Putting good health into practice

NHS
Nottingham North and East
Clinical Commissioning Group

Clinical Cabinet Minutes

Nottingham North & East Clinical Commissioning Group Clinical Cabinet Meeting Held 22nd March 2017 at the Civic Centre, Arnot Hill Park, Arnold, Nottinghamshire, NG5 6LU

Present

Dr James Hopkinson (JH) (Chair)	Clinical Chair and Calverton Practice Representative
Dr Umar Ahmad (UA)	GP Representative, Plains View Surgery
Dr Sarah Bamford (SB)	GP Representative, Newthorpe Medical Centre
Jonathan Bemrose (JB)	Chief Finance Officer
Jeff Burgoyne (JBu)	Patient and Public Representative
Dr Ian Campbell (IC)	GP Representative, Park House Medical Centre
Dr Gerry Gallagher (GG)	GP Representative, Daybrook Medical Practice
Dr Arun Shetty (SH)	GP Representative, Apple Tree Practice
Dr David Hannah (DH)	GP Representative, Torkard Hill Medical Centre
Dr Smita Jobling (SJ)	GP Representative, Highcroft Surgery
Dr Caitriona Kennedy (CK)	GP Representative, Trentside Medical Practice
Dr Azim Khan	GP Representative, Unity Surgery
Dr Elaine Maddock (EM)	GP Representative, Stenhouse Medical Centre
Dr Akila Malik (AM)	GP Representative, Westdale Lane Surgery
Dr Suman Mohindra (SM)	GP Representative, Om Surgery
Mandy Moth	Practice Manager Representative
Stewart Newman (SN)	Director of Commissioning (Deputy)
Dr Amelia Ndirika (AN)	GP Representative, Whyburn Medical Practice
Dr Paramjit Panesar	Assistant Clinical Chair and Ivy Medical Practice Representative
Sharon Pickett (SP)	Deputy Chief Officer (Deputy)
Dr John Tomlinson (JT)	Consultant in Public Health, Nottinghamshire County Council
Dr Jacques Ransford (JR)	GP Representative, Giltbrook Surgery
Dr Sarah Webster (SW)	GP Representative, Oakenhall Medical Centre

In Attendance

Stephen Shortt	Clinical Lead, Rushcliffe CCG
Michael Orozco	Practice Manager, Peacock Medical Practice
Emma Pearson	Governance Manager (note taker)
Lucy Peel	Programme Lead, Children's Mental Health and Wellbeing
Nichola Bramhall	Director of Patient Safety and Nursing

Apologies

Dr Ben Teasdale	Secondary Care Consultant
GP Representative	Jubilee Practice
GP Representative	Peacock Medical Practice
GP Representative	West Oak Surgery
Kathryn Sanderson	Patient and Public Representative
Paul McKay	Service Director, Nottinghamshire County Council

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Practice Nurse
Sam Walters Chief Officer

		Actions
CC 17/026	**Welcome and Apologies** Dr James Hopkinson (JH) welcomed all to the meeting. Apologies were noted as above.	
CC 17/027	**Declaration of Interest** JH reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NNE Clinical Commissioning Group. Declarations of the Clinical Cabinet were listed in the CCG's Register of Interests. JH noted that the Register was available either via the secretary to the Clinical Cabinet or the CCG website at the following link: http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/ No additional conflicts of interest were declared above those already recorded on the CCG register of interests.	
CC 17/028	**Accountable Care System (ACS)** JH Introduced Dr Stephen Shortt to the Clinical Cabinet and collectively they gave an overview of the ACS, the following points were noted; The ACS would include health and care organisation in Greater Nottingham, there would be a shared responsibility and risk. Bassetlaw would not be part of the ACS. All partners in principle support the STP Analysis confirmed if similar outcomes to a 'well managed' system were achieved, there was an opportunity to reduce cost within the acute by up to £700 million. A capability and Capacity activity highlighted that there was not the experience or capability to deliver the ACS in house as a similar plan had not been implemented previously. The finance to allow the changes to be implemented at pace was not available in the current system.	

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	A system Integrator had been investigated to provide the necessary skill; experience and finance to enable the delivery of the STP. A gap analysis showed that there a shortfall in finance for social care and primary care. A 5 Year Forward refresh was expected in April. JH and SS asked the Clinical Cabinet members for any comments and questions, the following were noted. Michael Orozco (MO) noted that the ACS sounded positive however it would need to properly funded short term and long term. SS confirmed that the ACS was a long term plan. Dr David Hannah (DH) enquired why a system integrator was required. JH confirmed that the proposal for Greater Nottingham was the first in the country so there was not the experience within the system. There was evidence that the implementation of similar proposals had been successful in other countries. DH queried the model that was been investigated and asked what the impact would be on Primary Care. JH explained that a singled control budget was being discussed as a potential for offering value for money. DH queried what the risks were to a single control budget. SS explained the highest risk was with the acute sector and as an ACS this risk would be shared and it would require providers and commissions to come together to deliver services. JT explained that the Local Authority were also a risk as funding was being reduced and the Public Health budget was not being ring fenced in the future however there would still be a duty to provide. The commissioning organisations were identified as Nottingham City, NNE, Nottingham West and Rushcliffe CCG's, Nottingham City and Nottingham County Council's. The provider partnership would include NHCT, GP surgeries, City Care Partnerships, Circle, EMAS, Care Homes, and NUH. The providers would be a single risk baring entity that blends Acute, PC and Community service provision. SS explained that in Rushcliffe CCG the GPs understood that they would be stronger positioned as a collective. JBu enquired if Centene had charged for analysis made to date, JH confirmed that no charges had been received. 14:15 – Dr Umar Ahmed arrived	

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	SS noted that wellness was not a focus in the UK and best practice had been learnt from Centene on how wellness directly impacts on secondary care. SS noted that a successful programme in Nottinghamshire for screening for patients that were of high risk of stroke had stopped 20 strokes. EM queried how the CCGs would join together. SS confirmed that it was still to be determined however it was important that localities and identities were not lost. DH enquired how the relationship with the other acute hospitals in the area would change. SS confirmed that it was an area that was being investigated in relation to NUH and Sherwood Forest Trust. IC thanked SS for the reassuring presentation and expressed concerned about a possible perceived perception that it was the privatisation of the NHS. SS noted that as commissioners we would need to be alive to the risk however the Health and Social Care provision would remain within the current providers, a system integrator would assist in the back office function JH confirmed that an update on the ACS would put on a future agenda JH thanks SS for coming to present on the ACS.	
CC 17/029	**Minutes of the meeting held on 21st February 2017** The minutes of the meeting held on 21st February 2017 were agreed as an accurate record with the exception of 2 grammatical errors.	
CC 17/030	**Matters arising and actions from the meeting held on 21 February 2017** CC 16/142: JH confirmed that this action remained outstanding. CC 17/007: SN explained that there wasn't a foot care specification for adults however foot checks were in the specification for paediatrics. SN confirmed that a discussion would take place with NUH to determine if an adult specification was required and if so what it should be included.	
CC 17/031	**Chief Officer and Chair's Report** SW invited the Clinical Cabinet members to make any comment ask questions. DH enquired if Nottinghamshire would lose its consultant	

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	Congenital Heart Disease specialist. SW explained that it wasn't confirmed however the closest specialist service would be provided in Birmingham should the proposals go ahead. The Clinical Cabinet **Acknowledged** the Chief Officer and Chair's Report	
CC 17/032	**Finance Update** **a) Finance Report** JB presented the Finance Report and highlighted the following points. There was a focus on activity. The work on managing referrals and practice visits had a positive impact on the reduction of referrals made. There had been a direct impact on the work undertaken by the GPs and the Financial Target being met. The QIPP target for 2016/17 was £8 million, the CCG achieved £4 million savings. The QIPP target for 2017/18 was £12 million. **b) Activity Report 2016/17 Month 10** JB presented the Activity Report and highlighted the following points. The GP e Referral to outpatients highlights a drop in referrals from August 2016 Dr Arun Shetty (AS) expressed concerns that reducing referrals now was delaying the referrals for a later date and could potentially be a risk to patients. JH explained that the work was targeting inappropriate referrals only and if a patient required a referral this should be made. Dr Elaine Maddock (EM) noted that the expectation of the population may need to adjust to what the NHS can now provide on its allocation. Dr Smita Jobling (SJ) enquired if there were any outcome measures to show that what we are doing is safe. JH explained that a review of referrals have seen improvements for patients. Dr Caitriona Kennedy confirmed that her practice had seen improvements for patients and in particular for paediatric services following the exercise. **c) Financial Turnaround Update** JB presented the Financial Turnaround update and highlighted the following points.	

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	The Financial Recovery was a joint programme across Greater Nottinghamshire which included the South CCGs and Nottingham City. The financial allocation for the CCG was £209 million, across Greater Nottinghamshire the allocation was almost 1 billion pounds. The % savings requirements for Greater Nottinghamshire were £44 million. There were 9 Programme areas; each of the areas had an identified lead. There was PMO function to support the leads and monitor progress. A Weekly Financial Recovery Board was in place with Chief Officers present. Stewart Newman enquired what the additional support from NHSE was. JB explained that national NHSE had recognised that CCGs need additional support. NNE had been allocated 48 days from PWC and they were currently working with the CCG on tangible pieces of work. The Clinical Cabinet **Approved** and **Acknowledge** the Financial Update and papers.	
CC 17/033	**CAHMS Business Case** Lucy Peel (LP) presented the CAMHS Business Case and highlighted the following points The business case was aligned to the Five Year Forward for Mental Health and Future in Mind programme. CCGs were allocated non recurrent CAMHS accelerator funding in October 2016 and January 2017 however it was not possible to spend all of the allocation and therefore it has been transferred to the Local Authority under a section 256 agreement. The following indicators will be monitored. • Compliance with access and waiting time standards for children referred for community eating disorder services • Increasing numbers of children able to access evidence based treatment for their mental health needs • Provision of all ages mental health liaison in acute settings so that young people can be assessed within one hour if attending emergency departments in line	

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	with the model for adult service Priority Area 1 – CAMHS Community Eating Disorder The proposal is to fund additional capacity to enable assessment and initiation of treatment to take place on the same week that aims to send patients home with a safe package and avoid being admitted. Priority Area 2 – CAMHS Crisis Resolution and Home Treatment The proposal was to fund an enhanced CAHMS crisis function LP explained that a new process may mean that funding could not be transacted to NHFT in a timely matter meaning that there would be a delay in improving access for children and young people and there was a risk that the CCGs would not achieve the waiting time standard for children and young people with an eating disorder. EM noted that there was a child with a mental illness in the emergency department with police for over 24 hours which was is not appropriate. LP confirmed that more work was required to ensure safe access. DH noted that patients were being admitted to in patient outside of the area and queried if capacity in the area being increased. LP explained that in patients services were commissioned by NHSE and beds for patients with an eating disorder were not currently available in the area. 15:15 Dr Gerry Gallagher arrived The Clinical Cabinet **Approved** CAHMS Business Case	
CC 17/034	**Children's Homecare Specification** Nicola Bramhall (NB) presented the Children's Homecare Specification Continuing Care packages for children were for a small number of children which was approximately 50 in the county. The eligibility of packages was nationally decided and was currently provided by private companies that were often expensive to commission. NB explained that the Northamptonshire tariff had worked well and improved experience and cost. The model that was being proposed aimed to give choice to patients and manage costs NB gave an overview on the maximum time to implement the	

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	commissioned packages for standard, enhanced and qualified nursing care. DH queried if there providers available that will engage, NB explained that from discussions that had taken place, they had no reason to believe that bids won't be received. The aim was to increase the number of providers. DH queried how the CCG would ensure and monitor quality, NB explained that quality would be ensured via the tender process quality visits and patient stories. NB explained that families would be involved and supported through the process and the CCG would be assured that the child's health needs are met along with all safeguarding concerns. The Clinical Cabinet **Approved** Children's Homecare Specification	
CC 17/035	**Service Improvement Group Terms of Reference** SN presented Service Improvement Group Terms of Reference. DH enquired if the papers would be distributed 7 working days before the meeting, SN confirmed that they would be sent 7 days before the meeting. SN confirmed that 3 clinical staff would be required to be quorate however 4 would be welcome to all meetings. The Clinical Cabinet **approved** the Service Improvement Group Terms of Reference	
CC 17/036	**Early Intervention in Psychosis Business Case** SP presented the Early Intervention in Psychosis Business Case and the following points were noted; There was a two week target implemented in April 2016 and was monitored as part of the CCG's Improvement and Assessment Framework, the aim was to reduce wait times. The caseloads were higher than they should be in Nottinghamshire Nottingham City CCG were the lead on Early Intervention in Psychosis contract An investment of £54,405 was proposed which was less than what is identified via the national tool. Dr Amelia Ndirika enquired why the performance differed across the CCGs, SN agreed to investigate.	**SN**

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	EM confirmed that it was important that intervention was done well and implemented early. The Clinical Cabinet **Approved** Early Intervention in Psychosis Business Case	
CC 17/037	**Reports** a) NNE Performance Report February 2017 The Clinical Cabinet **acknowledged** the report. No comments were made.	
CC 17/038	**Minutes** a) Health and Wellbeing Summary February 2017 b) SIG Minutes c) A&E Delivery Board Minutes 06 December 2016 and 10 January 2017 The Clinical Cabinet **acknowledged** the minutes. No comments were made	
CC 17/039	**Any Other Business** The Clinical Cabinet agreed to change the date of the next meeting due to the Bank Holiday.	
	Date, Time and Venue of Next Meeting 18th April 2017 13:30 – 16:30 Reception Room, Civic Centre, Arnot Hill Park, Nottingham, NG5 6LU **SIGNED: …… (Chair)** **DATE: ……..**	

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