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 November 2017 at the Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU

Present

Dr Paramjit Panesar (PP)	Assistant Clinical Chair and Ivy Medical Practice Representative (*Deputy Chair)*
Jeff Burgoyne (JBu)	Patient and Public Representative
Dr Ian Campbell (IC)	GP Representative, Park House Medical Centre
Vicky Hall (VH)	GP Representative, Trentside Medical Practice
Dr Azim Khan (AK)	GP Representative, Unity Surgery
Ian Livsey	Deputy Director of Finance (*deputised for Jonathan Bemrose)*
Dr Elaine Maddock (EM)	GP Representative, Stenhouse Medical Centre
Dr Akila Malik (AM)	GP Representative, Westdale Lane Surgery
Suman Mohindra (SM)	GP Representative , Om Surgery
Stewart Newman (SN)	Director of Commissioning *(deputised for Sharon Pickett)*
Dr Jacques Ransford (JR)	GP Representative, Giltbrook Surgery
Kathryn Sanderson	Patient and Public Representative
Dr Sarah Webster (SW)	GP Representative, Oakenhall Medical Centre
Dr Ben Teasdale	Secondary Care Consultant
Dr John Tomlinson	Consultant in Public Health, Nottinghamshire County Council
Mandy Moth	Practice Manager

In Attendance

Wesley Berkovsky (WB)	Centene representative
Louisa Hall (LH)	Corporate Administration Officer (*minutes*)
Candice Lau (CL)	Senior Service Improvement Manager
Sergio Pappalettera (SPa)	Contract and Information Manager
Stephen Shortt (SS)	Rushcliffe Clinical Lead

Apologies

Jonathan Bemrose (JB)	Chief Finance Officer
Dr James Hopkinson (JH)	Clinical Chair and Calverton Practice Representative (Chair)
Dr Arun Shetty (AR)	GP Representative, Apple Tree Practice
Dr Gerry Gallagher (GG)	GP Representative, Daybrook Medical Practice
Dr Prakash Kachhala (PK)	GP Representative, Torkard Hill Medical Centre
Dr Amelia Ndirika (AN)	GP Representative, Whyburn Medical Practice
Dr Smita Jobling (SJ)	GP Representative, Highcroft Surgery
Dr Manas Karpha (MK)	GP Representative, West Oak Surgery
Dr Chic Pillai (CP)	GP Representative, Plains View Surgery
Sharon Pickett (SP)	Deputy Chief Officer
GP Representative	Jubilee Practice
GP Representative	Peacock Medical Practice
GP Representative	Newthorpe Medical Centre
Paul McKay	Service Director, Nottinghamshire County Council
Sam Walters	Accountable Chief Officer
Practice Nurse	

		Actions
CC 17/093	**Welcome and Apologies** Dr Paramjit Panesar (PP) welcomed the members to the meeting. Apologies were noted as above. Quoracy was not fully confirmed at the beginning of the meeting.	
CC 17/094	**Declaration of Interest** The Chair reminded cabinet members of their obligation to declare any interest they may have on any issues arising at cabinet 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. PP 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 other declarations of interest were received in relation to the agenda.	
CC 17/095	**Minutes of the meeting held on 22nd November 2017** The minutes of the meeting held on the 22nd November 2017 were approved as a true record with all corrections completed. The Cabinet **approved** the minutes.	
CC 17/096	**Matters arising and actions from the meeting held on 17th October 2017** The following action log items were revisited: 17/090: Alivecor app PP informed the Cabinet of the delay due to information and governance. It was highlighted that the Alivecor app works with a specific type of iPod so checks have been carried out through the East Midlands network. Flu season has been missed to be able to maximise the application but some are still ongoing. Further updates to be provided. One care home one practice: each CCG will make a requisition on what they require. A full update should be provided by Jan	

	2018.	
CC 17/097	**Chief Officer and Chair's Report** PP presented that Chief Officer and Chair's Report and highlighted the following key points: • Update to safeguarding children where a public consultation has been launched on revisions to new statutory guidance on child death review. • The development of the joint committee structure has started with ongoing work regarding the committees and statutory responsibilities. Delivery of the STP procurement and strategy across the CCG. • Continuing Healthcare performance has been recognised as good with feedback across our area being seen as proactive. • Assurance is needed over the Christmas and the New Year period winter for provision of access. CCG to prioritise out of hours and ensure that they are staffed appropriately and if needed, to ensure hubs are set up. Dr Elaine Maddock (EM) entered 13.43 • Engagement is taking place with Notts Trent University who will be taking the lead on the Health Promotion, Education and Prevention work package. A query was raised by a Cabinet member regarding the funding to retain GPs scheme and the support for retired GPs to fund their return. EM suggested approaching Michael Wright at the LMC on this matter where they may be different schemes available. An additional query was raised over the "8 until late" over the winter period regarding the CCGs to provide extra hours. It was added that the policy was not clear but a meeting will take place to give assurance regarding that plans are sufficient. It was confirmed that no extra funding will be given to support additional hours as all resilience is spent. The Cabinet **acknowledged** the report.	
CC 17/098	**Finance Update** **a) Finance Report** IL presented the financial update for Month 6 and highlighted the following points: • Prescribing £380,000 over spend to date. No Cheaper Stock	

	Obtainable (NCSO) at present is a national issue causing pressures across the country. Prescribing and finance teams trying to control. PP added that the work that the prescribing team have carried out is positive and the CCG would be close to the QIPP target if not for this issue. Increase is substantial for the CCG. • A further key issue is acute spend: end of year will see £6 million overspend for the year. Offset with reserves and mitigations will mean that the CCG will miss the target by over £2 million. Previous years have had enough mitigation. NNE will require support from other CCGs across the patch. Dr Webster entered at 13.54. Pain management affecting budgets were raised by a member of the Cabinet. NUH recommissioning 1000 patients in excess which represents a years' worth of patients for PICS. It was confirmed that this is a block contract so need to use to its full extent. **b) Activity report** Sergio Pappalettera (SPa) presented the Activity Report for April – August 2017 and highlighted the following points: • A & E increase which produced an overspend. • Elective doing well with a reduction in GP referrals. • Elective down by 3%, whereas day cases have increased by 3%. • Emergency admissions causing most overspend. **c) Financial turnaround update** IL presented the financial recovery plan update: • Savings challenge for NNE of £ 4.5 million, £1.3 million below QIPP target shown in overall financial position • £6.8 million delivery with a 5.6 million shortfall. Dr Azim Khan entered at 13.58- quoracy confirmed. The Cabinet **acknowledged** the reports.	
CC 17/099	**Accountable Care System Update** Wesley Berkovsky (WB) and Stephen Shortt (SS) presented an ACS update to the Cabinet. WB gave a brief history and overview of Centene with the aim of working with public health care commissioner to work towards a more integrated system for patient populations. The Cabinet were informed about the care models Centene has worked with within 10 years including Ribera Salud in Spain which led to new	

integrated care models.

The key points were highlighted throughout the presentation:

- Worked on board of directors to seek out innovations to identify support where needed.
- Not a provider. Sit between local commissioners. Decentralised approach to invest in the local health and care community to develop partnerships with providers to help produce care models.
- Greater Nottingham analysis carried out to review the funding gap of £314 million. For commissioners to weigh in and look for a more sustainable way forward.
- ACS house design which highlights all the elements needed to ensure outcomes. Indirect enablers, integrated functions need to be in place with accountability so responsibility is there to reduce any breakdown in system.
- Phase 3 currently in progress with Greater Nottingham being a leading accelerator site in the country. This phase includes where the design has to be produced.

A discussion took place over the practice groups and work streams that have taken place to see how this has worked in primary care to support development.

WB gave a detailed overview of the various impacts and benefits covering the following items:

- Payment models: looking at disincentives (e.g. QOF etc.)
- Care gap alerts: to provide a holistic view and to help providers to get more visibility on what's happening with patients, people need to be accountable for elements of pathways.
- Referral and schedule support: ensure GPs to direct patients to right pathway and ensure care.
- Decision support tools: provider reporting
- Practice education: to support GPs on performance and what needs they have and to help in individual practices.
- Patient centric view: one care plan for visibility for all providers in other settings.
- Population health management: to support different complex needs to care gap closure. To align resources and coordinate care across programmes and settings.

A discussion was held around how Centene are financed. WB informed the Cabinet that Phases 1 and 2 are *pro bono*. 2.7million profit caps around 2-5%, paid on pool budget basis with a cut of savings Centene create.
WB added that they are incentivised to reinvest in the system and are tightly regulated across commissioners.
Stephen Short (SS) added that the aim is to try and spend less in the hospital and on acute care with national funding to allow

	this. As the final potential model has not been populated yet, Centene is a purely advisory role. A query was raised on how primary and secondary care will be effective at working together. WB explained that Ribera used both together with A and E and pressures reduced quickly. It was highlighted that there is a need for commitment to adapt to capacity to work with primary care with discussions that a time for change of culture is needed along with more resources and support. WB explained the future plans for the discharge to assess showing the current admission system. The Cabinet were informed that the aim is to reduce being stuck in the system with a need to assure an integrated discharge which works effectively. WB expressed an importance of identifying those ready for discharge and where the accountability lies. The staffing of workforce was queried and a concern around already stretched resources and staff. WB confirmed that there is staff already in the system to do this and using the ACS house explained the role of everyone supporting each setting. Ben Teasdale (BT) queried if workforce issues have this been factored in. WB added that the STP contains responsibility for training and recruitment now so seems that way. SS provided a summary of the ACS to ensure that the role of the GP is a critical role regarding contribution into the ACS. The Cabinet **acknowledged** the update.	
CC 17/100	**Repeat Prescribing** Item deferred.	
CC 17/101	Candice Lau (CL) presented three items for approval: **a) Falls Services** CL gave an overview of the Fracture liaison clinic and requested approval for an extension for the contract for falls prevention to allow more time to review its effectiveness. CL informed the Cabinet of the Falls Lead hosted by local partnerships that requires extension. A Greater Nottingham Falls group has been created with all partnerships so a lot of project work is taking place to ensure the system is in place and to raise awareness. Posture training: CL requested an approval for an extension to allow more time to review its effectiveness. CL informed the Cabinet that outcomes are currently positive with a high % of people with increased confidence in balance and reduced fear of falling. Stewart Newman (SN) added that	

	there is a potential to save through reduction of fractures through the Better Care Fund. A discussion took place regarding the evidence of overall effectiveness for some of the elements of the Falls Service. CL confirmed the budget for Posture (strength and balance) is £41,000 with an aim to increase courses. It was added that a delay in patients has led to less courses taking place. It was also added that the Falls Lead is working with nurses etc. on incident reports and falls prevention to complete as part of their job. A query was raised on the future of the Falls lead. CL informed the Cabinet that it will focus more towards systems and to look at templates for community service holistic assessment and communicating to the GPs. The Cabinet **approved** the requests. **b) Care Coordinator Team** CL informed the members that the underspend which has come from the enhanced care home is being used to develop the care home model. A care professional lead with an acute background has done a lot of seasonal training which has been beneficial. Dr Akila Malik (AM) added that the sepsis training etc. has been carried out and has been very positive with emergency admissions reducing from this. The Cabinet **approved** the request. John Tomlinson left at 3.35pm- The Cabinet is no longer quorate. **c) Care Delivery Group** The care delivery group has been rolled out to the rest of CCG areas. With Greater Nottingham coming together looking more at populations and at people at risk of hospital admissions. Care coordinators organise the meetings for GP practices and also look at workflows as well on eHealth scope. Funding is approved with 3 coordinators; one for each locality. CL requested that the Cabinet supports the MDT approach. EM requested that the pilot needs mental health including and asked that MDTs include someone for MH for the elderly. CL confirmed that this has been raised as important.	
CC 17/102	**Reports**	

	Performance report: PP presented the performance report for information. No further comments were made. The Clinical Cabinet **acknowledged** the Performance Report.	
CC 17/103	**Risks identified during the course of the meeting** None	
CC 17/104	**Any Other Business** None identified	
	Date, Time and Venue of Next Meeting 19th December 2017, 1.30pm-4.30pm Chappell Room, Civic Centre, Arnot Hill Park, Nottingham, NG5 6LU **SIGNED: …… (Chair)** **DATE: ……**	