as there will be an impact on all areas of the system, not just Norwich. Strong escalation plans are in place for handover. NCCG are involved in flu outbreak planning, winter resilience and are meeting with the providers of these services and public health. There is a plan in place for communications to both nursing homes and care homes to encourage flu vaccinations and there is a vaccination programme in place. It was noted that the IC24 assurance rating has increased and they received a good rating from CQC. As everyone is under great strain this shows an excellent credit to the service provider and this should be acknowledged.	
8.	**Provider and System Performance Report**	
	TW thank FH for covering for NC and wished him well for the future. FH presented the Provider and System Performance Report. Concerns were raised with regards to the cancer 62 day targets for referral to treatment. This is down considerably from last year and the question was raised as to whether patients that are waiting are being reviewed. It was confirmed that they are reviewed at a Clinical Harm meeting with relevant speciality representatives who are invited to attend, consideration is also given to psychological harm for both patients and their families. Concerns were raised with regards to the Wellbeing Service. Consideration needs to be given as to whether the programme is appropriate for Norwich patients as NSFT reports that the severity of service users in Norwich is higher than elsewhere in Norfolk and Waveney. GPs feel that patients are been failed by the service. They feel that they are referring patients into a service which has a significantly lesser ability to treat patients than they have. NSFT are not providing the service and care that meets the needs of the patients who are being referred. For example, a patient who needs to speak to a psychiatrist would instead speak to a wellbeing worker. It is acknowledged that NSFT are trying to be helpful and that if they had the resources available to them then the Wellbeing Service could be ok.	

	There is a strong message from GB to be taken forward that there is work to do and this needs to link in with the YourNorwich NMoC. Hearing the above from clinicians, Lay Members are of great concern with regards to the situation and want to be reassured that its activity is being address to find solutions. Jane Hackett, Commissioning Programme Manager, meets NSFT on a regular basis. It is acknowledged that improvements are required, clinical space is being identified. We will be recommissioning the service and there will be the opportunity to build a new model. With regards to the issues raised by the GP's if these cannot be resolved in an informal meeting then they can be picked up through contractual meetings. **ACTION: Work that is being undertaken to be discussed at a GB meeting in public.** There is a paper being taken to Exec Cttee this week about IAPT and the Wellbeing Service. A report will be submitted to NHSE by end of October so it is an area of scrutiny. It was noted that there are no QIRs for NSFT and it was felt that this is because the situation is so bad and the frequency of them happening is that it has become the norm. Jane Hackett has anonymised cases, three good and three bad. **ACTION: KB to share anonymised cases with GB.** CoM raised concerns at their last few meetings and have asked that NSFT attend. The question was raised around the process for agreeing a new trajectory and timetable for RTT. This is being led by NNCCG but has yet to be agreed. With regards to the Operating Framework for this financial year there is no specific issue, there is a focus on not increasing long waits. There was a RTT and Demand Management Board but this has ceased to function. JoS has emailed the CO to find out what is happening as she is not sighted on this. **ACTION: Update at the next meeting.** With regards to Cancer performance have we taken any contractual actions in order to get back to 85% standards? **ACTION: FH to follow up and feedback.**	**KB** **KB** **JoS** **FH**
9.	**Activity and Demand Management Report**	
	JIn presented the Activity and Demand Management Report as at Month 4. This has been scrutinised at Finance Committee A question was raised with regards to Urology and the reason as to why activity was lower than planned.	

	There has been a change to the pathway. It takes longer to carry out a biopsy and therefore fewer patients are seen which has an impact on the number of patients being seen. This has been challenged as the change in pathway has doubled the length in time so fewer patients are being seen. At one point there was an issue around the number of Consultants available. **ACTION: KW/VS to follow up, find out and provide feedback at the next meeting.** Future reports will contain information around waiting lists to show activity against plan to correlate information.	**KW/VS**
10.	**Finance Committee Chair's Report**	
	RB provided a verbal update following the Finance Committee meeting. **ACTION: Report to be circulated following the meeting.** The report highlights the financial position at end of August and shows a small underspend against plan. We forecast that we will meet our plan at year end. There are particular pressures from NNUH and NSFT which we will continue to monitor. Finance Committee reviewed the Activity and Demand Management Report in detail and will be taking Cancer forward through CRG. At the end August QIPP showed 90% planned delivery which is slightly below where we were previously and the Committee will be monitoring delivery of QIPP schemes. Five were looked at in detail. The Committee discussed the STP gap including the agreement of block contracts for the three acute hospitals. The question was raised with regards to moving to block contracts, there is a £60m gap. With regards to a process of change, is there a plan? JIn acknowledged that agreeing block contracts doesn't save money. There is £60-70m pressures across Norfolk and Waveney with risks attached. By agreeing block contracts, risks are removed and we are able to get a handle on there by gaining an element of certainty and freeing up thinking of commissioning and providers working together. We are then able to focus on working together trying to make difference by allowing transformation work to happen this year and seeing the impact next year. There have been comments that Brexit has not been addressed as a financial risk, this risk is across the whole system in particular prescribing. One issue last year was the cost of drugs; there were challenges both around cost and availability. We rely on radiotherapy, CT scans, MRI with contracts, all could be affected and effect cancer treatment. The question was raised as to whether anybody has considered this risk and whether there is a Committee with oversight on this. This was discussed at Finance Committee and agreed that it should be discussed further at Audit Committee.	**LD**
11.	**Finance Report Month 5**	

	JIn presented the Finance Report as at month 5. We have been using our contingency so far to remain on plan. Is there a risk of high admissions over winter or will the block contracts mitigate that risk? Conversations are ongoing with regards to block contracts. **ACTION: JIn to provide update once these have been progressed.**	**JIn**
12.	**QIPP Report Month 5**	
	JIn presented the QIPP Report as at month 5. With regards to high cost drugs, it is hoped there will be savings following the ruling that Avastin can be prescribed. Local discussions are now taking place with the acute hospitals. There has been correspondence between the Chairs and a paper will be taken to the next JSCC meeting as the whole system will benefit.	
13.	**STP Report**	
	JoS presented the STP report. It was raised that there are a number of things that are not included within the report; such are system recovery, demand and capacity, secondary providers in special measures and quality improvements. It is felt that these should all be priority areas for the STP partnership and included in order to understand improvements that are taking place across the system. **ACTION: JoS to feedback the need to include finances, risks and quality sections in future reports.** Some winter funding has been allocated to enhance NEAT hours over winter. With regards to developing a long-term strategy for mental health, lay members wanted to be assured that there is an effective mechanism with primary care so they can feed in to ensure that this opportunity is not missed. It was confirmed that KB, some GPs and OneNorwich have linked in.	**JoS**
14.	**Joint Health and Wellbeing Strategy 2018-22**	
	TW provided a presentation on the Joint Health and Wellbeing Strategy for 2018-22. This was discussed and it was felt that it is in line with what the CCG is doing in relation to the emerging alliance agreement and the NMoC. Norwich CCG GB supported and signed up to the strategy.	
15.	**Strategic Commissioning Report**	
	KB presented the Strategic Commissioning Report. Future reports will include other areas such as Diabetes and Respiratory. Other areas can be added upon request.	
17.	**YourNorwich Local Delivery Group Chairs Report**	

	JIn provided an update from the YourNorwich Local Delivery Group. There was strong attendance NNUH which was helpful in terms of understanding what they are doing internally and what we're doing locally. NC attended and provided a presentation on the urgent care agenda and new specification. The Committee discussed the alliance agreement objectives and principles and what we are trying to achieve.	
18.	**New Models of Care Commissioning (NMoC) Commissioning Report**	
	JIn presented the NMoC Commissioning Report. There is anxiety about Improved Access. Primary Care have been led to believe that NHSE expectation seems to be out of kilter with what we are able to provide. Improved Access is a national initiative. From 1st October 2018, there needs to be a certain number of bookable appointments available up to 8pm and on Saturdays and Sundays based on population. For Norwich, this has been designed by OneNorwich. There is one hub based at Lionwood and this is up and running. All practices are advertising this on their websites and can book into the appointments. There are conversations ongoing with a few practices, currently three practices haven't signed up. Our model has been accepted by NHSE, there will be a full specification in the future but currently there are 4 key criteria; 1. Appointments need to cover a minimum of 30 minutes per 1000 population 2. Monday – Friday, 6.30am – 8.00pm 3. Bookable in advance 4. Advertised for patients know about it, at a minimum on websites Appointments can be made through SystmOne. NCCG commissions the service through NPL / OneNorwich who are making sure practices know about the booking procedures. This will be monitored by the Primary Care Delegated Commissioning Committee.	
19.	**Primary Care Committee Chair's Report**	
	IM presented the Primary Care Committee Chair's Report. As mentioned in the Finance Report, the decision was taken to make payments to practices in respect of services perceived by the LMC to be unfunded, but which are currently subject to review by the CCGs. The total extra cost to the CCG is estimated to be £200k within this financial year while negotiation continuing and is consistent with SNCCG and NNCCG.	
20.	**Research Annual Report 2017-18**	
	Dr Judy Henwood attended the meeting and presented the Research Annual Report for 2017/18. Governing Body noted the report.	

21.	**EPRR Assurance Self-Assessment**	
	JC presented the EPRR Assurance Self-Assessment. Governing Body **approved** the EPRR self-assessment against the NHS England EPRR Core Standards and Deep Dive standards.	
22.	**Appointments to Governing Body**	
	As TW has a conflict of interest, IM chaired this item and presented the paper. In February, CoM agreed to extend the tenure of GB members from three years to five years. Four members of the Governing Body are now coming to the end of their three year tenure, member practices voted in favour of the proposal for all four candidates to continue in their current roles for a further two years and this was confirmed at September's Council of Members meeting. Governing Body are being asked to confirm the post of CCG Chair and Vice Chair. JeS nominated TW as Chair, RB seconded it. As there was no other nomination TW will be Chair unopposed. IM handed back chairing this item to TW. TW nominated CD to be Vice Chair, KW seconded it. As there was no other nomination, CD will be Vice-Chair unopposed.	
23.	**Governing Body Assurance Framework (GBAF)**	
	JC presented the GBAF updated, the five high risk items are all on the agenda. With regards to risk 1.13, the question was raised as to why the risk was reduced. This was discussed at JSCC and it is felt that this should remain high risk. JC confirmed that this was reduced by the Quality Team. TW echoed JIn concerns. There has been a lot of work done around understanding the waiting lists and data. However, there are still concerns around sustainability of the provider. GB are not assured that the service is worthy of reducing the risk rating. **ACTIONS:** • **KW to follow up with CT and the Quality Team will liaise with JC.** • **KW will also pick this up through the Quality Committee and provide an update through the next Quality Report.**	**KW** **KW**
	TW thanked IM for her commitment to the CCG. She has been here since the beginning and has been a champion to the cause of patient and public involvement. We will miss you, your challenges and questions at our Governing body meetings and other committees and the wealth of experience you have brought to Norwich CCG. We wish you all the best for the future. LMG thanked IM. I am going to miss you and your rational voice, calming me down when I get excited and carried away. I have appreciated everything you have helped with.	
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)