

	<p><b>Present:</b> 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 John Isherwood (JIs) – Practice Manager / Elected Member Rob Bennett (RB) – Lay Member Dr Neil Ashford (NA) – Secondary Care Doctor 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> Karin Bryant (KB) – Director of Commissioning Jean Clark (JC) – Head of Governance</p> <p><b>Attending to support meeting:</b> Tim Curtis (TC) – Head of Communications Laura McCartney-Gray (LMG) – Head of Engagement Lynette Dagless (LD) – Executive Assistant (Minute taker)</p>	
1.	<p><b>Welcome and apologies</b></p>	
	<p>TW welcomed Governing Body members, members of the audience and Cllr Emma Corlett representing Norfolk County Council’s Health Overview &amp; Scrutiny Committee (HOSC).</p> <p>TW welcomed Joanna Hannam, the new Lay Member for Patient and Public Involvement.</p> <p>Apologies were received from; Paul Fisher (PFi) – Lay Member, Governance &amp; Audit John Mallett (JM) – Director of Operations and Delivery</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 discussions and voting for decision making.</p> <p><u>Item 16 – Strategic Commissioning Report</u> – All those working in Primary Care have a Col. They are TW, VS, JeS, AD, CD and JIs.</p> <p><u>Item 18 – New Models of Care (NMoC) Commissioning Report</u> – All those working in Primary Care have a Col. They are TW, VS, JeS, AD, CD 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, VS, JeS, AD, CD and JIs.</p>	

	Item 20 – Single Management Team - SMT who are conflicted are JoS and JIn.	
<b>3.</b>	<b>Items Exempt Under Freedom of Information Act (Fol)</b>	
	Members were asked to stay after meeting as there is a matter which needs to be discussed in private. This will be exempt under the Freedom of Information Act.	
<b>4.</b>	<b>Minutes of the meeting held on Tuesday 25<sup>th</sup> September 2018</b>	
	JIn asked that some amendments are made to the main paragraph on Page 7, Item 19. Wording has been provided to LD via email.  <i>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.</i>  It was <b>AGREED</b> that subject to the above revision the minutes can be signed off.	
	<b>Action Log</b>	
	The action log was updated as per discussions.	
<b>5.</b>	<b>Chair's Actions</b>	
	No Chairs Actions have been taken since the last meeting.	
<b>6.</b>	<b>Questions from the Public</b>	
	No questions were received from members of the public.	
<b>7.</b>	<b>Commissioning Case Study</b>	
	KW read a letter which was received from a gentleman regarding the care received by his mother from both primary and community care.  Members agreed it was good to receive such positive feedback that the integrated care services such as NEAT and Homeward, as part of the YourNorwich Model of Care, had made a difference. The letter has been shared with all relevant teams.	
<b>8.</b>	<b>Quality Committee Chairs Report Consolidated Quality Report</b>	
	VS presented the Chair's Report from the Quality and Patient Safety Committee providing a summary of assurance in relation to each of the providers.  A question was raised with regards to the cancer pathways within NNUH. Do we know how and whether information has been shared with primary care with regards to the impact of this? The trust has carried out a lot of work to increase capacity both within diagnostics and treatment.  With regards to Safeguarding Adults, following new guidance will there be any impact in primary care? The Committee will explore this further once they have received the presentation in relation with this.  Concerns were raised with regards to the attrition rates within the Ambulance Trust. Is there an insight as to why this is as it clearly needs to be addressed? At the moment this is difficult as workforce is a challenge across all systems. There needs to be a particular skillset for advanced clinical roles. There are a number of different initiatives taking place to expand the workforce.	

	<p>New staff are being successfully recruited but other members of staff are leaving at the same rate due to the pressure that individuals are under. We need to be careful not to deplete one area but to have more integrated roles between community and primary care by using the staff's skillset. The Ambulance Trust are recruiting to technical posts.</p> <p>These concerns are discussed regularly at the regional CQRM.</p> <p>It was acknowledged that IC24 is making good progress in a number of areas of its performance.</p> <p>KW presented the Consolidated Quality Report and explained that the Community Eating Disorders Service had been discussed at Quality Committee and risks have been included on the GBAF. There are a number of challenges with regards to the provision of services, and staff vacancies.</p> <p>With regard to mental health, there were 22 people in out-of-trust beds at the moment, 13 of whom are Norwich service users. Members asked about the action taken. KW explained that this had been escalated to the co-ordinating commissioner and was discussed with the Trust at contract meetings.</p> <p>Governing Body discussed QEH cancer patients being treated at NNUH. Due to the results of the CQC inspection patients have been diverted to NNUH as services are no longer being provided at QEH.</p>	
<p><b>9.</b></p>	<p><b>Provider and System Performance Report</b></p>	
	<p>KB presented the Provider and System Performance Report.</p> <p>There is some confusion with regards to "Out of Trust" and "Out of Area". Governing Body felt that it would be helpful to decide which one to focus on as the terms are being used interchangeably. It was explained that from a clinical point of view, out of area is outside Norfolk. However, NSFT covers Norfolk and Suffolk and as it is within their remit the Trust doesn't incur extra costs. From a financial point of view, out of trust means outside Norfolk and Suffolk.</p> <p>It was agreed to use consistent terminology in all reports. It was agreed to focus on "Out of Area".</p> <p>There has been a lot of media coverage about cancer treatment. The performance of 62 days wait is worse than last year. A big part of that is due to an increase in referral activity, as shown in the Demand Management Report; it is positive that more patients are referred quickly.</p> <p>A meeting took place to discuss contracts for next year. It was agreed to differentiate between cancer and non-cancer referrals in order to contract for the right level going forwards to address the issue of having the capacity to meet demand.</p> <p>The question was raised as to why performance for skin cancer has reduced.</p> <p><b>ACTION: KB to investigate and report back to next meeting.</b></p> <p><b>ACTION: KB to investigate and report back to next meeting.</b></p>	<p><b>KB</b></p>

	<p>RTT has been an area of focus yet the waiting list is still increasing. Although there is a small cohort of 52 week waits this could potentially take priority. This was being taken forward by NNCCG and a deep dive at the Norwich CCG Audit Committee in October. It was identified that it would be helpful to have a collective demand management forum. There are various projects looking at the demand at NNUH and how we can work better together as a system and learn from WNCCG and GY&amp;WCCG.</p> <p>The Walk in Centre is achieving over and above the targets within their contract and there are positive reports about the service received within the WIC. There are advertisements on buses encouraging the public to go there, as there is capacity.</p>	<b>KB</b>
<b>10.</b>	<b>Activity and Demand Management Report</b>	
	<p>JIn presented the Activity and Demand Management Report, which overlaps with the Performance Report. The report has been reviewed in detail by the Finance Committee.</p> <p>Governing Body noted the report.</p>	
<b>11.</b>	<b>Finance Committee Chair's Report</b>	
	<p>RB presented the report providing a summary of the key points discussed at November's meeting.</p> <p>Governing Body noted the report.</p>	
<b>12.</b>	<b>Finance Report Month 7</b>	
	<p>JIn presented the Finance Report as at Month 7. The position to date is showing a small underspend against plan. The CCG forecast outturn remains positive for year end.</p> <p>Governing Body noted the Report.</p>	
<b>13.</b>	<b>QIPP Report Month 7</b>	
	<p>JIn presented the QIPP report as at month 7.</p> <p>The question was raised as to challenges looking forward and plans for the next financial year.</p> <p>An initial view of next year's financial plan was discussed. This was based on expectations of a 3% QIPP.. Work is taking place across all CCGs to identify areas to target.</p> <p>A schedule of the QIPP plan for next year will be discussed at the next Finance Committee.</p>	
<b>14.</b>	<b>2019/20 Planning</b>	
	<p>JIn presented the 2019/20 Approach to Planning (including system intentions).</p> <p>A letter from NHS England titled "Approach to Planning" was shared in order to set the scene of what is expected. It included a timetable for planning, more detailed guidance and allocations are expected mid-December.</p> <p>The second document set out the system intentions for 2019-20. A different approach will be taken and this document sets out a series of principles on how the system is working together.</p>	

	<p>A further paper will be brought to January's Governing Body meeting.</p> <p>JIn explained how the revised approach will remove national variations. There is a marginal rate for emergency tariff intended to give incentives to the Provider to constrain emergency activities. The commissioner only pays 70% of over activity. The other 30% is then reinvested in services.</p> <p>Commissioners do not pay providers for any readmissions with the same conditions within 30 days. This is so that patients are not discharged before they are ready to go home.</p>	<b>JI</b>
<b>15.</b>	<b>STP Report</b>	
	<p>JoS presented the STP report which was produced through the office of the STP Exec Lead. The same report has gone to all five Governing Bodies.</p> <p>There are no details around finance, quality and risk. Governing Body has previously asked for these to be included. The report is more informative than providing assurance. JoS will reiterate the message.</p> <p><b>ACTION: JoS to feedback</b></p> <p>With regards to workforce, it is important to have the right skills in the health system locally. This is a recurring theme in all Committees and it is felt that national solutions are required. The question was raised as to what extent does the national system understand local pressures in terms of skills and capacity.</p> <p>There is a high level of interest from NHSE, particularly for nursing and other health professionals. We are held to account and escalated our action plans to develop roles moving forward. There is an assurance meeting at the beginning of December with regards to a variety of roles and developing and expanding the whole workforce.</p> <p>Within EEAST there are particular groups of staff that are in short supply. We are undertaking work around developing these roles. It is helpful to know we are being held to account for our local plans and it was suggested that we use those meetings to flag any wider issues to find out if there are any national solutions.</p> <p>It was suggested that consideration be given to whether paramedics could carry out near-patient testing. There would be concerns around this relating to infection prevention and control. There is also concern around the need to constrain antibiotic prescribing. A priority is ensuring that we have sustainable GP and primary care services and there is some STP funding for this.</p>	<b>JoS</b>
<b>16.</b>	<b>Strategic Commissioning Report</b>	
	<p>KB presented the Strategic Commissioning Report and provided a summary of the work of the Clinical Reference Group, clinical networks, an update on the RightCare work programme and feedback from JSCC.</p> <p>The national Diabetes Audit will now take place twice a year.</p>	

	<p>CD raised an issue in relation to Faecal Immunochemical Test (FIT) testing chemical tests, the pack and patient information have been received by his practice but not the algorithms on how to use them.</p> <p><b>ACTION: KB to resend via email</b></p> <p>Concerns were raised around the burden of the amount of information GPs are required to produce for neurodevelopment disorders, specifically school reports. When writing to schools there is a list of approximately 14 aspects that they are asked to make comments on.</p> <p><b>ACTION: KB to investigate and ask the provider to clarify</b></p>	<p><b>KB</b></p> <p><b>KB</b></p>
<b>17.</b>	<b>YourNorwich Local Delivery Group Chairs Report</b>	
	<p>NA presented the YourNorwich LDG Chair's Report.</p> <p>NA is encouraged by the good attendance and enthusiasm from members of the committee and is hopeful that solutions can be found by working together.</p> <p>Governing Body noted the report.</p>	
<b>18.</b>	<b>New Models of Care Commissioning (NMoC) Commissioning Report</b>	
	<p>JIn and KB presented the NMoC Commissioning report.</p> <p>Governing Body was pleased to see the draft framework for NMoC. The question was raised as to whether the CCG is making good progress to meet the timelines.</p> <p>JIn confirmed that we are still aiming for the Alliance Agreements to be in place March 2019. However there are no contractual deadlines but this feels like the right date to aim for.</p>	
<b>19.</b>	<b>Primary Care Committee Chair's Report</b>	
	<p>NA presented the Primary Care Committee Chair's Report outlining discussions that took place at October's meeting.</p> <p>Governing Body asked how many patients are accessing appointments through improved access.</p> <p>Approximately 70% of appointments are used and we will receive further information through performance reports going forward. Appointments on Saturday mornings are underutilised and the capacity of practice nurses are not being utilised.</p>	
<b>20.</b>	<b>Single Management Team</b>	
	<p>JoS requested that a communication plan was circulated to staff. TW confirmed that there is a plan in progress. Tim Curtis is supporting this and coordinating with Arden GEM CSU.</p> <p>JoS and JIn noted their interest in this matter and left the room for this agenda item.</p> <p>TW presented the paper and the process that will be undertaken.</p> <p>Governing Body felt it was helpful to hear about the recruitment process and that there will be support from Arden GEM CSU. Members felt it was important that it is a fair and transparent process.</p>	

	<p>Governing Body was asked to note that the timeline was indicative.</p> <p>Governing Body voted and unanimously (8 votes) <b>AGREED</b> the recommendations.</p>	
<b>21.</b>	<b>Governing Body Appointments</b>	
	<p>It was acknowledged that Joanna Hannam had a conflicts of interest as a member of the audience.</p> <p>TW presented the paper outlining the number of changes to the Governing Body recently and how it is proposed they are filled. If approved then there will be changes to Committee Membership and this will be shared with GB members.</p> <p><b>ACTION: JoS to share changes to Committee memberships with GB members.</b></p> <p>Governing Body <b>AGREED</b> to recommend to the Council of Members the appointment of the new Governing Body Lay Member for PPI and the shared Lay Member for Audit and Governance.</p> <p>The question was raised as to whether the new Lay Member will Chair the Individual Funding Request Panel. This was chaired by Irene MacDonald when she was in post.</p> <p>It was confirmed that it is not part of the role for the new Lay Member PPI and Lay members across all 5 CCGs had been asked but no one came forward. Governance Leads would ask again.</p>	<b>JoS</b>
<b>22.</b>	<b>Conflicts of Interest Committee Chairs Report and ToR</b>	
	<p>RB presented the CoI Committee Chairs Report which provided an update from the October meeting.</p> <p>Governing Body were asked to approve one minor change to the ToR around membership.</p> <p>The question was raised as to whether it is a requirement or good practice for the Chair of the CoI Committee to be the Lay Member for Governance and Audit. JC believes it is a requirement because of Conflicts of Interest legislation but will check.</p> <p><b>ACTION: JC to check if it is a requirement or good practice for the Chair of the CoI Committee to be the Lay Member for Governance and Audit</b></p> <p>PFI was the CoI Guardian, is this covered within the new arrangements? It was confirmed that interim arrangements were currently being agreed for these posts.</p> <p>Governing Body <b>APPROVED</b> the amended ToR once the above is clarified.</p>	<b>JC</b>
<b>23.</b>	<b>Audit Committee Chair's Report</b>	
	<p>RB presented the Audit Committee Chair's Report providing a summary of October's meeting.</p> <p>Governing Body noted the report.</p>	
<b>24.</b>	<b>Scheme of Reservation and Delegation</b>	

	<p>JIn presented the annual refresh of the Scheme of Reservation and Delegation.</p> <p>Governing Body was asked to approve table 1. The remainder of the document is not here for approval as this will be the responsibility of JoS, Chief Officer.</p> <p>A typo was highlighted on Page 22, there is a 0 missing – this should be £4000 per week.</p> <p>Governing Body <b>APPROVED</b> the recommended changes to Table 1 to go to Council of Members.</p>	
<b>25.</b>	<b>Governing Body Assurance Framework (GBAF)</b>	
	<p>GBAF was discussed by the Exec Committee after papers were circulated and some changes made. JIn will outline these changes.</p> <p>A new risk has been added around Brexit. This is a simplified version of the one taken to Audit Committee, there are more risks than have been included (workforce, bio-medicines, impact on research). The overarching GBAF highlights more immediate risks.</p> <p>Another significant risk identified by Exec Committee was the risk in relation to the Eating Disorder Service.</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: .....

Date: .....

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