

	<p>Present: Tracy Williams (TW) – Nurse Practitioner/Chair Dr Jeanine Smirl (JeS) – GP / Elected Member Dr Victoria Stanley (VS) – GP / Elected Member Dr Andy Douglass (AD) – GP / Elected Member John Isherwood (JIs) – Practice Manager / Elected Member Rob Bennett (RB) – Lay Member Dr Neil Ashford (NA) – Secondary Care Doctor Joanna Hannam (JH) – Lay Member, Patient and Public Involvement John Ingham (JIn) – Chief Finance Officer Jo Smithson (JoS) – Chief Officer Karen Watts (KW) – Director of Quality & Nurse Member</p> <p>In attendance: Karin Bryant (KB) – Director of Commissioning John Mallett (JM) – Director of Operations and Delivery Jean Clark (JC) – Head of Governance</p> <p>Attending to support meeting: Tim Curtis (TC) – Head of Communications Laura McCartney-Gray (LMG) – Head of Engagement Lynette Dagless (LD) – Executive Assistant (Minute taker) Stephanie Tuvey from HealthWatch – Agenda Item 20</p>	
1.	Welcome and apologies	
	<p>TW welcomed members of the public and Bridges to the meeting.</p> <p>Apologies were received from; Paul Fisher (PFi) – Lay Member, Governance & Audit John Plaskett (JP) – Lay Member, Governance & Audit Dr Chris Dent (CD) – GP / Elected Member</p>	
2.	Declaration of Conflicts of Interest	
	<p>The Chair reminded the group that any declarations of conflicts of interest should be disclosed as soon as possible to establish whether it is appropriate for the member to participate in discussions and voting for decision making.</p> <p><u>Item 19 – YourNorwich Local Delivery Group Chairs Report</u> – All those working in Primary Care have a Col. They are TW, VS, JeS, AD, and JIs.</p> <p><u>Item 20 – New Models of Care Commissioning (NMoC)</u> – All those working in Primary Care have a Col. They are TW, VS, JeS, AD, and JIs.</p> <p><u>Item 21 – Primary Care Committee Chair’s Report</u> – All those working in Primary Care have a Col. They are TW, VS, JeS, AD, and JIs.</p>	
3.	Items Exempt Under Freedom of Information Act (Fol)	

	Members were asked to stay after the meeting was there is a matter which needs to be discussed in private. This will be exempt under the Freedom of Information Act.	
4.	Minutes of the meeting held on Tuesday 28th November 2018	
	<p>Page 3 – The sentence regarding QEH needs to be clarified that “<i>because of the results of CQC inspection patients have been diverted to NNUH as services are not being provided there anymore</i>”.</p> <p>Page 6/7 – It needs to be amended to record that JoS and JIn left the room for agenda item 20 – Single Management Team.</p> <p>TW to sign off the minutes subject to the above changes.</p>	
	Action Log	
	<p>The action log was updated as per discussions.</p> <p>Strategic Commissioning Report – This action is complete. KB confirmed that she is waiting for the ToR to make sure it is included.</p>	
5.	Chair’s Actions	
	<p>TW took two Chair’s Actions from December’s Developmental Session.</p> <p>Single Management Team – The recommendations from the Remuneration Committee in common were approved.</p> <p>Non-Emergency Patient Transport Procurement (NEPTS) – The recommendation was agreed to initiate the procurement and the financial envelope for inclusion in the procurement tender.</p>	
6.	Questions from the Public	
	No questions were received from members of the public.	
7.	Commissioning Case Study	
	<p>Bridges is a small but valuable service which we commission from St Martins Community Resource Centre for Norwich CCG area residents.</p> <p>Governing Body received a presentation about the service from Cheryl O’Sullivan and Lucy Bone from Bridges, together with Kevin who is a service user.</p> <p>It was suggested that there should be a link to local schools as pupils completing the Duke of Edinburgh often look for voluntary work.</p> <p>The question was raised regarding benefits and the impact of Universal Credit. It was noted that the benefits system is changeable and therefore it would be preferable for service users to link with experts in this matter.</p> <p>With regards to how patients move through the service historically it was slow. Bridges is still in the developmental stage of services but are moving onto other things that can be offered. Bridges is a safe place for this group of people and they are mindful not to move people too quickly.</p> <p>Kevin was asked if he could change one thing, what it would be. His response was that it would be useful to have support over the weekends.</p>	

	<p>This comes down to social isolation and meetings have taken place with Voluntary Norfolk to put links in place and to use the wider community as much as possible.</p> <p>Weekends are pressure points as many services close at 5pm on Fridays and therefore if a patient is in mental health distress there is nothing available for them at weekends. This is a long time if their only social engagement is through Bridges.</p> <p>St Martins were thanked for providing this service. They took it on a year ago and it was noted how dynamic it now is and how much it has changed and improved during the past year. A further two years of funding has been secured for the service.</p>	
8.	<p>Quality Committee Chairs Report Consolidated Quality Report</p>	
	<p>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.</p> <p><u>Norfolk and Suffolk Foundation Trust</u> – A small number of beds have been ring-fenced for mental health patients within the local acute trust. This is about having capacity to take on crisis patients during the out of hours' period and to reduce 12 hour breaches. It can be difficult for assessments to be carried out within A&E, to find a bed and transport. A&E is the wrong environment for these patients. It was confirmed that any patient in crisis would have access to the beds whether through A&E or community.</p> <p>Scribe's Note: Further clarification regarding mental health beds is noted in the minutes dated 26th March 2019.</p> <p><u>IC24</u> – 111 Online has not yet been marketed and is not mainstream. Advertising on the TV will start tomorrow and therefore we may see an increase in its use. The system has been tested whilst the number of users is low to ensure the system works. The use of the service will be dependent on the impact of the advertising. AD has carried out a symptom check and it seems to be fine. It was suggested that an online chat function may be useful for people to gain advice.</p> <p><u>Norfolk Community Health & Care (NCH&C)</u> – The trust continues to require a focus on their model of delivery for Children's Services.</p> <p>JoS confirmed that there is now a sixth STP work-stream for Children's Services which is being led by Sara Tough (Norfolk County Council), JoS is the lead AO from health. It is felt that through this the N&W system will have the right level of focus on children's services.</p> <p><u>EEAST</u> – Performance over the last 3-4 weeks has improved. This is due to extra capacity, more ambulances and incentives for additional shifts.</p> <p>However, this inevitably means acute hospitals experiencing higher numbers arriving and there may be an impact of delays in handovers.</p> <p>It was felt that if IT systems were linked and there was a shared platform this would make handover more efficient.</p> <p>Quality and Patient Safety Report</p>	

	<p>With regards to NNUH Cancer performance, concerns were raised that there might be a psychological impact. Will their agreement to take referrals from QEH have an impact on an already challenged service?</p> <p>ACTION: KW will pick up these concerns at CQRM.</p> <p><i>Scribe's Note: Further clarification regarding the agreement to take referrals from the QEH is noted in the minutes dated 26th March 2019.</i></p> <p>It was acknowledged that QEH were struggling going into the winter period and therefore NNUH planned to provide support if required. There is an impact on QEH finances.</p> <p>This needs to be picked up in the planning round for the coming financial year in order to ensure that NNUH can pick it up without it affecting patients. The overall system planning needs to be assured of their capacity to deal with it.</p> <p>From a clinical point of view, the delivery of KPIs is not a true reflection of the level of clinical risk: some cancers have low or no urgency. For example, patients with prostate cancer can have 3 monthly blood tests whereas other types of cancer need more urgent treatment. It was suggested that there could be different pathways – 18 weeks where it is clinically safe and 62 days for patients who have a more urgent need.</p>	KW
9.	<p>NHS England 360 Review Action Plan</p>	
	<p>NHS Norwich CCG's Engagement Manager, presented the report reflecting the findings from the CCG's 360 Stakeholder Survey from 2017-18.</p> <p>Governing Body approved the updated action plan.</p>	
10.	<p>Provider and System Performance Report</p>	
	<p>JM presented the Performance Report based on November's data.</p> <p>The reduction in numbers of out of area placements was acknowledged but it is recognised there is still a lot to do.</p> <p>The Finance Committee noted that there is a requirement that the number of people waiting needs to be fewer at the end of the year, than at the beginning of year.</p> <p>The Chief Executive of NNUH has reported to the STP Executive that some staff are working on Sundays as well as Saturdays to reduce the waiting list.</p> <p>A workshop for both Providers and Commissioners has been organised to look at demand, what is working and what is being done to reduce the waiting list.</p>	
11.	<p>Activity and Demand Management Report</p>	
	<p>JIn presented the Activity and Demand Management Report summarising the key measures in respect of referrals to NNUH and activity to November 2018.</p> <p>Appendix 2 – STP Dashboard Extract is included in the report for the first time. It provides some comparative information for a few key indicators locally which helps to understand our performance in the context of the system as a whole.</p>	

	<p>KW queried the length of stay for the increase in short stays. This is 0-1 days.</p> <p>ACTION: JIn to share the information regarding the increase in short-stays with KW to look at what is going through.</p> <p>There has been an increase in Consultant to Consultant referrals.</p> <p>There has also been an increase in falls admissions to A&E and the question was raised as to why Norwich so different to other areas. JIn confirmed that this information will be reviewed to understand the cause, as it is not expected within our population.</p>	JIn
12.	Finance Committee Chairs Report	
	<p>RB provided a verbal update from the Finance Committee, although a report has been written and circulated to Governing Body members prior to this meeting.</p> <p>With regards to the overall financial position, there was a small underspend at 31st December 2018 and it is expected that we will be on budget at the end of the financial year.</p> <p>The QIPP programme delivery at end December 2018 was 87% compared to plan. We are expecting to get to 91% by year end which is good.</p> <p>Risks are included on the GBAF, these were reviewed and there was an increased risk rating for out of area placements for mental health patients due to the focus and attention this is receiving.</p> <p>Deep dives are carried out at each meeting. This time the Committee looked at respiratory, coronary heart and diabetes. The CCG will not necessarily see short term financial gains but good work is taking place in respiratory and this will be built on going forward. There is also good work to date for Coronary Heart Disease.</p> <p>Diabetes is behind predicted levels, and the different strands need to be pulled together. This will be looked at again.</p> <p>Documents for becoming an aspiring Integrated Care System have been produced following the recent workshops. These demonstrated the importance of having good governance arrangements, local initiatives and clinical input into this work going forward. The Committee endorsed these comments.</p> <p>A work programme and set of objectives are being produced which will feed into the corporate document.</p> <p>It was questioned why GYW CCG has fewer out of area placements, than Norwich, North and South.</p> <p>Action: JM will take this forward and look into it.</p>	JM
13.	Finance Report Month 9	
	<p>JIn presented the Finance Report as at December 2018.</p> <p>We are currently on-plan with the possibility of a small surplus at year end. The main focus is on out of area placements - an internal deep dive is taking place.</p>	

	<p>The team is also looking at prescribing issues including short stock on a monthly basis with regards to the impact on prices.</p> <p>NCCG received an extra allocation in December in respect of the Quality Premium which is available every year. Conversations are taking place as to how this can be spent.</p>	
14.	QIPP Report Month 9	
	<p>JIn presented the QIPP Report as at month 9.</p> <p>With regard to the schemes that are not performing, it is sometimes difficult to attribute savings to each scheme as there is a lot of overlap. Mechanisms are in place to discuss areas that are not delivering.</p> <p>Prescribing is significantly over-performing, the CCG's underspend is 6% down year on year compared to 1% nationally.</p> <p>It was acknowledged that NCCP is doing a good job in managing Continuing Health Care and Personal Health Budgets. They are appropriately assessing and following up patients and making more efficient use of money.</p> <p>Rosa Juarez was thanked for her hard work coordinating and managing the projects to keep them on track.</p>	
15.	NHS Long Term Plan	
	<p>JoS presented the NHS Long Term Plan which was published earlier this month. It sets out how the NHS will redesign delivery of patient care over the next decade. Attached to the paper is the summary from one HFMA.</p> <p>There are 7 chapters and it is felt that we are already along the right lines in relation to each.</p>	
16.	2019/20 Planning	
	<p>JIn presented the 2019/20 Operational Planning.</p> <p>This is an evolving picture with guidance coming out at different times. We now know our control totals, so it is anticipated that we will break even again and maintain a high level of cumulative surplus. There is a good level of growth in funding for next year, just under the national average.</p> <p>Details were given about key operational planning which needs to be included in the system process. This is being done through the Joint Commissioning Executive to look at what we need to do as a whole system and to form part of the system plan.</p> <p>JIn will report back to a future meeting what this means to us as a CCG.</p> <p>There will be national funding to cover the increase in pension contributions for staff.</p> <p>Our running costs haven't reduced and are the same as the current financial year but will reduce the following year.</p>	

	<p>With regards to introducing “Respect”, there were previous conversations about introducing ceilings of care. It is felt that this is an important part of demand management.</p> <p>KB confirmed that it has gone live in Paediatrics and work is ongoing.</p> <p>ACTION: KB to provide an update</p> <p>Personal Health Budgets (PHBs) are increasing. A member of the Commissioning Team is working on PHB wheelchairs this year. It is an ongoing project and work is being linked with the PHB process already in place through the CHC partnership.</p>	KB
17.	Strategic Commissioning Report	
	<p>KB presented the Strategic Commissioning Report.</p> <p>The East of England (EoE) Clinical Network for Diabetes has rated N&W CCGs as poor. A high level action plan is being developed for the end of January when a meeting will take place with EoE to pull together a system-wide action plan. Rosa Juarez is going to support this.</p> <p>CRG have discussed Diabetes several times. Transformational work started in the middle of the financial year so hasn’t had an impact this year.</p> <p>There are four clinical priority assessment areas and Diabetes is one of them. There is going to be a paper at February’s developmental meeting. There will be a deep dive into those four areas to provide assurance of what we are doing.</p>	
18.	Draft Mental Health Strategy for Norfolk and Waveney	
	<p>KB presented the Draft Mental Health Strategy for Norfolk and Waveney.</p> <p>A STP Mental Health forum took place on 15th January to discuss next steps. Following advice from HealthWatch the terminology is being changed from “pillars” to ‘commitments’. The draft is still being consulted on.</p> <p>HealthWatch challenged us about going ahead when the Consultation is still open. The commitments were produced following on from the original consultation and we do not think this will change significantly and we do want to pause the process and will reconsider if needed.</p> <p>Plans are due in March/April. We will be putting together an Alliance Agreement which will take this into account.</p> <p>ACTION: KB to confirm timescales.</p> <p>As the consultation is continuing it was felt that it is important that whatever information is available clearly states that this is based on general feedback, so that members of the public know that their voice will still count.</p> <p>ACTION: KB to ensure that the narrative on the websites reflects this.</p> <p>It was felt that the 10 year plan is very large and needs to be shared with Practices and members of the public. Consideration needs to be given as to how this is done and whether an easy read version can be shared. It was felt that it is important that a short term summary is made available together with a reflection TW as Chair.</p>	<p>KB</p> <p>KB</p>

	ACTION: KW/LMG to follow this up.	KW / LMG
19.	YourNorwich Local Delivery Group Chairs Report	
	NA presented the YourNorwich Local Delivery Group Chair's Report outlining discussions that took place at January's meeting. This report was noted by Governing Body.	
20.	New Models of Care Commissioning (NMoC) HealthWatch Report on Public Consultation	
	<p>JIn presented the <i>YourNorwich</i> NMoC report outlining the two portfolios of work within the NMoC.</p> <p>Stephanie Tuvey from HealthWatch attended the meeting and presented the HealthWatch Report on the findings from the Public Consultation.</p> <p>Governing Body thanked LMG for her role in the Consultation.</p> <p>The report did not produce anything we did not expect, these were comments that are heard all of the time in the Practices. Only 4.8% of the surveys given out were returned which means that this is 0.04% of the population. Consideration needs to be given as to how we include our population.</p> <p>We have to consider how we make consultations as relevant as possible to as many people as possible on a limited resource.</p> <p>It is expected that as we go forward and start to look at specific services, there will be an increase in the number of responses as it becomes more relevant.</p> <p>It was felt that capacity to deliver the NMoC needs to be looked at to ensure that we are able to delivery, especially due to the 20% reduction in running costs.</p> <p>The Governing Body was reassured that there is potential capacity due to improved working with the <i>OneNorwich</i> transformation team. A new Head of Primary Care has been appointed, bringing additional capacity.</p>	
21.	Primary Care Committee Chair's Report	
	NA presented the Primary Care Committee Chair's Report for the meeting on 19 th December. Governing Body noted the report.	
22.	STP Update	
	<p>JoS presented the STP Update which was produced for all CCG Governing Bodies, providing information on key developments within the N&W system and projects that the STP is currently working on.</p> <p>With regards to Children and Young People, does the STP have an expectation that LDGs will have a similar focus as at the moment this is the one group and one set of services that is not clearly represented?</p> <p>JoS confirmed that there is wider engagement through the STP workstream. Most of the children's services are at a system level and they are struggling with resilience at that scale. The STP Children and Young People's workstream is looking at a strategically wider vision for all children's services and how we</p>	

	<p>integrate commissioning and delivery in order to make them more resilient going forward.</p> <p>JoS will take these comments on board and think about how this can link to LDGs as it is an important area.</p> <p>Autism is mentioned in the long term plan, this is an area that is not being done well and needs specific focus. If diagnosed early there is less damage and support can be put in place.</p> <p>This is welcomed as a system because it is recognised that we are not providing the best service possible to those families and it was agreed that this does need more focus.</p>	
23.	Governing Body Assurance Framework (GBAF)	
	JC presented the GBAF which was noted by Governing Body.	
24.	SIRO, Caldicott Guardian and Data Protection Officer Report	
	<p>JIn presented the paper to provide Governing Body with assurance of the work completed in 2018/19 to support the CCG to comply with relevant Information Governance and Data Protection legislation.</p> <p>Governing Body noted the report and thanked Chrissy Jackson for her work as Data Protection Officer.</p>	
FOR INFORMATION ONLY		
	Health & Wellbeing Board	
	The link to the Health & Wellbeing Board papers was shared for information.	
	STP Updates	
	The link to the STP updates was shared for information.	

Minutes agreed as accurate record of meeting:

Signed:
Chair (on behalf of NHS Norwich CCG Governing Body)

Date: