Minutes of NHS Norwich CCG
Governing Body
Tuesday 26th March 2019

NHS Norwich Clinical Commissioning Group

	Present: Tracy Williams (TW) – Nurse Practitioner/Chair Dr Chris Dent (CD) – GP / Elected Member 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 Plaskett (JP) – 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:*** Karin Bryant (KB) – Director of Commissioning John Mallett (JM) – Director of Operations and Delivery Chrissy Jackson (CJ) – Governance Manager ***Attending to support meeting:*** Tim Curtis (TC) – Head of Communications Lynette Dagless (LD) – Executive Assistant (Minute taker)	
1.	**Welcome and apologies**	
	TW welcomed everyone to the meeting. Governing Body were asked to reflect and remember Paul Fisher, who has died since the last meeting of the Governing Body in public. He was the lay member for audit and governance and was a true professional and gentleman. He contributed to the success of the CCG since the beginning. He was a great colleague and will be missed by all. Apologies were received from; Cllr Emma Corlett – HOSC	
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 to establish whether it is appropriate for the member to participate in discussions and voting for decision making. <u>Item 21 – NMoC Commissioning Report</u> – All those working in Primary Care have a CoI. They are TW, VS, JeS, AD, and JIs. <u>Item 22 – Primary Care Networks</u> – All those working in Primary Care have a CoI. They are TW, VS, JeS, AD, and JIs.	

	Item 23 – Delegated Primary Care Commissioning Committee Chair's Report – All those working in Primary Care have a CoI. They are TW, VS, JeS, AD, and JIs. Item 24 – YourNorwich Local Delivery Group Chairs Report – All those working in Primary Care have a CoI. They are TW, VS, JeS, AD, and JIs. Item 26 – High Intensity User Service, Central Norfolk Outcome of Procurement Process – TW was involved in the pilot in a clinical capacity. RB will Chair this item and TW will not be involved in the decision.	
3.	**Items Exempt Under Freedom of Information Act (FoI)**	
	Part 2 is exempt from disclosure under the Freedom of Information Act.	
4.	**Minutes of the meeting held on Tuesday 22nd January 2019**	
	The following amendments are to be made to the minutes of the last meeting. Item 11 – the first paragraph about falls admissions to A&E to be reworded to "will be reviewed" Item 19 – To be amended from Committee to Local Delivery Group. Matters Arising Although the points raised in Item 8 of the minutes were accurate at the time, the position has now changed: • NSFT – the two beds are ring-fenced for acute admissions. • NNUH have not taken any referrals from QEH in regards to cancer referrals.	
	Action Log	
	The action log was updated as per discussions. Draft Mental Health Strategy for Norfolk and Waveney – LMG will share the NHSE summary with Practices. However the question was raised as to how this will be shared with members of the public in a more accessible version for local people. Work is being carried out to develop an STP platform for the public and information will be available there. This is due to go live in a few weeks' time. NHSE has advised CCGs to engage with patients and staff within the normal course of engagement throughout the year. It was agreed that the document should be translated into a document specifically for Norwich patients stating what the Long Term Plan means for me, including examples in order to engage with the public. This can be shared on both the NCCG website and the STP website. **ACTION: Summary for Norwich patients to be developed and shared.**	
5.	**Chair's Actions**	
	There were no Chair's actions.	
6.	**Questions from the Public**	
	No questions were received from members of the public.	

7.	**Commissioning Case Study**	
	Claire Leborgne, Assistant Director of Integrated Care and Sarah Ford, YourNorwich Operational Lead attended the meeting and provided a presentation on Norwich Escalation Avoidance Team (NEAT). The number of paramedics using the service is significantly increasing. NEAT is now included within the directory of service and work is taking place with the ambulance service. There is good partnership working with the Falls vehicle. A NEAT model is now being implemented across the 5 CCGs but each Escalation Avoidance Service is slightly different as others are still in infancy. There is a different telephone number for each CCG and the ambition is that 111 becomes the only number and callers are allocated to the correct Escalation Avoidance Team. It is intended that there is a pathway within the 111 service, so that NEAT is a disposition available to the call handler, where 999 is not appropriate. NEAT can pick up low level categories, level 3 and 4 call outs. Work is taking place with hospice at home to try to ensure that all patients go through NEAT. There is a high demand and by taking this through NEAT the right people will be placed into the right organisation for the care that they need. Patients are placed in a care setting and then fast-track is arranged out to avoid any debates around ownership. CHC is predominantly a funding stream and this allows integration of CHC patients within mainstream services. There is the occasional crisis where additional support is needed to make sure the patient is where they need to be. This is very much a success story, but there is much more that can be done specifically around mental health so that there is a single point of access into NSFT. A meeting has been arranged with the Dementia Intensive Support Team and a pilot is taking place with Menscraft, who support men at risk of suicide. Extending the NEAT to cover care homes, residential homes, nursing homes and domiciliary care is being explored. Consideration is being given to a 7 day therapy model to allow staff within NNUH to discharge patients into the service at weekends. Work is being carried out looking at the hours of service. CL is in the process of refreshing the PID for the year ahead for work with both HomeWard and the Home Visiting Service. The ICC role, the person monitoring and tracking patients for 7 days after discharge, is essential as this enables issues to be picked up early therefore avoiding readmissions. There is a long term plan about these initiatives. JH declared a conflict of interest as Deputy Chair of Age UK.	
8.	**Quality Committee Chairs Report** **Consolidated Quality Report**	

	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. It was acknowledged that there are three acute trusts are in special measures across Norfolk and Waveney. Although NCCG are not the coordinating commissioner we do have responsibility for the safe care of our patients accessing those services and responsibility to support providers in order to meet our statutory requirements. The quality of care is our focus. <u>NCH&C</u> We are working through the neuro developmental pathway backlog. Assessments are being reviewed to make sure there is a confirmed diagnosis. Meetings take place every two weeks but there are also longer term actions taking place and numbers are being monitored weekly. We are in the process of reviewing the formal report. Work is taking place through CQRM looking at behavioural support for parents in order to ensure greater safety for patients. The whole process is good and discussions are taking place about learning across other areas. <u>EEAST</u> Due to handover delays at A&E there is a high number of time lost for the Ambulance Trust. From the 13th March there has been a focused piece of work taking place at NNUH resulting in no ambulances waiting over 60 minutes. There has been an increase in the number of ambulances and at weekends there are over 400 people brought into A&E. A&E is not designed to manage that number of patients. There have been a number of calls to discuss this. There has also been a focus on 111 ambulance dispatch supporting the flow out of the hospital. <u>NNUH</u> NCH&C are looking at using Community Teams at NNUH differently. From a national perspective the flow out of the hospital is not a problem. NNUH are struggling overnight and during the early morning but they recover during the day. JM is carrying out a piece to work to look at what is different overnight as this is when targets are not being met. The day team recovers them rapidly. Concerns were raised that NNUH have been in special measures for a considerable amount of time. There has been a high number of action plans relating to RTT, A&E and Cancer. It is felt that generally there is a problem with the way failing organisations are supported and worked with. Action plans don't achieve improvement and something needs to be done differently. JSCC are focusing on NSFT and NNUH progress against CQC action plans at their April meeting. A system-wide approach is required and NNUH are working with the Ambulance Trust to ensure that appropriate patients are brought into A&E. A lot of work is taking place in Norwich to prevent admissions. 400 ambulances arriving at A&E over a weekend is unprecedented and work needs to take place around how to deflect patients into the Walk-in Centre (WiC) and Urgent Care Centre (UCC).	

	There is also a responsibility on the general public about utilising services appropriately. There have been issues around the number of ambulances turning up at the same time which leads to performance failures. This is managed in a safe way so those in most need are seen first. The Transformation Lead links with other systems to look at the reasons for failing to meet targets. There is a 24 hour audit around why ambulance crews are bringing patients in. There are questions around whether it is junior paramedics. There is a Directory of Service which paramedics can refer to in order to choose an alternative. The Directory of Service is different in Essex so we are learning from them. There are two action plans; one for areas that they are responsible for and can control and another for areas that are system-wide. **ACTION: JM to circulate the action plans.** Concerns were raised with regards to medicines management and the number of incidents of wrong medication being given. **ACTION: This will be picked up at Quality Committee and findings fed back to Governing Body.** <u>Terms of Reference</u> It was suggested that holding the coordinating commissioner to account should be included. A representative from the Quality Committee from other CCGs should be invited to the meeting to provide an update on Norwich patients. It was confirmed that they do attend but this will be added to the ToR and the amended version will be brought back to the next meeting for approval. **ACTION: Update ToR and bring back to next meeting for approval** An audit of A&E took place on 7th January and nothing has been made public to date. KW confirmed that this has been chased. **ACTIONS:** • **TW to raise the results of the A&E Audit at April's JSCC when discussions take place about NNUH** • **KW to provide a briefing via email once this has been received.**	**JM** **VS/KW** **VS/KW** **TW** **KW**
9.	**EU Exit Preparedness Update**	
	JM provided a verbal update around EU Exit. There have been changes to the timeline following the extension of Article 50. The new potential date for a no deal exit is 12th April and this is the date we are preparing for. The key areas of activity and risk remain around the supply of medicines and vaccinations. It has been confirmed that there is a plan in place if there is disruption to the supply.	

	With regards to concern around insulin, if there is a sudden need to change the type of insulin then community nurses would need instructions on how to change the regime. For any medications with a short shelf life that are coming into the country, pharmacists have been told they can temporality change to a biosimilar equivalent. The CCG's pharmacy lead is managing ongoing conversations around the supply chain and have had reasonable assurance around bringing medicines into the country. No additional risks have been identified.	
10.	**Provider and System Performance Report**	
	JM presented the Performance Report. The ongoing concerns around RTT 18 week waits was picked up at the annual assurance meeting. Work is taking place to look at other alternative ways to manage the backlog. At a national level there is data around cancer and non-cancer patients. As it is national data it is difficult to change the metrics and this is about internal assurance that the patients with the highest level of need are being treated. At the annual assurance meeting, the question was raised as to whether NCCG are doing everything we can for the Norwich patients. It was noted that we are struggling to maintain the flow of patients through the pathway and therefore there is a backlog of patients that we need to support. There are other options available but at the moment we are not seeing these options. NNUH did go out to the market for specialist support but there was no interest. **ACTION: RTT to be focused on at a Development Session to see what we are doing for Norwich patients.** The question was raised as to whether there are patients who have waited a long time for operations and whether they deteriorate and are admitted. At moment we do not have data to suggest that this is the case. It is likely that a number of patients who are waiting will end up being admitted whilst they are waiting. **ACTION: JM to ask CSU to link that data together.**	**JM** **JM**
11.	**Activity and Demand Management Report**	
	JIn presented the Activity and Demand Management Report for noting by the Governing Body, as the contents was scrutinised at the Finance Committee meeting.	
12.	**Timeline for Approval of the Annual Report and Accounts**	
	JIn presented the paper and asked for the Governing Body to delegate authority to TW to approve sign off of the Annual Report and Accounts as a Chair's action, as the timeline doesn't allow for this to be brought to the Governing Body for approval. Governing Body **AGREED** that TW can approve the signing of the Annual Report and Accounts by the Accountable Officer, as a Chair's action.	

13.	**Finance Committee Chairs Report**	
	RB provided an update from the Finance Committee which was noted by Governing Body. <u>Terms of Reference</u> Amendments to the ToR were highlighted. The membership of Finance Committee states that core membership includes Lay Member for Governance and JP doesn't currently attend. It was confirmed that this was the original membership. A conversation will be taking place with TIAA, Internal Auditors, around the composition of the Committee and whether it needs another Lay Member. A meeting has taken place where Lay Members from each CCG have reviewed all five QIPP plans with the objective to satisfy JSCC that each CCG can meet their QIPP plans and cover the system shortfall. **ACTION: RB to attend the next meeting and feedback to the Finance Committee.** The ToR were **APPROVED** recognising that they may be amended again following the discussions with TIAA.	**RB**
14.	**Finance Report Month 11**	
	JIn presented the Finance Report as at February 2019. It was agreed that NCCG will make a one-off transfer of £2m to South Norfolk CCG as it is in everybody's interests to ensure all CCGs meet their control total. SNCCG will return this sum next year. This was discussed with JoS, RB, NHSE and the Auditors before being agreed. There is an outstanding risk relating to 2016/17 NNUH contractual sanctions. NHSE have advised that a resource transfer to NNUH has been confirmed and therefore NCCG should receive the outstanding payment. This is the total amount of net income.	
15.	**QIPP Report Month 9**	
	JIn presented the QIPP Report as at month 9. Concern were raised that 19 of the 31 schemes are red rated and therefore there is a lack of assurance that these have been thought through in enough detail. Also, JSCC have raised concerns that the QIPP target is lower in Norwich than other CCGs. It was recognised that a number of schemes are red rated, however a number of schemes are interlinked and therefore savings are allocated against another scheme. There have been lessons learnt on a number of schemes, mainly around joint working arrangements. Although we had received assurances they have not progressed as they should have, there will be extra rigour going forward.	

	With regards to the level of QIPP challenge, Norwich has consistently delivered our financial targets whereas other CCGs needed to make greater QIPP savings. NCCG has made contributions to the system; £2.7m last year and £2m this year. We need to ensure consistency of reporting across the five CCGs as each could take different views on when a saving is not a saving. Emergency performance is over plan and there is subjectivity on how to report it. NCCG is open to learning from other organisations.	
16.	**QIPP Plan 2019/20**	
	JIn presented the QIPP Plan for 2019/20. The plan was **APPROVED** by the Governing Body with the caveat that there may be other opportunities that can be added at a future date. With regards to running costs there is a target saving but there is a risk against this in that there is a potential for redundancy costs with the restructure that is heading our way. The savings in the QIPP plan are down to the level of running costs we are at this year.	
	Financial Plan 2019/20	
	JIn presented the Financial Plan for 2019/20. This was reviewed at Finance Committee. There will be a further paper at the May meeting. JIn confirmed that the £2m due to be paid back from SNCCG sits within the Risk Reserve which is outside the plan. It was suggested that our £10m surplus is used to invest in services, however this is held by NHSE and cannot be accessed as per national financial rules. NCCG has the financial capacity to invest in services for the future and it was felt that we must do this whilst we have the opportunity. This will be discussed by the Finance Committee. Although we delivered £2.7m surplus, when looking back on the financial year no investment opportunities were turned down. However, we are limited on what we can spend on commissioning. If there had been capacity for RTT then we would have invested but there are issues around system capacity, no alternative providers and patient choice. Within the plan there is scope for local transformation and this is critical. For example, NEAT requires extra posts to provide further community based work in order to keep up the momentum. Mental Health investments have been set aside for personality disorder services, the wellbeing hub and CAMHS. Governing Body **APPROVED** the Financial Plan for 2019/20.	

17.	**N&W STP Update Report**	
	JoS presented the N&W STP Update Report. Each Primary Care Network (PCN) will have to have a new role of Clinical Director, which is expected to be a GP. However, NHSE has confirmed that it can be any clinician such as a nurse or therapist. The person must come from within the specific PCN.	
18.	**N&W STP Demand and Capacity Review**	
	JoS presented the STP Demand and Capacity Review. There is now a seventh work stream – STP Demand and Capacity. The Commissioner representative has not been finalised. It was felt that there needs to be one commissioner per area within the work stream otherwise there would be too much for one person to pick up i.e. acute and primary care. **ACTION: JoS to feedback that there needs to be a broader range of commissioners** It was suggested that both in-patient bed capacity and their Demand and Capacity model should be discussed specifically as to whether it is right in terms of meeting RTT targets. There needs to be a system-wide understanding as to whether they have got the capacity model right to meet RTT flow. It was confirmed that this work stream will pick this up as their remit is to work on all of the recommendations within the report.	**JoS**
19.	**N&W STP Finance Report**	
	JIn presented the N&W STP Finance Report. Providers are working to meet their control totals. There is £70m of supplementary funding available if everyone meets their control total. The five CCGs are doing well in identifying their QIPP plans. At this early stage, of the £52.2m that providers need to meet they have identified £6m within their fully worked up schemes. CCGs are sharing learning but this is not happening between the three acute hospitals whose relationships are different. At the recent regional meeting, there was a presentation around the scale of PFI at NNUH. There are other issues in a similar situation. QEH has staffing issues which has impacted on their finances. STP efficiency plans will be picked up by the STP work stream.	
20.	**Strategic Commissioning Report**	
	KB presented the Strategic Commissioning Report. JeS raised the point that as Primary Care Networks (PCNs) are evolving and GPs are tasked to look at the needs of their population, if some of these plans are too developed then the clinicians won't feel ownership or involved in it. Therefore, as soon as PCNs are available then it would be good to engage with them. YourNorwich LDG is the key meeting for discussions to take place.	

21.	**NMoC Commissioning Report**	
	KB presented the NMoC Commissioning Report highlighting key pieces of work that are taking place. KB provided details of the proposed Alliance Operational Team. This included details of proposed members and their role. It was agreed that it would be useful for GB to see the Alliance Agreement. **ACTION: Alliance agreement to on the agenda for the next development meeting (KB)** Providing enhanced care in care homes would reduce admissions. For most practices, extra residential care is not covered and if the offer was increased that we would see results. **ACTION: KB to pick up and feedback.** With regards to childhood obesity, Healthy Norwich has various initiatives in place with both Primary Schools and High Schools.	**KB** **KB**
22.	**Primary Care Network**	
	Emma Bugg (EB) attended the meeting and provided a presentation on Primary Care Networks. OneNorwich has supported practices to develop the local PCN model, decision making around what they need to develop in their own areas, the role of Clinical Directors and what they want to do to shape Norwich in the future. The Adult Mental Health Primary Care work stream is looking for interested PCNs to test their model. PCNs will be invited to a workshop on 22nd May but it was confirmed that the best time to identify interested PCNs would be after 15th May deadline for submitting a PCN registration. However, the assurance process needs to be articulated before then in order to be in a position to request this from PCNs and for them to feel comfortable that it will not put "place" at risk. The CAMHS Redesign Group discussed work streams. It is clear where we need Adult and Children's services to have clear links. The definition of Children and Young People is going to be 0-25 year olds. Currently some services are 0-16 and others up to 18 or 25. Children's services will be based around education and school groups. The STP Mental Health Prevention work stream is about getting it right for children and supporting the family.	
23.	**Delegated Primary Care Commissioning Committee Chair's Report**	
	NA presented the Chair's Report from the Delegated Primary Care Commissioning Committee, which was noted by the Governing Body.	
24.	**YourNorwich Local Delivery Group Chair's Report**	
	NA presented the YourNorwich Local Delivery Group Chair's Report, which was noted by the Governing Body.	

	There are concerns around non-attendance from NNUH and JoS will pick this up. **ACTION: JoS to follow up at STP Exec.**	**JoS**
25.	**NCCP Operational Management Group Chair's Report – Q3**	
	The Report was noted by the Governing Body.	
26.	**High Intensity User Service, Central Norfolk Outcome of Procurement Process**	
	TW declared a CoI as she was involved in the pilot in a clinical capacity. RB will Chair this item and TW will not be involved in the discussion or decision. JM declared a CoI as Bidder A is his substantive employer. RB chaired this agenda item. JM presented the paper and having just returned from annual leave recommended it in good faith. 15 people showed an interest in the service but only 1 bid was received. JM will follow this up to understand the cause of the rate of attrition. The Governing Body was able to agree that the correct process had been followed but elected to delegate the approval of the bidder to JoS once further information regarding the rate of attrition had been received. There were concerns around the scores of the successful bidder as they are not high and there is no comparison as there were no other bidders. It was therefore felt that it would be helpful to know how robust the scoring process was, as the Governing Body does now know what the required score was and therefore the point at which the Bidder was above it. CD was the clinician on the assessment panel and confirmed that the panel followed clear guidelines of how to score the bid. Some of the questions were answered thoroughly whereas others it was felt that they didn't include enough information. **ACTIONS:** **JM to contact the author of the paper requesting further information around the reasons why those who were initially interested did not submit a bid.** **JM to pick up concerns around the scores.** Governing Body **AGREED** to delegate the final decision to JoS. RB and JoS to have conversation before it is approved.	**JM** **JM**
27.	**Audit Committee Chair's Report**	
	JP presented the Audit Committee Chair's Report, which was noted by Governing Body.	
28.	**Remuneration Committee Chair's Report**	
	JP presented the Remuneration Committee Chair's Report, which was noted by Governing Body.	

29.	**Conflicts of Interest Committee Chair's Report**	
	JP presented the Conflicts of Interest Committee Chair's Report, which was noted by Governing Body.	
30.	**Information Governance – DPO's Report**	
	CJ presented the DPO's Report. It is pleasing to see a reduction in the number of FoI requests as they are very time consuming. The current support from CSU in relation to FOIs is excellent.	
31.	**Governing Body Assurance Framework (GBAF)**	
	CJ presented the GBAF, which was noted by Governing Body.	
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: …… Date: ……...
Chair (on behalf of NHS Norwich CCG Governing Body)