NHS
West Norfolk
Clinical Commissioning Group

MINUTES OF THE WEST NORFOLK STP LOCAL DELIVERY GROUP

Held on 26th June 2018 at 1pm in the Council Chamber, Town Hall, Saturday Market Place, Kings Lynn PE30 PE30 5DQ

Present:

Dr Paul Williams (Chair)	Chair, WNCCG	(PW)
Dr Imran Ahmed (Item 5 onward)	GP Gov Body Member, WNCCG	(IA)
John Webster	Accountable Officer, WNCCG	(JW)
Ross Collett	Director of Operations, WNCCG	(RC)
Steven Lloyd	Head of Primary Care, WNCCG	(SL)
Sadie Parker	Director of Primary Care, NHS GY&W CCG (STP rep)	(SP)
Dr Venu Harilal	Medical Director, NCH&C	(VH)
Jo Fisher	Asst. Director Integrated Services West, NCH&C and NCC	(JF)
John Greenhalgh	Environmental Health Manager, BCKLWN	(JG)
Dr Sally Hall	Interim GP Chair, WNH	(SH)
Jo Maule	Locality Manager, Community Action Norfolk	(JH)
Peter Brown	Patient Representative (Acting Healthwatch representative)	(PB)

In Attendance

Arlene Sheppard	Administrator (Minute taker), WNCCG	(AMS)
Abi Betts	Primary Care Commissioning Support Officer, WNCCG	(AB)

Apologies:

Kate Lewis	Head of Strategic Planning (STP Primary & Community Care)	(KL)
James Bullion	Director for Health & Integration, NCC	(JB)
Lorrayne Barrett	Director of Norfolk Adult Operations and Integration NCH&C	(LB)
Jon Green	Chief Executive, QEHKL	(JG)
Dr Nick Lyon	Medical Director, QEHKL	(NL)
Julie Cave	Managing Director, NSFT	(JC)
Ray Harding	Leader, BCKLWN	(RH)
Kath Howell	CEO, WNH	(KH)
Dr Ian Haczaweski	GP Lead, WNH	(IH)
David Brammer	Director, WNH	(DB)
Alex Stewart	CEO, Healthwatch Norfolk	(AS)

ACTION

1 APOLOGIES & INTRODUCTIONS

Introductions were made, apologies as above. The Chair outlined the development of the group and aims.

2 CONFLICT OF INTEREST

The Chair noted that there were no conflicts of interest recorded but members should highlight any items as the meeting progresses.

3 DRAFT TERMS OF REFERENCE

Members discussed the circulated draft Terms of Reference, making the following amendments:

- Nominated members are required to provide an alternative organisational representative in their absence at meetings
- Peter Brown to be added to Membership as patient representative with informal watching brief for Healthwatch
- John Webster, AO WNCCG, to be added to the membership
- Terms of Reference to be reviewed at the September 2018 meeting.
- Vice Chair to be identified and included in membership.

DECISION: Subject to the amendments above, the members agreed to adopt the Draft Terms of Reference

4 STP PRIMARY AND COMMUNITY CARE

SP explained the background to the Local Delivery Groups across Norfolk which report into the Primary and Community Workstream of the STP. A workplan is in development by clinical members to progress identified areas including the 10 High impact changes and workforce. Members discussed the importance of obtaining an overview of the whole system at this group and awarenessof the patient's-eye view of system pathways. In response to a member's question SP clarified that work around Care Homes was captured in the Enhanced Health in Care Homes work which feeds into the Primary and Community Workstream. SP will ask KL to share the latest version of the Primary and Community Workplan with members for their comment and feedback. It is important to include the views of West Norfolk within the work to ensure proper representation.

ACTION: Kate Lewis to be asked to share latest version of Primary and Community Workplan. Comment and feedback welcome.

ACTION: Discussion of the Workplan and its reflection on West Norfolk to be added to the next Agenda.

5 WEST NORFOLK CCG POSITION

JW introduced the circulated slide deck which displayed some of the current challenges in West Norfolk and how data is being used to understand and identify opportunities in the system and areas for greater focus. Members discussed how differences in coding approach, particularly in secondary care, can affect data and standardisation of this across the STP would benefit the outputs but represents a major challenge to achieve.

Members discussed the number of patients coded as 'fallers' and how the underlying reasons for the fall should generate the code in many cases, leading to better understanding of the causes. This could be addressed as part of the prevention and wellbeing gap to identify those at risk with a variety of mitigating actions provided by system partners.

VH commented that there were NHS Digital plans to implement SNOMED CT (Systematized Nomenclature of Medicine -- Clinical Terms) a standardized, multilingual vocabulary of clinical terminology that is used by physicians and other health care providers for the electronic exchange of clinical health information. This should assist standardisation of coding. JW

also noted that commissioning contract protocols could be used to incentivise desired behaviours.

VH commented that we should be moving towards patient outcome measures – what does it mean in terms of clinical effectiveness, the experience and the safety as described by the NHS framework. JW acknowledged the importance of these key measures and how we resource these.

RC talked to the slide on STP Determinants of Healthoutlining how the wider needs of the population were being considered in developing integrated strategies. He highlighted the information on the Practice Profile slide - how the data would drive the variations identified and actions to address/ next steps.

SL commented that the GP Practice data had highlighted the wide variation in Practice outputs across the locality and Practice visits so far have been welcomed and useful in focusing the conversations around the challenge. Members discussed the various referral processes across the system and how best to improve awareness and response times to avoid admissions e.g. Community Matrons. The blocks were felt to encompass access to shared records and resource capacity. VH commented that the Buurtzorg – or "neighbourhood care " model of community nursing would have a beneficial impact.

Members discussed the place of Minor Injury Units in the local system and how this type of patient might best be resourced. JW commented that the CCG are trying to develop a best response currently. VH noted that it could be addressed via a focus on health coaching to promote signposting, education and advice.

Action: Invite a member of the CCG Communications Team to attend these meetings.
Action: Invite a member of the Childrens Services team (suggested Teresa Frost, Locality Manager)

6 UPDATE FROM WEST NORFOLK HEALTH

SH briefly covered the history, aims and challenges of the organisation to date. Updated on progress around the 10 High Impact Actions.

Active Signposting : Work to develop a directory of services (including Ask LILY)
New Consultation Types: Work to develop online triarge service and recruiting clinical pharmacist
Reduce DNAs: Arden roll out underway
Develop the Team: 3x Clinical Pharmacist recruitment to cover 6 practices initially. Meetings with Primary/Secondary/CCG to develop workforce, including attraction and retention of staff
Productive Workflows: Funding secured for a recent training day attended by Practices
Personal Productivity: CCG recently circulated information on suggested improvements.
Partnership Working: Welcome progress on this around extended access work, evidencing collaboration between Practices and other Agencies.
Social Prescribing: 4 Living Well Connectors commence in July.
Support Self Care: Poster campaign in Practices underway.
Develop QI Expertise: Extracting maximum benefit from the ECLIPSE project and investigating how e-consult and other IT strategies can provide benefits.

Also updated on the extended access 'go live' date of 23rd July with three Kings Lynn Practices, aiming to achieve 100% by October 2018. Any surplus funds from this will be re-distributed by the Investment Committee to support Practices and free up time.

Awaiting CQC registration interview.
Extending involvement across Healthcare system meetings
Regular members newsletter
Developing a locum bank for Practice staff to fill gaps and sustain service provision

VH welcomed the efforts to integrate and innovate with system partners. Suggested that Anna Morgan, Nursing Director NCH&C might be a useful source into the work already being done by the STP. Also the UEA who are health partners to NCH&C. RC commented on the work being done around apprenticeships and volunteers and how we can extend this. Members discussed the expectations being placed now on the voluntary sector and awareness of the limits to their capacity and how they are linked into the development work. PB commented that we should also be aware of the fiscal stability of some of the voluntary organisations and their ability to provide a stable service. RC proposed a Task & Finish Group to push this forward. Kate Lewis, Workforce Lead STP has recently appointed a co-ordinator for the training hu8b Noted the Norfolk-wide group co-ordinated by HEE needs more West engagement which will oversee the work around training and link to CEPN. Members discussed how a Training Needs Analysis for West Norfolk could inform decision-making.

Action: SH and RC to instigate a Task & Finish Workforce Group.
Action: SH to email Kate Lewis for information on Training Hub and support available.

7 WHAT ARE THE ISSUES FACING WEST NORFOLK?

VH: West Norfolk system needs a consistent approach to how we identify and manage a deteriorating patient. Would like to propose adoption of the National Early Warning Scoring System (NEWS), Airway Breathing Circulation Disability & Exposure way of assessing and the Situation Background Assessment Response & Recommendation (SBARR).
VH: End of Life Term – ensuring a consistent approach and resourcing using the Advanced Care Plan Document and DNR form within the Yellow Folder.
VH: Frailty – Consistent approach to identification, assessment and planning of these patients, working together with mental health and providing appropriate resource. Members discussed the GP workload and whether a different approach to these problems would be more effective.

JG: Informed the meeting that the Borough Council will be running a pilot scheme at QEH with 2 housing staff to assist patients with housing queries. This should enable patients to return home faster. Happy to provide more information on the services of the Borough Council to a future meeting.

JM: Suggested that this Group to link to the Active Strategy Group to address the concerning levels of inactivity in the locality and the effects on health. This is a specific concern for the Borough Council. Also raised the impact of Universal Credit Self Management and the consistent provision of required support and access to digital resources. RC wondered if we needed an umbrella view of the investments/services all organisations are being made into the system.

JF: Wanted to raise how we best utilise the admission avoidance pathways and incorporate a West Norfolk version of NEAT (Norwich Escalation Avoidance Team). Also the challenges around the Therapy staff provision within the hospital and the community.

CCG: PW reinforced all the issues mentioned by members as concerns at the CCG and the WNLDG priority should be managing admission and discharges in West Norfolk and felt that we should consider effecting significant change to achieve this. Members discussed if a separate multi-organisational group should be formed to work through a reinvention of the system. This would need examination of outside influences and funding. JW commented that we needed to identify the rising risk and implement proactive health management using existing data in better ways. RC mentioned the value in considering development of Primary Care as a single point of access to link with Social Prescribing and the workforce skill sets/ resourcing that might be required.

Members discussed ways in which to address patient dependency on historical processes and develop a new patient-friendly way to access services.

8 SUMMARY AND THE WAY FORWARD

PW asked members to suggest actions which would progress better management of admissions and discharges in West Norfolk.

Population Health Management: cohort of rising risk patients. What could we influence and change to support those individuals better? Consider using the system workshop in July with frontline staff to develop this theme and bring back learnings.

Action: RC to provide information on data and funding to next meeting.

Action: PW to encourage meeting attendance from absent organisations

Action: SP to provide information on workforce to next meeting

Action: SL to use Eclipse data to identify the rising risk cohort size and how to improve the support. Process map a patient's journey through the system to next meeting.

Action: Shawn Haney to attend September meeting to present on ECLIPSE

Action: JF to present on NEAT at next meeting.

Action: Agenda item on Social Prescribing (JM) – initial feedback/ queries on system experiences.

Action: VH to present on Frailty Model proposals/ideas at September meeting.

9 DATE OF NEXT MEETING

The Chair proposed a next meeting date to be circulated which would be towards the end of August.

Meeting closed 4pm.

Please send apologies in advance to:
Arlene Sheppard arlenesheppard@nhs.net 01553 666932