

	<p><b>Present:</b>  Tracy Williams (TW) – Nurse Practitioner / Chair  John Isherwood (JIs) – Practice Manager / 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)  Dr Victoria Stanley (VS) – GP / Elected Member  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  Karen Watts (KW) – Director of Quality and Nurse Member  Mark Burgis (MB) – Lead Director Norwich, North Norfolk and South Norfolk</p> <p><b>In attendance:</b>  Karin Bryant (KBr) – Director of Commissioning  John Mallett (JM) – Director of Operations and Delivery  Karen Barker (KBa) – Associate Director of Corporate Affairs  Mark Lim (ML) – Associate Director of Planned Care and Cancer</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>	
	<b>Chair’s Opening Comments</b>	
	<p>TW welcomed new members to the meeting;  Mark Burgis (MB) – Lead Director Norwich, North Norfolk and South Norfolk  Karen Barker (KBa) – Associate Director of Corporate Affairs  Mark Lim (ML) – Associate Director of Planned Care and Cancer (attending on behalf of John Webster)</p> <p>Also welcomed to the meeting are;  Cllr Margaret Stone – Chair of HOSC  Bill Adnams – member of the public who has submitted a question</p>	
<b>1.</b>	<b>Apologies for Absence</b>	
	<p>Apologies were received from;  John Plaskett (JP) – Lay Member, Governance and Audit  Melanie Craig (MC) – Chief Officer</p>	
<b>2.</b>	<b>Declarations of Interest</b>	
	<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, CD and JIs.</p>	

	<p><u>Item 12.2 – YourNorwich Local Delivery Group Chairs Report</u> – All those working in Primary Care have a Col. They are TW, VS, JeS, AD, CD and JIs.</p> <p><u>Item 12.3 – Primary Care Commissioning Committee Chair’s Report</u> – All those working in Primary Care have a Col. They are TW, VS, JeS, AD, CD and JIs.</p>	
<b>3.</b>	<b>Minutes from the previous meeting and matters arising</b>	
	<p>A note has been included in the packs which is an additional response to a question received from a member of the public at the previous meeting. The addendum will be uploaded to the website with the minutes.</p> <p>The following amendments need to be made to the minutes of the previous meeting;</p> <p><u>Strategic Commissioning Report</u> (Page 8) – “<i>and the YourNorwich New Model of Care</i>” to be removed.</p> <p><u>STP Finance Report</u> (Page 9) – Paragraph 8. Place to be replaced with plans.</p> <p>Paragraph 5 – To be reworded “<i>After discussion across all organisations the STP reluctantly decided to support this request</i>”.</p> <p>Paragraph 5 states “<i>After discussion across all organisations the STP reluctantly decided to support this request</i>”. However paragraph 9 states “<i>providing support outside Norfolk and Waveney was not supported</i>”.</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. The minutes to be reworded to clarify this.</p> <p><u>Primary Care Delegated Commissioning Committee Chair’s Report</u> (Page 11) – “response” to be changed to “respond”. Paragraph to be reworded to “<i>health and care infrastructure put <u>in place</u> together with workforce...</i>”</p> <p>Once these amendments have been made, it was agreed that the minutes could be signed off as accurate.</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>	
	There were no Chairs Actions following the last meeting.	
<b>6.</b>	<b>Chief Officer’s Report</b>	
	JIn presented the Chief Officer’s report on behalf of MC which was noted by the Governing Body.	
<b>7.</b>	<b>Questions from the Public</b>	
	<p>Questions were received from a member of the public in relation to Procedures of Limited Clinical Value. We didn’t have time to formulate a full response so this will be sent to the member of the public by the end of week / early next week.</p> <p><b>Subject: Procedures of Limited Clinical Value</b></p>	

	<p>Norwich CCG is listed on the website Ration Watch (<a href="http://www.rationwatch.co.uk/ccgs/">http://www.rationwatch.co.uk/ccgs/</a>) as rationing hip and knee replacement and treatment for hernia and cataract, on the grounds that the CCG classifies them as Procedures of Limited Clinical Value. These treatments are considered effective by NICE.</p> <p><b><u>Question 1</u></b></p> <p>A. <i>Is the website correct that NCCG is rationing these three treatments?</i></p> <p>B. <i>Does Norwich CCG agree that its commissioning policy on specific treatments should comply fully with current NICE guidance, where it exists?</i></p> <p><i>If the answer to b) is “no”, please answer c), d) and e):</i></p> <p>C. <i>Why not?</i></p> <p>D. <i>What other factors does Norwich CCG consider in addition to NICE guidance when formulating commissioning policy on specific treatments for which NICE guidance exists?</i></p> <p>E. <i>What expertise does Norwich CCG possess which enables it to override the expert judgment of NICE guideline development committees in conducting systematic reviews of the available literature when formulating guidance on specific topics?</i></p> <p><b><u>Question 2</u></b></p> <p>A. <i>Is Norwich CCG already rationing, or considering rationing, any other treatments which are considered effective by NICE?</i></p> <p>B. <i>If so, which ones?</i></p> <p><b><u>Question 3</u></b></p> <p>A. <i>Is Norwich CCG using, or considering using, a Referral Management Centre, a Commissioning Support Unit or other agency to screen referrals?</i></p> <p>B. <i>If so, which one?</i></p> <p>The response will be added as an addendum to the minutes.</p>	
<b>8.</b>	<b>Clinical Quality, Patient Safety and Corporate Affairs</b>	
<b>8.1</b>	<b>Commissioning Case Study;</b>	
	LMG introduced the Commissioning Case Study which was a patient story about cervical cancer. The screening process, treatment and the difficulties around where she is today.	
<b>8.2</b>	<b>360° Survey and Action Plan</b>	
	<p>KW presented the 360° Survey and Action Plan</p> <p>NHSE are not continuing with this survey. However, it was felt that it is useful to get insight from outside the CCG as to how well we are or are not doing and should continue to do this somehow.</p> <p>Cllr Stone was advised that the Council did not respond to the survey and was asked to follow up on this. There is good integrated working taking place with Norfolk County Council so it would be good to receive feedback. It was confirmed that the request was sent to the Director of Children’s Services Safeguarding and the Director of Adult Safeguarding.</p>	

	<p>It is anticipated that NHSE will introduce something in its place as they need to make sure we are meeting the overall standards for stakeholder engagement.</p> <p><b>ACTION: KBa to follow up with NHSE for an informal response.</b></p> <p>Governing Body <b>APPROVED</b> the action plan.</p>	
<b>8.3</b>	<b>Quality Committee Chair's Report</b>	
	<p>VS presented the Quality Committee Chair's Report providing a summary of the meetings that took place in June and July.</p> <p>The Quality Committee are aware that there has been an early strain of flu in Australia. There are plans in place to address this if it becomes an issue. Work is taking place to look at vaccinations. Due to these initial concerns we need to start checking our normal plans in line for escalation. Meetings are taking place monthly but can be increased to weekly if required. Indicators elsewhere are monitored as if there is a different strain we need to be prepared. The flu teams are being established earlier than usual and care homes are being offered additional support. We are aware that one vaccination has been delayed. A paper is going to the A&amp;E Delivery Board.</p> <p>As this is potentially a different strain of flu, it was questioned whether the vaccine is correct. KW advised that there are plans in place to monitor and track prevalence and strains.</p>	
<b>8.4</b>	<b>Quality Report</b>	
	<p>KW presented the Quality Report.</p> <p>With regards to NSFT Access to Services, there are 36 patients waiting with high intervention levels. The question was raised as to whether all 36 patients are Norwich patients.</p> <p><b>ACTION: KW to follow up and confirm.</b></p> <p><u>NSFT</u> There is a link between the number of long waits in the ED department and mental health issues and also with out of area placements. There is a lot of focus on patients who are unable to be placed appropriately. Patient flow projects are important together with opening additional NSFT local beds. The focus is on not having delays within the system ensuring that people are discharged to the right place.</p> <p>A workshop is taking place across all organisations to work together to support discharges and Detox. Work is taking place with the Council to get patients out in the community. Work is taking place to look at out of are placements with Senior Clinicians and Executives from all organisations within the STP.</p> <p><u>Change Grow Live (CGL)</u> Quality concerns around CGL have been raised and discussed at CoM. In particular the quality of communications with Practices. There is a real concern at every level in terms of prescribing, patient progress especially as they are vulnerable pts.</p>	<b>KW</b>

	<p>Public Health commission this service. We have met with the service leads to discuss the concerns raised by CoM and fed back at the July meeting. KB has fed back to Emma Bugg, Head of Primary Care, who will be meeting with JeS to progress. She wants to focus on pathways and what is not working. CD is going to collate themes and issues highlighted to him by GPs.</p> <p>The question was raised as to the process to follow up on actions agreed with CGL. A detailed discussion took place at Quality Committee with the Director who commissions the service and a further meeting will take place with CGL.</p> <p><u>NSFT</u> NA suggested that discussions take place with NSFT to clarify what we expect them to be doing that they are not doing and also give them the opportunity to advise what they are doing that they feel doesn't add value.</p> <p><b>ACTION: KBr to discuss further with NA</b></p> <p>Finance Committee discussed NSFT as there are some gaps in their data relating to mental health budgets. We cannot be aware of the risks until we know what the data is telling us. This is especially true with regards to out of trust placement. JIn is meeting with their Director of Finance next week.</p> <p><u>NNUH</u> Appraisal rates were included in a previous report. It was felt that it would be useful to know that they continue to conduct appraisals. Also that it would be useful for the information to be shown for both clinical and non-clinical staff.</p> <p><b>ACTION: KW to follow up.</b></p> <p>Governing Body <b>APPROVED</b> the contents of the Report.</p>	<p><b>KBr</b></p> <p><b>KW</b></p>
9.	<b>CCG Finances</b>	
9.1	<b>Finance Committee Chair's Report</b>	
	<p>RB provided a verbal updated following July's Finance Committee meeting. The report will be circulated following this meeting.</p> <p>NCCG have a positive financial position at end of June 2019 and are expected to remain on target for the remainder of the year.</p> <p>QIPP delivery at the end of June 2019 is showing 91% against target which is good. However, we are yet to identify £0.5m QIPP schemes to support the overall plan.</p> <p>The STP Finance Report was reviewed. At the end of month 3 we are broadly on plan. We have had to reduce the N&amp;W systems capital budget to £9m at the request of NHSE/I. The reduction of capital to invest for the future is not helpful and consideration is being given to ways to mitigate it.</p> <p>The Committee discussed the Financial Recovery Plan, which at the time of the meeting was a work in progress. There was a lot of helpful background information relating to the performance of all 5 CCG's. Benchmarking data will be useful going forward.</p>	

	<p>The Finance Committee are willing to provide support to other parties within the system, providing we meet our own statutory duties and have the capacity to do so.</p> <p>Deep dives were carried out in relation to GP Prescribing and management of the acute contract.</p>	
<b>9.2</b>	<b>Finance Report Month 03</b>	
	<p>JIn presented the Finance Report for Month 3 which was discussed in detail by the Finance Committee.</p> <p>The report was noted by Governing Body.</p>	
<b>9.3</b>	<b>QIPP Report Month 03</b>	
	<p>JIn presented the QIPP Report for Month 3.</p> <p>Rosa Juarez attended her last Finance Committee meeting and she was formally thanked for supporting and managing the QIPP process. She has done an amazing job and will be missed by the CCG.</p> <p>The report was noted by Governing Body.</p>	
<b>9.4</b>	<b>NHSE Improvement and Assessment Framework (IAF) Patient and Community Engagement Indicator</b>	
	<p>JIn presented the paper. There are two aspects of the paper; the overall headline rating for our end of year IAF and a specific patient communication and engagement rating.</p> <p>KBa provided a further update. There are 58 indicators and NCCG received an overall rating of good in our overall end of year IAF rating, maintaining a good rating from last year.</p> <p>In respect of the patient and engagement indicator last year was the first year that we were assessed and this was done via the website without us having to submit anything. This year was the first where we were able to submit evidence in support of this. The rating was amber. LMG was thanked for her hard work.</p> <p>Work is taking place to look at aligning this with NNCCG &amp; SNCCG in order to share best practice going forward.</p> <p>It was acknowledged that it is difficult to provide evidence of some of the good work that has been carried out with patient groups and it was suggested that we should routinely highlight how this has made a difference. A meeting has taken place with members of our practices PPG volunteers to discuss how patients can submit feedback around how they are treated etc. JH noted that the website is out of date and can be improved.</p> <p>JH has met with the other N&amp;W CCGs to discuss what works well and what doesn't. Some work needs to be done around communication.</p> <p>Governing Body thanked the team at the CCG in achieving a good rating.</p>	
<b>9.5</b>	<b>CCG 2018/19 NHSE Annual Improvement and Assessment Framework</b>	

<b>9.6</b>	<b>Annual External Audit Letter</b>	
	JIn presented the BDO annual audit letter. No significant issues were identified. Governing Body noted the report.	
<b>9.7</b>	<b>Norfolk and Waveney CCGs Financial Recovery Plan (FRP)</b>	
	<p>JIn presented the Financial Recovery Plan. The same paper has been submitted to all Governing Bodies for approval.</p> <p>Concerns were raised with regards to non-recurrent solutions to bridge some the gap. This is a short term fix and in future years there needs to be longer term solutions.</p> <p>It was felt that the benchmarking is helpful and there are some areas that can be picked up as a group of CCGs. It identifies that there are potential savings in WNCCG in relation to prescribing.</p> <p>The plan needs to be underpinned by actions which are assigned with deadlines and delivery of these needs to be monitored. There will be a programme of work to deliver the high level plans.</p> <p>It was confirmed that it is a joint PMO function and each responsible officer will go through what needs to be delivered. The Recovery Group meets fortnightly and reviews the actions.</p> <p>From a Norwich perspective, initiatives such as NEAT and Community FICS will continue, this process will not impact on that.</p> <p>PMS money is not included within this and therefore is still available for transformation.</p> <p>Governing Body <b>APPROVED</b> the Financial Recovery Plan.</p>	
<b>10.</b>	<b>Performance</b>	
<b>10.1</b>	<b>Provider and System Performance Report</b>	
	<p>JM presented the Report which was discussed by Governing Body.</p> <p>Concerns were raised with regards to the performance of the WIC. Fewer people are attending, however performance has dropped. At the same time more people are going to A&amp;E. The question was raised as to what is the improvement plan for the WIC.</p> <p>Work is taking place to look at the data as it is not reflecting the number of attendances. Emma Bugg is working with the WIC so it is hoped that we will see improvements.</p> <p><b>ACTION: JM to request more detailed information</b></p> <p>There are Improved Access Schemes in Norwich so it was suggested that some patients are using that as an alternative to the WIC. Also, patients may be using the Urgent Care Centre. Things such as road works and traffic in the city centre may have an impact.</p>	<b>JM</b>

	<p>It was suggested that it would be useful to advertise what the WIC does and doesn't do. It was felt that there was some confusion around Cromer and the WIC.</p> <p>Work is on-going looking at where the WIC fits in with the overall urgent care plan and how best to utilise the resource.</p> <p>Audits have taken place at the NNUH over the past two weeks, specifically asking patients why they were there and why they did not choose an alternative to A&amp;E.</p> <p>Emma Bugg has highlighted that the Directory of Services (DoS) which is used by 111 is not as clear as it could be. This is going to be addressed to identify what they do and don't do.</p>	
<b>10.2</b>	<b>Activity and Demand Management Report</b>	
	JIn presented the Activity and Demand Management Report which was noted by the Governing Body.	
<b>11.</b>	<b>Clinical Commissioning and STP</b>	
<b>11.1</b>	<b>Strategic Commissioning Report</b>	
	<p>All those working in Primary Care have a Col in relation to the LCS. They are TW, VS, JeS, AD, CD and JIs.</p> <p>KB presented the Strategic Commissioning Report. She provided some updates that have taken place since the report was produced.</p> <p>CRG received a proposal from a Practice Pharmacist for Lithium patients to have a review every 3 months. CRG supported this and costs are being reviewed.</p> <p>CRG received a Business Case in relation to Hypertension LCS. This has been since been presented to EMT and it was supported. It is an example that transformation can continue.</p> <p>The Mental Health workstream agreed to focus on outcomes as we want to show we are making a difference. The workstream received a presentation from Norwich City Council and Kings Lynn Borough Council around mental health and the homeless situation which reinforced the work taking place around vulnerable adults.</p> <p>EMT signed off a proposal for structured education for patients with Type 1 Diabetes. This will be provided by NNUH. They are already providing DAFNE and are extending their offer to include additional structured education through provision of BERTIE both face to face and online.</p> <p>With regards to the National Diabetes Audit data, blood pressure data is not available so we cannot understand how were rated against the first indicator. There has however been a significant improvement on comparison of Type 1 and Type 2. We are still "red" but when compared to other CCGs we are doing much better.</p>	
<b>11.2</b>	<b>NMoC Commissioning Report</b>	
	All those working in Primary Care have a Col. They are TW, VS, JeS, AD, CD and JIs.	

	<p>KB presented the report which was noted by Governing Body.</p> <p>A decision is pending regarding the allocation of the LDG transformation budget. JIn was asked to provide clarification in respect of this.</p> <p>JIn confirmed that some clarity is required. However, all initiatives agreed at the start of the year have been supported. There is something about having the right strategic approach across all CCGs for next year.</p> <p><b>ACTION: JIn to feed back to KB/LDG when clarified.</b></p>	JIn
<b>11.3</b>	<b>Joint Strategic Commissioning Committee Chair's Report</b>	
	<p>TW presented the JSCC Chair's Report which was discussed by Governing Body.</p> <p>With regards to Children's Mental Health services. JSCC approved the recommendation from the rethink work which are:</p> <ul style="list-style-type: none"> <li>• set the age range for core CYPMH services as 0-25</li> <li>• develop an Alliance approach to commissioning with NCC and providing the future model of CYPMH</li> <li>• establish the proposed CYPMH Alliance Board</li> <li>• (in principle) develop an expanded Section 75 agreement encompassing all relevant CYPMH services for sign off by CCGs/NCC</li> </ul> <p>JoS was leading on aspects in this area, the question was raised as to whether somebody has picked this up to lead on.</p> <p>Within the new Structure, Rebecca Hulme has been appointed as the Director of Children's Commissioning and this is within her remit. Interviews are taking place tomorrow for the Director of Special Projects and this will be the first thing that they pick up once in post.</p> <p>It was felt that there was a gap with Education in respect C&amp;YP Mental health support so they are now being included. KBr is leading on adult mental health being wrapped around PCNs and is working closely with the children's mental health workstream.</p>	
<b>11.4</b>	<b>Norfolk and Waveney STP Finance Report</b>	
<b>11.5</b>	<b>Norfolk and Waveney STP Performance Report</b>	
	<p>JIn presented the reports which were discussed by Governing Body.</p> <p>ML is conscious of the planned care performance metrics as there are 12 "reds". Work is taking place over the next 4-6 weeks to completely overhaul this. There needs to be other actions which have not been done before. Consideration will be given to triage, pathway changes and a strategic approach to planned care contracts.</p> <p>Work is taking place to line up contract end dates of providers in Norwich and how to best use capacity. There will be an update at the next meeting. This is being managed by the Planned Care Programme Board who have an overview of activity and are working to address the 12 reds across the three trusts.</p>	ML

	<p><b>ACTION: ML to provide an update at the next meeting with regards to work around Planned Care Performance.</b></p> <p>Questions were raised about the use of Demand Management in the other CCGs. Norwich are working hard focusing on practice variations. It was suggested that we share best practice from Norwich with WNCCG who are high GP referrers. It was suggested that other areas of best practice that could be shared are the prescribing incentive scheme and Script Switch.</p> <p>The approach across each CCG differs and they use the advice and guidance less. They are sighted on the internal capacity issues of the hospital being able to meet guidance from Primary Care. They are using Consultants to connect external capacity.</p> <p><b>ACTION: ML to take this forward</b></p>	<b>ML</b>
<b>11.6</b>	<b>Governing Body Assurance Framework (GBAF)</b>	
	KBa presented the GBAF which was noted by Governing Body.	
<b>11.7</b>	<b>LeDer Annual Report and Next Steps</b>	
	<p>KW presented the LeDer Annual Report and Next Steps which was discussed by Governing Body. A more detailed paper will be presented at the next meeting and a more detailed brief next time.</p> <p>It was felt that having a Local Proposal was positive. However, the scheme needs some dedicated experts but at the same time not losing organisational memory. It was agreed that there needs to be a shared approach. There is a concern about what we don't know in the backlog.</p> <p>Governing Body noted the Report. However, it was felt that we are unable to support the recommendation to opt out of the national recovery project. It was agreed that TW would take Chairs Action as further discussions are needed to clarify what is being asked.</p>	
<b>12.</b>	<b>Reports from Committees</b>	
<b>12.1</b>	<b>Audit Committee Chair's Report</b>	
	RB presented the Audit Committee Chair's Report which was noted by Governing Body.	
<b>12.2</b>	<b>YourNorwich Local Delivery Group Chairs Report</b>	
	<p>All those working in Primary Care declared a Col. They are TW, VS, JeS, AD, CD and JIs.</p> <p>NA presented the report which was discussed by Governing Body.</p> <p>The importance Local Delivery Groups (LDGs) will be crucial in the delivery of local priorities going forward.</p> <p>With regards to population health management, work is taking place to look at how East Coast presents data around population health. The approach in Norwich is behind other areas who are using tools systematically.</p>	

	<p>Richard Cox (Proactive Care Coordinator) is establishing a group to look at replicating SystemOne template and will pursue Gemima (data sharing tool)</p> <p><b>ACTION: KBr to advise timetable for this.</b></p> <p>Population management is key to ensure quality improvement with neighbourhoods. There is a lot of information on SystemOne and this needs to be linked. Richard Cox needs to liaise with OneNorwich and JeS.</p>	<b>KBr</b>
<b>12.3</b>	<b>Primary Care Delegated Commissioning Committee Chair's Report</b>	
	<p>NA presented the Primary Care Delegated Commissioning Committee Chair's Report which was discussed by Governing Body.</p> <p>CoM received a paper about estates and population growth. It is hoped that a Strategy develops as result of that.</p> <p>With regards to LD health checks there is a new national target. Performance has been poor and therefore this needs to be monitored. Data from the final financial quarter is required.</p> <p>Work is being carried out on materials relating to LD health checks and there are local incentive schemes in place.</p> <p>There are differences between what is being measured through QOF and national data. There is an issue about capturing the right data. KW is taking this forward.</p> <p>JH has met with service reps and it has been reported back that patients have difficulties with booking sufficient time with general practices. Standard appointments are 15 minutes which is not long enough for people with learning disabilities. GPs do not have time to complete their health books. These concerns will be picked up as part of the incentive scheme.</p> <p>There is a nationally acclaimed model and Thorpewood Medical Practice have received an award. These models need to be explored. KW will take this forward to get learning from it.</p>	
<b>12.4</b>	<b>Conflicts of Interest Committee Chair's Report</b>	
	RB presented the CoI Committee Chair's Report which was noted by Governing Body.	
<b>13.</b>	<b>Items for Information</b>	
<b>13.1</b>	<b>Health and Wellbeing Board</b>	
	The link to the Health & Wellbeing Board papers was shared for information.	
<b>13.2</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: .....