

	<p><b>Present:</b> Tracy Williams (TW) – Nurse Practitioner / Chair John Isherwood (JIs) – Practice Manager / Elected Member Dr Victoria Stanley (VS) – GP / Elected Member Dr Chris Dent (CD) – GP / Elected Member Dr Jeanine Smirl (JeS) – GP / Elected Member Dr Andy Douglass (AD) – GP / Elected Member (Agenda Items 11 – 13) John Plaskett (JP) – Lay Member, Governance and Audit Joanna Hannam (JH) – Lay Member, Patient and Public Involvement Rob Bennett (RB) – Lay Member Dr Neil Ashford (NA) – Secondary Care Doctor John Ingham (JIn) – Chief Finance Officer Jo Smithson (JoS) – Lead Director Karen Watts (KW) – Director of Quality and Nurse Member</p> <p><b>In attendance:</b> Karin Bryant (KB) – Director of Commissioning John Mallett (JM) – Director of Operations and Delivery Chrissy Jackson (CJ) – Governance Manager (Agenda Items 1 to 8.3)</p> <p><b>Attending to support meeting:</b> Tim Curtis (TC) – Head of Communications Laura McCartney-Gray (LMG) – Engagement Manager Lynette Dagless (LD) – Executive Assistant (Minute taker)</p>	
	<p><b>Chair’s Opening Comments</b></p>	
	<p>TW welcomed everyone to the meeting. The new look agenda is aligned to the other five CCGs in Norfolk and Waveney. There is a slightly different running order.</p>	
<p><b>1.</b></p>	<p><b>Apologies for Absence</b></p>	
	<p>Dr Andy Douglass will be arriving late.</p>	
<p><b>2.</b></p>	<p><b>Declarations of Interest</b></p>	
	<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 11.2 – NMoC Commissioning Report</u> – All those working in Primary Care have a Col. They are TW, VS, JeS, AD, and JIs.</p> <p><u>Item 11.4 – 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 12.4 –Primary Care Commissioning Committee Chair’s Report</u> – All those working in Primary Care have a Col. They are TW, VS, JeS, AD, and JIs.</p>	
<p><b>3.</b></p>	<p><b>Minutes from the previous meeting and matters arising</b></p>	

	<p>Amendments to be made to the minutes;</p> <ul style="list-style-type: none"> <li>• Page 3 – JH is the Deputy Chair of Age UK.</li> <li>• Page 4 – paragraph 12, “NHUH” to be amended to “NNUH”.</li> <li>• Page 8 – Financial Plan 2019/20, paragraph 6, “has” to be amended to “had”.</li> </ul> <p>The minutes are signed off subject to the above changes.</p> <p>JeS has a Col which has been formally declared, but the list has not been updated. She is taking on the CD role for Primary Care Networks. This will be from the beginning of July.</p>	
<b>4.</b>	<b>Action Log</b>	
	The action log was updated as per discussions.	
<b>5.</b>	<b>Chair’s Introduction and Report on any Chair’s Actions</b>	
	<p>TW has taken three Chairs Actions since the last meeting in public;</p> <ul style="list-style-type: none"> <li>• Approval of the Annual Report and Accounts for 2018/19</li> <li>• Contract Award for the High Intensity User Service, Central Norfolk (procurement decision)</li> <li>• Contract Award for the Non-Emergency Patient Transport Services (procurement decision)</li> </ul> <p>The Audit Committee met on Friday 24<sup>th</sup> May where they agreed and approved the Annual Report and Accounts.</p> <p>Approval of the Contract Award for the High Intensity User Service, Central Norfolk was delegated to the Chief Officer as TW had a Col. TW was therefore not involved in this decision.</p>	
<b>6.</b>	<b>Chief Officer’s Report</b>	
	<p>JIn presented the Chief Officer’s report on behalf of Melanie Craig (MC). The report is common to all Governing Bodies.</p> <p>The report provided an overview of;</p> <ul style="list-style-type: none"> <li>• Creating our single management team</li> <li>• Working with the new regional NHS team.</li> <li>• Managing the finances and performance of our health and care system.</li> </ul> <p>Governing Body felt that it would be appropriate to know who is on the regional NHS Team.</p> <p><b>ACTION: JIn to email details of the regional NHS Team to GB members.</b></p>	<b>JIn</b>
<b>7.</b>	<b>Questions from the Public</b>	
	<p>A question was received prior to the meeting with regards to the selection of the Single Management Team for the five Norfolk and Waveney CCGs and the response is included within the pack of papers.</p> <p>The member of the public asked a specific question about who the stakeholders were that were involved in the process. This question was not answered in full and JH asked why.</p>	

	The person who submitted the question was not satisfied with the answer and therefore TW and JIn will be meeting him to discuss it further. It was agreed that this information can be provided.	
<b>8.</b>	<b>Clinical Quality, Patient Safety and Corporate Affairs</b>	
<b>8.1</b>	<b>Commissioning Case Study; Pathways – Maria Pratt from St Martins</b>	
	<p>Maria Pratt, Senior Manager at St Martins Housing Trust, attended the meeting and presented the annual report from the Pathways consortium.</p> <p>Concerns were raised around the number of people being released from prison without any accommodation. This is an area where the system is not working.</p> <p>Prisons are making a lot more referrals and work is taking place to reduce the number of people without accommodation arrangements in place upon release. These are challenging individuals who are struggling within the system. This cohort have exhausted accommodation arrangements within the city and therefore there are no options available to them.</p> <p>The question was raised about what is being done to try to get them into employment. As part of the consortium, the Feed provide training and voluntary work. When somebody is sleeping on the street they are the furthest away from the workforce.</p> <p>GPs felt that it would be useful to have information around where the homeless can go and eat. The question was raised about what information is available and where it can be accessed.</p> <p>The Feed coordinate a list of where people can eat, have access to showers etc.</p> <p><b>ACTION: KB to take this forward and look into whether this can be added to Knowledge Anglia.</b></p> <p>There is a leaflet that provides basic information on where help is available. This can be provided electronically.</p> <p>75% of homeless people have a local connection, is that typical or specific to Norwich?</p> <p>The local connection makes a difference to the options available, especially for those with a prior need for emergency housing as they can go to their Local Authority. There is the public perception that if comprehensive services are available then there is migration towards the services that we have. This report highlights that we are not providing for everyone.</p> <p>The Governing Body asked for confirmation of how long pathways have been commissioned for.</p> <p>There are two streams of commissioning. The first being the Innovation Fund and the second was the Ministry of Housing. They both officially end in March 2020.</p> <p>It is hoped that the Wellbeing Hub will open in December 2019 and this will be providing services in the evening.</p>	<b>KB</b>

	<p>There are a number of individuals who are stuck in Bishopbridge House, which is a supported hostel scheme. The question was raised as to what services are missing.</p> <p>There has been a reduction in resources for mental health and the registered care impact. As this has been removed and as thresholds have changed, people are falling through the gaps.</p> <p>The CCG is looking at vulnerable adults in general through the Local Delivery Group and it is hoped that this will improve in the future.</p>	
<b>8.2</b>	<b>360° Survey and Action Plan</b>	
	<p>KW presented the report which reflects the findings from the Norwich CCG 360° Stakeholder Survey for 2018-19. It provides an insight into the working relationships between key stakeholders and the CCG.</p> <p>There are a couple of items outstanding on the Action Plan which is shared with the Governing Body. A new Action Plan is being prepared and made more robust to truly reflect where we are. It will include some next step. An engagement plan is also being prepared.</p> <p><b>ACTION: The Action Plan will be on the Agenda for the July meeting.</b></p> <p>LMG was thanked for her hard work.</p>	<b>KW</b>
<b>8.3</b>	<b>Governing Body Assurance Framework (GBAF)</b>	
	<p>CJ presented the GBAF. There are 16 risks on the register at this time, of those there are eight that are high risk items scoring 15 or above but these remain stable.</p> <p>With regards to Risk 1.16 “Risk of incorrect products prescribed for Enteral Feeding”, Governing Body were asked to consider whether this can be de-escalated to the QDAF and monitored by the Quality Committee. This has been discussed at Exec Committee who supported this.</p> <p>Governing Body <b>AGREED</b> that the above risk can be de-escalated to the QDAF.</p> <p>With regards to Risk 1.18 “Risk of failure to provide a sustainable and safe service to “the hard to help” cohort of patients within Norwich”, the Primary Care Commissioning Committee have approved a pilot scheme in respect of helping high risk patients. It is hoped that a better service will be delivered in future hence mitigating this risk.</p> <p>There are four risks which relate to NNUH and therefore it is felt that something needs to change in the way that CCGs interface with NNUH. It is felt that the action plans will not deliver what is required. There are concerns with regards to RTT, Cancer and A&amp;E waits. The general view the CQC have in respect of NNUH is also concerning.</p> <p>It is hoped that by moving towards a single management team this will improve the commissioner’s relationship with NNUH.</p> <p>It is of concern that a number of our local providers are in challenge. The Quality Team are well sighted on the oversight and assurance of them all. At a recent</p>	



<b>9.3</b>	<b>QIPP Report Month 12</b>	
	<p>JIn presented the QIPP Report as at Month 12. We delivered 98% of the QIPP Plan for 2018/19.</p> <p>There is a slight concern as although we saved £7.5m, we used £1m of reserve to cover the short-fall. Do we have enough quality plans for 2019/20 so that we do not need to do the same this year?</p> <p>All of the plans for 2019/20 have PIDs but it is recognised that we may not deliver 100% of the QIPP programme. Headroom has been built into the plans and mitigations are in place. We have plans to support the QIPP schemes and expect delivery of 90+%. Work will continue to identify new schemes.</p> <p>Discussions are taking place across the five CCGs with regards to prescribing. Discussions are also taking place with the other CCGs around what they are doing which we can pick up on.</p> <p>This report was looked at in detail by the Finance Committee. Rosa Juarez prepared a lessons learnt paper outlining things that have gone well in 2018/19 and points to take forward to refine our approach.</p> <p>Thanks were given to Rosa Juarez who has a good grip on the QIPP schemes and provides regular reporting.</p>	
<b>10.</b>	<b>Performance</b>	
<b>10.1</b>	<b>Provider and System Performance Report</b>	
	<p>JM presented the Provider and System Performance Report highlighting key areas.</p> <p>With regards to the Improved Access (IA) GP appointments, some capacity remains. Therefore the practices need to be made aware that there are appointments available that can be utilised.</p> <p>Slots are being offered to practices and uptake is being monitored closely. However, for some patients the IA GP practice is too far away if patients do not have any transport.</p> <p>With regards to cancer performance, there has been an improvement with regards to skin cancer but we are still struggling on lung cancer, is this an area of focus?</p> <p>All areas that are “red” are being looked at as part of the pathway review. An update is expected at the end of May.</p> <p>With regards to out of area placements, discussions have taken place at Finance Committee with regards to performance of the various CCGs. GY&amp;W CCG did not have any out of area placements in January and February. The Trust has a different management arrangement in place in the East, could the success of GY&amp;W be rolled out to other parts of the Trust?</p> <p>This is being discussed by iSMT, pressure is being put on the Trust with regards to internal learning and sharing with us. iSMT have requested a report in a few weeks’ time.</p>	

	<p>Norwich has a younger population with more complex needs when compared to the other CCG areas which impacts on this.</p> <p>Although there are new processes in place, the Governing Body did not feel assured that they are making any difference. This has been on a risk register for a long time. Also, the performance of the WIC has dropped, they are seeing less patients but taking longer to see them.</p> <p>Pathways have looked at the various specialities. It was agreed that a deep dive should take place at a development session. Mark Burgis will be invited to present the information.</p> <p><b>ACTION: JIn/JM to arrange for Mark Burgis to attend a development session so that a deep dive can take place.</b></p> <p>There are also concerns around the cancer pathways. They are supposed to deliver within 62 days, but as cancers vary so much and have different pathways it is felt that it is better for a patient to be on the right considered pathway as opposed to the target being the main factor. It was confirmed that there is both managerial and clinical input into these decisions.</p> <p>There is also the issue around harm or no-harm for patients waiting more than 62 days. KW confirmed that patients are reviewed and categorised with regards to this. There is also the psychological impact as a long wait will causing stress and anxiety.</p> <p>Some patients have been identified as needing a procedure where cancer sits and has had a direct impact.</p> <p><b>ACTION: Quality Manager to be invited to attend Quality Committee to discuss. Feedback will be given to Governing Body.</b></p>	<p>JIn / MB</p> <p>KW</p>
<p><b>10.2</b></p>	<p><b>Activity and Demand Management Report</b></p>	
	<p>JIn presented the Activity and Demand Management Report as at Month 12.</p> <p>With regards to the WIC drop in attendances, this is being picked up by iSMT. There is a focus on operational delivery. iSMT have looked at urgent care, mental health and cancer.</p> <p>There is a focus on A&amp;E walk-ins. Each CCG is looking at their top three practices who have the highest attendance to find out what is needed to support these practices. The issues at the WIC are also being looked into. There needs to be ongoing communications to change patient behaviour so the default is not A&amp;E.</p> <p>With regards to RTT it was noted that the waiting list is 20% higher than a year ago. Can CCGs afford to fund anymore and does the NNUH have the ability to do any more. This is a serious issue which could potentially impact on a person's mental health and ability to work. This needs to be given serious consideration as this figure is just for Norwich.</p> <p>The Planned Care Board had its first meeting in May. Discussions are taking place across the three acute hospitals to see how they help each other in finding elective care capacity. Unnecessary emergency admissions is also linked to this.</p>	

	The number of referrals to secondary care has increased so it was suggested that this needs to be looked at to find out how many were inappropriate. Focus should be on non-cancer referrals as we expected cancer referrals to increase.	
<b>11.</b>	<b>Clinical Commissioning and STP</b>	
<b>11.1</b>	<b>Strategic Commissioning Report</b>	
	<p>KB presented the Strategic Commissioning Report which provides an update from the local commissioning agenda, and strategic commissioning carried out in partnership with other CCGs.</p> <p>With regards to pathway transformation, consideration is being given as to which specialities will be looked at. KB provided assurance that once a decision has been made then patient and service users will be engaged.</p> <p>With regards to the Wellbeing Hub, it has been a long time since Governing Body has received an update and it was therefore felt that it would be helpful for a short update at a future meeting to receive assurance that this is are on track.</p> <p><b>ACTION: KB to provide an update at a Development Session.</b></p>	<b>KB</b>
<b>11.2</b>	<b>NMoC Commissioning Report</b>	
	<p>All those working in Primary Care have a Col. They are TW, VS, JeS, AD, and JIs.</p> <p>KB presented the report providing an update on commissioning and contracting and also an update on the current projects.</p> <p>Concerns were raised around Estates as it is stated in this report that estates is now closed. However, the LDG received a report saying that the Estates Strategy was received by the Primary Care Commissioning Committee. They didn't agree the Strategy as there are a number of risks around estates that need resolving.</p> <p><b>ACTIO: KB to follow up with Emma Bugg to get clarification.</b></p> <p>There was a significant investment into Hospice at Home. Will there be further evaluation at some point?</p> <p>It was confirmed that an evaluation started at the 6 month point. There was a joint meeting of the three central CCGs. Work needs to take place to optimise this as the pathway is not quite working. It was felt that NEAT should be included to meet the holistic needs of patients.</p>	<b>KB</b>
<b>11.3</b>	<b>Joint Strategic Commissioning Committee Report</b>	
	<p>TW presented the JSCC Chair's Report which summarised the discussion and decisions made at the meeting in public on 16 April 2019.</p> <p>This report was noted by Governing Body.</p>	
<b>11.4</b>	<b>YourNorwich Local Delivery Group Chair's Report</b>	
	<ul style="list-style-type: none"> <li>• <b>Terms of Reference</b></li> </ul> <p>All those working in Primary Care have a Col. They are TW, VS, JeS, AD, and JIs.</p>	

	<p>NA presented the paper outlining discussions that took place at the meetings that took place in April and May 2019.</p> <p>Governing Body noted the report and <b>APPROVED</b> the ToR noting that they are subject to change.</p>	
<p><b>11.5</b></p>	<p><b>Norfolk and Waveney STP Update Report</b></p> <ul style="list-style-type: none"> <li>• <b>Appendix A – Finance Report</b></li> <li>• <b>Appendix B – Performance Report</b></li> </ul>	
	<p>JIn presented the N&amp;W STP Report which is a common report to all five Governing Bodies. He provided an update on the financial position and performance of our health and care system, as well as the work our partnership is doing to improve care for the people living in Norfolk and Waveney.</p> <p><u>Appendix A – Finance Report.</u> For 2018/19, the STP as a whole had a deficit of £98m. The deficit sat with providers.</p> <p>All organisations have submitted their financial plans for 2019/20. It is expected that there will be a deficit of £86m. However, because of the way the NHS releases external money it is anticipated that this will be reduced to £16m.</p> <p>QEH reported a significant deficit last year, they requested £6m support from the STP in order to accept its control total for 2019/20 After discussion across all organisations, the STP supported this request.</p> <p>Cambridgeshire and Peterborough STP are well adrift of their control total and the EoE region were asked to provide £5m support. After discussion across all organisations the STP reluctantly decided to support this request. As a result of this Norwich have increased their QIPP by £600,000. This has been discussed by the Finance Committee.</p> <p>Work is taking place to look at the implications of both of these and this will be reported back to the June GB meeting for discussion and to follow the CCGs Governance process.</p> <p><b>ACTION: Work is taking place to look at the implications of both of these and this will be reported back to the June GB meeting for discussion.</b></p> <p>Concerns were raised around QEH as they had such a big deficit last year and whether they have the ability to be able to deliver against their plans this year. It was felt that the decision to support them was the correct one. There has been scrutiny of their plans and they are being challenged to continue to identify areas which commissioners can support. There have been two meetings so far and they have been transparent and showed that they understand the pressures.</p> <p>The initial response from the local system was that we were unable to support the request, however following discussions the final decision was to provide support. There is a huge deficit in Norfolk and Waveney along with three trusts in special measures. There are significant challenges and issues that need to be addressed. By supporting Cambridgeshire and Peterborough we will not be able to address issues for our patients.</p>	<p><b>JIn</b></p>

	<p>There has been a change to NHSE/A, previously there were national sums available, to support financial pressures but from 1<sup>st</sup> April there has become a shift and expectation issues will be resolved at a regional level. Centrally they do not have any other money and therefore it needs to come from within the system.</p> <p>Discussions will take place with Cambridgeshire and Peterborough STP as to what we can do together for joint benefits. The Oversight Group is taking this forward.</p> <p>There are concerns with regards to the fact that NSFT do not recognise the figures around Mental Health out of area placements. This could be due to complexity of patients which are not part of the Mental Health Trust but are within private hospitals.</p> <p><b>ACTION: JIn to follow up and feedback.</b></p>	JIn
<b>12.</b>	<b>Reports from Committees</b>	
<b>12.1</b>	<b>Quality Committee Chair's Report</b> <ul style="list-style-type: none"> <li><b>Quality Committee Terms of Reference</b></li> </ul>	
	<p>VS presented the Quality Committee Chair's Report highlighting key items.</p> <p>Governing Body were asked to approve the amended ToR but with the caveat that they are subject to change due to the transition of Committees.</p> <p>Governing Body noted the report and <b>APPROVED</b> the ToR noting that they are subject to change.</p>	
<b>12.2</b>	<b>Audit Committee Chair's Report</b> <ul style="list-style-type: none"> <li><b>Audit Committee Terms of Reference</b></li> <li><b>Risk Strategy and Policy Framework</b></li> </ul>	
	<p>JP presented the Audit Committee Chair's Report. Governing Body were asked to approve two items.</p> <p>Governing Body <b>APPROVED</b> the ToR noting that they are subject to change.</p> <p>Governing Body <b>APPROVED</b> the Risk Strategy and Policy Framework.</p>	
<b>12.3</b>	<b>Finance Committee Chair's Report</b>	
	RB presented the Finance Committee Chair's Report which was noted by Governing Body.	
<b>12.4</b>	<b>Primary Care Delegated Commissioning Committee Chair's Report</b>	
	<p>All those working in Primary Care have a Col. They are TW, VS, JeS, AD, and JIs.</p> <p>NA presented the Primary Care Delegated Commissioning Committee Chair's Report.</p> <p>There were concerns around the Estates Strategy due to the loss of technical expertise within the STP. There was originally more infrastructure within NHSE to support primary care. This gap needs to be addressed within the new structure.</p>	

	<p>It was felt that risks around Estates needs to be added to the Risk Register as there are significant issues around estates. We need to ensure there is a strategy in place to address issues such as; housing developments. NNUH is already at capacity.</p> <p>It was suggested that we should respond to planning applications as there needs to be sufficient health and care infrastructure put in place together with workforce and properties. This needs to be a system level piece of work.</p> <p><b>ACTION: JIn to take this forward as estates is within his STP portfolio</b></p>	<b>JIn</b>
<b>13.</b>	<b>Items for Information</b>	
<b>13.1</b>	<b>Consolidated Quality &amp; Patient Safety Report</b>	
	The consolidated Quality and Patient Safety Report was shared for information.	
<b>13.2</b>	<b>Health and Wellbeing Board</b>	
	The link to the Health & Wellbeing Board papers was shared for information.	
<b>13.3</b>	<b>STP Updates</b>	
	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: .....