NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Minutes of the Governing Body Meeting held on Tuesday 5 November 2019 in the Conference Room, Arthur Rank Hospice, Cambridge

Present: **Voting Members**
Carol Anderson, Chief Nurse
Dr Mark Brookes, GP Member
David Finlay, CCG Lay Member
Dr Gary Howsam, GB Clinical Chair
Dr Julian Huppert, CCG Lay Member and GB Vice-Chair
Louis Kamfer, Chief Finance Officer
Stephen Mitcham, CCG Lay Member
Nikki Pasek, CCG Lay Member
Dr Mark Sanderson, Medical Director
Dr Christopher Scrase, Secondary Care Doctor
Dr Adnan Tariq, GP Member
Jan Thomas, Accountable Officer

In Attendance
Jessica Bawden, Director of Corporate Affairs
Sharon Fox, Associate Director Corporate Affairs (CCG Secretary)
Sue Graham, Director of Performance
Dr Roger Hall, Medical Director, Royal Papworth Hospital
Gemma Keats, Corporate Governance Administrator
Dr Raj Lakshman, Consultant in Public Health Medicine
Adele McCormack, Commissioning and Contracting Lead for Adult Mental Health and Learning Disabilities, CCG
Marek Zamborsky, SRO Mental Health, Learning Disabilities, Children and Section 117
Members of the Public

GB19/175 Welcome and Introductions

The Clinical Chair welcomed everyone to the meeting and introductions were made round the table.

The Clinical Chair took the opportunity to thank Dr Christopher Scrase for his contribution to the Governing Body as Secondary Care Doctor over the last three years, advising the Governing Body that this was his last meeting after coming to the end of his tenure.

Agenda Item 1 – Patient Focus

GB19/176 Patient Story

The Governing Body was shown a video for the Patient Story this month. The video was about Granta Medical Practice and the Group Consultations they had been offering their pre-diabetic patients for the last six months. These sessions were offered to people at risk of developing diabetes and gave lots of advice and tips for managing diet. The patient interviewed in the video commented on how welcoming the sessions were and the good advice she had received. The Governing Body noted that there was a huge evidence base regarding the good

work from Group Consultation and that the peer support from these sessions was good too.

David Finlay asked if patients kept in contact with each other to share their experiences. Carol Anderson advised that this Group was run by Granta and the CCG also continued to support people. She said lots of patients went on to facilitate future sessions.

Jan Thomas commented that this seemed like a good thing to do and could see all the benefits. She asked how far the CCG could go with this kind of model. Dr Mark Brookes said his Practice did not do any of this as they had not had time to learn how to run these sessions properly but was hopeful that this could be done better as a system going forward. Dr Adnan Tariq advised that his Practice offered this, and it came from the passion of one of their Diabetic Nurses as a preventative measure. He said in the long run it would be good for Primary Care Networks to look to run these for patients outside of working hours. The Clinical Chair said he thought this could be part of extended hours as many of these groups were facilitated by Health Care Assistants or other patients, using peer support and peer pressure. He said this was definitely an area that should be explored more. Jan Thomas commented on the Sustainability and Transformation Programme (STP) Diabetes Strategy that went to the STP Board and asked if this was one of the models included in there. Carol Anderson said this was not the case and that it used the more traditional DESMOND Programme. Dr Raj Lakshman commented on online peer support and asked if this could be offered to those unable to attend these group sessions in person. The Clinical Chair said people with Long Term Conditions currently only spent about 1.5 hours per year with a health professional so this could help to improve this. Jan Thomas asked if the CCG should mandate this group therapy. Carol Anderson agreed with this approach.

The Governing Body **noted** the Patient Story.

GB19/177 Patient Reference Group Overview Report

The Governing Body received the Patient Reference Group (PRG) Overview Report. This paper linked to Corporate Objective 1, Ensure clear patient voice in everything we do and Corporate Objective 3, Use data and information to prove everything. The paper also linked to the following risk on the CCG Assurance Framework and Risk Register: CAF01, Risk to maintaining robust CCG Governance Arrangements (currently rated as 16 Red).

Nikki Pasek, Chair of the PRG presented the paper and advised that the PRG had discussed the Big Conversation and how the biggest uptake could be achieved. It was noted that PRG Members had been involved in promoting the Big Conversation out in communities. The PRG had also received an update from the Discharge Planning Team and they were keen to hear about the plans to achieve effective discharge from hospitals. Nikki Pasek advised that at the end of each PRG meeting, Members were asked if they had anything specific they wanted her to raise at Governing Body. This month members had asked her to highlight their significant ongoing concerns about growth in Cambridgeshire and Peterborough and the impact this would have in future on services.

The Governing Body **endorsed** and **noted** the approved minutes of the Patient Reference Group held on 4 July 2019 and 5 September 2019.

Agenda Item 2 – General Issues

GB19/178 Apologies for Absence

Apologies for absence were received from Louise Mitchell, Dr Liz Robin, Dr Sripat Pai, Dr Jane Collyer and Jane Webster.

GB19/179 Declarations of Interest

The Governing Body noted the Standing Declarations of Interest.

GB19/180 Notification of Any Other Business

There were no items of any other business to be discussed during the meeting.

GB19/181 Minutes of the Last Meeting

The minutes of the Governing Body Meeting in Public held on 1 October 2019 were **agreed** as an accurate record.

GB19/182 Matters Arising – Action List

The Action List was updated and is appended to the minutes. Any new actions from this meeting would be added.

The Clinical Chair advised that in terms of the CCG Constitution, NHS England had come back to the CCG with some minor clarifications including the need to re-name the role of Vice Chair as Deputy Chair.

Agenda Item 3 – Quality Accounts

GB19/183 Royal Papworth Hospital NHS Foundation Trust

The Governing Body welcomed Dr Roger Hall, Medical Director, Royal Papworth Hospital NHS Foundation Trust. The Clinical Chair congratulated the Trust on its Outstanding rating and said Papworth was the first Trust to get this rating for all five areas of the Care Quality Commission's standards. Dr Roger Hall said the Trust did not get to this stage overnight and it had taken decades of working towards excellence.

Dr Roger Hall gave a presentation outlining some highlights from the Trust such as the Trust carrying out a whole lung removal under local anaesthetic. Turning to the Quality Accounts, Dr Roger Hall started with Priority 1, Quality Improvement and Safety Projects and that the Trust had wanted to reduce falls rates. The Trust had now moved to its new hospital with single rooms for these patients. Dr Roger Hall advised that implementing red to green was an ongoing challenge. He said there had been too many red days and work needed to be done to understand this.

Moving onto Priority 2, Improve Communications with Patients and Relatives, Dr Roger Hall advised that these figures were met in the old hospital. He said

the Integrated Performance Report included data on safer staffing which looked to ensure patients were looked after safely. Work was ongoing to reduce complaints. Dr Roger Hall referred to the Patient Story the Governing Body heard at the beginning of the meeting and advised that Papworth also use this at their meetings. He outlined a recent story where a patient was treated for aortic stenosis and in retrospect he wondered if this was the right thing to do given the impact on this patient's life. He said it was important to direct frail patients to the most effective treatment and sometimes a lesser treatment was the better way to go.

Dr Roger Hall continued to talk about Priority 3, Improve Vacancy Rates. The Trust had been through a difficult time with staff feeling unsettled due to the move to the new hospital site. Previously the Trust had had stable, long standing staff and the move had caused a bit of churn. He said a successful recruitment timeline was in place but there was concern about the turnover.

Looking at Priority 4, Moving the Hospital, Dr Roger Hall noted this was not an easy task, but was well planned with 1200 lines in the action plan to move. Every eventuality was planned for and patients were all moved safely in one day with the assistance of the East of England Ambulance Trust. He advised that the first heart transplant was completed within 2 days of the move. Dr Roger Hall briefly talked about Priority 5, Engage with staff for a safe move.

Turning to plans for the future, it was noted that there was an emphasis on the utilisation of the new hospital whilst being mindful of their place in the system. Dr Roger Hall said there was work to be done to reduce red bed days. There was work underway on a Rapid STEMI pathway and plans to develop a suite of pathways to mimic this. Dr Roger Hall said Papworth was a Lorenzo exemplar and commented that electronic systems in hospitals were a mixed blessing. The Trust had achieved quality improvements through the ability of the systems at Papworth (Lorenzo) and Cambridge University Hospitals NHS Foundation Trust (EPIC) to link with each other.

David Finlay congratulated Dr Roger Hall and commented that the public expected quality of care in hospitals. Others had not been able to achieve what Papworth have and asked what the one or two factors why Papworth had achieved what others had not. Dr Roger Hall said the quality focus came from measuring outcomes and this was in line with expected risk and there was an indicators embedded culture.

The Clinical Chair thanked Dr Roger Hall for his presentation which was **noted** by the Governing Body.

Agenda Item 2 – General Issues (continued)

GB19/184 Accountable Officer's Report

The Governing Body received the Chief Officer's Report. This paper linked to all the CCG's Corporate Objective's: Corporate Objective 1, Ensure clear patient voice in everything we do; Corporate Objective 2, Deliver improvements that make best use of the public pound and save system 'cost'; Corporate Objective 3, Use data and information to prove everything; Corporate Objective 4; Deliver the prioritised performance standards; Corporate Objective 5, Deliver the six transformation programmes; and Corporate Objective 6, Deliver the

CCG Financial Plan. The paper also linked to the following risks on the CCG Assurance Framework & Risk Register: CAF01, Risk to maintaining robust CCG Governance Arrangements (currently rated as 16 red); CAF02, Failure to achieve the 2019/20 planned deficit of £75m as agreed with NHS England (currently rated as 20 red); CAF04, Risk to Delivery of QIPP Plan (transformation) (currently rated as 16 red); CAF09, Failure to deliver Operational Plan Objectives (excluding QIPP & Finance) (currently rated as 16 red); and CAF13, Failure to prepare adequately for an EU Exit (currently rated as 12 amber).

Jan Thomas presented the paper, summarising the financial position as set out in the Integrated Performance Report. The CCG's year to date position at the end of month 6 was £1.9m adverse to plan and had not deteriorated from the reported month 5 position. The CCG was still forecasting delivery of the £75m deficit plan, but the forecast position still included significant risks. The Governing Body was advised that Peterborough City Council had launched its Budget Consultation to be reviewed by the CCG Strategy and Planning Committee to consider any impacts on the NHS. The CCG was awaiting the launch of the Cambridgeshire County Council Budget Consultation and the CCG response would be circulated to the Governing Body in due course.

In terms of quality, the CCG continued to have concerns around North West Anglia Foundation NHS Trust and was working with them to ensure remedial action plans were in place. One of the biggest issues was A&E performance. Turning to the Operational Delivery Key Milestones Plan, Jan Thomas advised that this had been updated through the Integrated Performance and Assurance Committee with changes made and approved there. This was referred to as Appendix A in the paper and copies were available from the CCG Secretary.

Jan Thomas updated the Governing Body on the response to the CCG's Big Conversation where 2368 questionnaires had been received so far and there were some strong themes coming through. There were six weeks of the process remaining and everyone should be promoting it to ensure the widest response. She added that the CCG had commenced work on the plan for 2021. Jan Thomas said she anticipated that with the activity plan and getting input from senior leadership early on, the CCG should be able to get the roadmap out early.

The Clinical Chair referred to all the hard work that had gone into the updated CCG Constitution and thanked Sharon Fox and her team for that. He welcomed Stephen Mitcham, CCG Lay Member to his first meeting of the Governing Body and noted that the CCG had not yet appointed to the Secondary Care Doctor post but would keep the Governing Body updated on this. The Clinical Chair added that there would also be a Local Medical Committee election process for the two GP Member posts which would become vacant on 31 March 2020.

Jan Thomas took the opportunity to congratulate the Clinical Chair on his appointment as Vice Chair of the Royal College for GPs as the External Affairs Lead. She said this gave the CCG support for the work being done in Cambridgeshire and Peterborough and brought experiences back in. It was noted that whilst on this secondment the Clinical Chair would be reducing some of his CCG hours. Jan Thomas added that this was a National post and the CCG was delighted with the appointment.

Dr Mark Brookes commented on the number of GP practices that had been rated as Inadequate or Requires Improvement at 1 in 7 against a national average of 1 in 20. He asked why this was and whether it was down to changes in the CQC local inspection process or whether these Practices were genuinely failing. Carol Anderson said she shared these concerns and the CCG was learning from other areas, including evolving dashboards and picking up on human intelligence. She advised that there was anecdotal information that the CQC had changed its stance. Carol Anderson said that there were processes in place that should moderate this if things were being done differently in some places than others. Dr Mark Sanderson said a workshop had taken place with NHS England, Healthwatch and the CQC regarding a couple of the Inadequate practices. He said he shared the same concerns highlighted and commented on the different approaches in Peterborough in terms of poor leadership and management. Some of the actions coming out were about how organisations work together more to be proactive. He said there was a lot of work to be done to support practices but at times practices did not always engage with their partners. He said there was a discussion to be had about creating primary care peer support. Jan Thomas commented on the good discussion about inequalities and how Primary Care Networks were ranked by inequalities. There was work to do in terms of demographics and the CQC and how to overlay this with the PCNs.

Jessica Bawden advised the Governing Body that the Communications Team was receiving lots of queries about pre-election guidance and noted that the CCG was half-way through the Big conversation now. She highlighted that this work was not about making decisions or changing surveys and the process would continue through the pre-election period.

David Finlay commented on finance and that it was encouraging that risks were reducing. He said there was still significant work to do to find savings to mitigate the risks and asked if this timing issue had been taken into consideration. Louis Kamfer advised that at month 6, there were three things the CCG was doing: financial recovery plan, savings and the system response to this. There was a need to focus on the wider position and do additional things to close the gap. David Finlay added that he was pleased action was being taken and said the next couple of months were critical. Jan Thomas said the one thing that worried her was the Financial Recovery Plan and moving forward on the actions to ensure the CCG moved forward in financial sustainability. Jan Thomas commented on the potential volatility in prescribing and the vast differences in price but that the Medicines Optimisation Team was staying on top of this. She said it was important to have these conversations in Assurance Meetings with NHS England. Louis Kamfer commented on the EEAST contract last year and that the CCG lost the arbitration case and that there was clear understanding on this from the Regulators now.

The Clinical Chair thanked Jan Thomas for her report and said it reflected the huge amount of work going on for the CCG.

The Governing Body is asked to note the Accountable Officer's Report. The Governing Body **endorsed** Version 4 of the Operational Delivery Key Milestones Plan and **formally ratified** the appointment of Stephen Mitcham as Lay Member for Assurance.

GB19/185 CCG Assurance Framework and Risk Register

The Governing Body received the CCG Assurance Framework and Risk Register (CAF) which sets out the high-level organisational risks that could potentially have an impact on the CCG and its ability to deliver its responsibilities. This paper links to Corporate Objective 3, Use data and information to prove everything and Corporate Objective 6, Deliver the CCG Financial Plan. The paper also linked to the following risk on the CCG Assurance Framework and Risk Register: CAF01, Risk to maintaining robust CCG Governance Arrangements (currently rated as 8 Amber).

Sharon Fox presented the paper and advised the Governing Body that the CCG discussed this document extensively in sub committees. She advised that the CCG Assurance Framework and Risk Register set out the strategic risks to deliver the corporate objectives and had been subject to change since it was discussed by the Audit Committee. There were several risks that had a reduced score. In terms of emerging risks, these were highlighted in the paper and were around the Health Analytics Business Intelligence Programme coming to its end in June and a Risk Analysis was being undertaken on this. It was noted that the Chief Officer Team had agreed to raise a risk around the PAS system at North West Anglia Foundation Trust and this would be added to the next iteration of the CAF. In terms of feedback from the Audit Committee, Sharon Fox advised that the Team had been asked to provide narrative between the current score and the target score.

David Finlay referred to the Financial Reporting Council and a recent announcement on the focus on medium term risks. He commented on the risks that could have an impact on the business model in future. He said the CCG was well along this path as it already had the Strategy and Planning Committee in place as well as the Long Term Plan. Given this announcement, he thought it was good to bring this to the CCGs attention. Julian Huppert said it would be interesting to start thinking about horizon scanning in that way. He commented that this framework was not appropriate and would like to feedback for this to be adjusted. In terms of catastrophic risk, this would be death and death would happen in hospital. He said the way the colours were set up in this framework were badly done. However, he added that the CCG was starting to use the CAF better but was limited by the set up. He said if you follow the set up, it drew attention to the wrong things and needed to be realistic.

The Governing Body discussed the current CAF **noted** the areas where further assurance was required on the actions in place to mitigate risks.

Agenda Item 4 - Strategy

GB19/186 Eating Disorder Bid

The Governing Body received a paper on the Eating Disorder Bid. This paper linked to Corporate Objective 3, Delivering national must dos and service priorities set out in the National Planning Guidance and Corporate Objective 4, Ensuring clear oversight of patient safety and quality. The paper also linked to the following risks on the CCG Assurance Framework and Risk Register: CAF05, Potential for poor quality, safety and patient experience in the services that the CCG commissions in primary, community and integrated care (currently rated as 16 Red) and CAF10, Risk that GP providers will fail to engage with the

proposed system changes and development of neighbourhoods across the STP footprint (currently rated as 4 Yellow).

The Clinical Chair highlighted that all GP Members of the Governing Body declared an interest in this item. He welcomed Adele McCormack, Commissioning and Contracting Lead for Adult Mental Health and Learning Disabilities, Marek Zamborsky, SRO Mental Health, Learning Disabilities, Children and Section 117.

Adele McCormack advised the Governing Body that a bid was submitted for adult eating disorder services which was within national guidance. This bid was made and accepted, subject to going through the relevant governance processes. This bid gave transformational monies for the pilot. The key features of the bid were the removal of referral thresholds and working with primary care to ensure an integrated model. This included lots of work around early intervention, mortality and morbidity. Adele McCormack advised that as based on national guidance, there was need for wider education within the system to reduce harm for this disorder and particular areas of focus were outpatients and university students. The CCG was also working alongside the children's pathway to ensure good transition. The purpose of the report to the Governing Body was to request acceptance of these transformational monies.

Jan Thomas commented that the CCG team had been through some challenges around this and there had been multiple conversations. She advised that there were inquests going on related to eating disorder deaths. She asked if it would be possible to adapt the model if there were any recommendations from the inquests. Adele McCormack advised that as these were transformational monies the CCG would be able to do that. Marek Zamborsky advised that in addition to this, learning from Serious Incidents had been incorporated from quality team colleagues. Carol Anderson advised that there had been long conversations with the Royal College of Psychiatrists and the model needed to be flexible. Jan Thomas asked if this counted against mental health investment for 2021 and beyond.

Julian Huppert welcomed this important work and commented on the various good outcomes detailed but highlighted the importance of being able to recognise if something does not work. He asked if there would be enough data to say whether something was working or not. Adele McCormack said the plan within the next two years was to provide an update on the service to the Chief Officer Team to ensure it was delivering value of money and the recommendations set out. Dr Raj Lakshman asked how many patients this involved and how it linked to children's services. Adele McCormack advised that there was an all ages steering group to ensure there was seamless transition between children and adults. The Clinical Chair commented that this was an important area that had been difficult to manage in primary care and was important to be engaged with.

The Governing Body **approved** the bid (retrospectively) and accepted it if successful. The Governing Body **approved** the funding of the new transformed Adult Eating Disorder service recurrently, from the year 2021/22 (Y3).

GB19/187 Special Educational Needs and Disabilities (SEND) Update

The Governing Body received an update paper on Special Educational Needs and Disabilities (SEND). This paper linked to Corporate Objective 1, Ensure clear patient voice in everything we do; Corporate Objective 2, Deliver improvements that make best use of the public pound and save system 'cost'; and Corporate Objective 3, Use data and information to prove everything. The paper also linked the following risks on the CCG Assurance Framework and Risk Register: CAF 01, Risk to maintaining robust CCG Governance Arrangements (currently rated as 8 Amber); CAF 05, Potential for poor quality, safety and patient experience in the services that the CCG commissions in primary, community and integrated care (currently rated as 16 red); and CAF 06, Failure to meet National Framework for NHS Continuing Healthcare & NHS funded Nursing Care compliance (Children's continuing care Framework) (currently rated as 16 red). Karlene Allen was in attendance and presented the paper. She advised the Governing Body that the report summarised the current CCG position following the SEND inspection in Peterborough and the subsequent requirement for a joint Written Statement of Action (WSOA). The report also highlighted implications for key areas of work and the proposed steps to recover local performance and create a sustainable solution. Karlene Allen advised that earlier in the year the CCG went through a failed inspection for SEND services. This was off the back of the Family and Children's Act where the CCG has the obligation to work with partners to support children up to the age of 25 with SEND needs. As part of the inspection, the CCG fell down on joint commissioning and the Designated Clinical Officer (DCO) role due to stretched resource. A written statement was in place to address the concerns and working groups had been established to work through the actions. Five workstreams had been identified as part of this: Joint Commissioning; DCO Role; Quality Assurance; 18-25 cohort; and Access to Services.

Carol Anderson advised that a Written Statement of Action was required by 16 November and she thanked Karlene Allen and her team for their work on this. Carol Anderson commented that she was not happy with the removal of some of the health elements written into the plan and she had had further conversation with the Local Authority to reinstate some of these elements.

Carol Anderson asked for an additional recommendation to be added to the recommendations for the Governing Body already set out:

- To delegate authority to the Chief Nurse and Accountable Officer for formal approval of the Written Statement of Action prior to submission to the Care Quality Commission/Ofsted.

Carol Anderson advised that an update would then be provided to Governing Body after 16 November for information.

Nikki Pasek commented on assurance regarding the work being done around conversations about children with parents as lots of SEND focussed on more common issues that children had. She said this should not just be focussed on autism. Karlene Allen advised that there was a wider SEND strategy in place that targeted all areas of disability and pockets of inequity. Carol Anderson said the CCG was seeing more parents going to tribunal and the more the CCG could do to get early support had to be for children, parents and services.

Stephen Mitcham asked where the follow up was done, including Key Performance Indicators (KPI)s. Carol Anderson said this would be through the Integrated Performance and Assurance Committee. She also agreed to bring regular updates to the Governing Body.

The Governing Body **noted** the findings of the OFSTED and Care Quality Commission inspection; **noted** the timelines for Written Statement of Action submission; **endorsed** the SRO/sponsor role for SEND with capacity to attend relevant meetings; and **agreed** to delegate authority to the Chief Nurse and Accountable Officer for formal approval of the Written Statement of Action prior to submission to the Care Quality Commission/Ofsted.

GB19/188 Strategy & Planning Committee Overview Report

The Governing Body received the Strategy & Planning Committee Overview Report. This paper linked to all the CCG's Corporate Objective's. the paper also linked to the following risks on the CCG Assurance Framework and Risk register: CAF01, Risk to maintaining robust CCG Governance arrangements (currently rated as 8 amber).

Dr Julian Huppert, Chair of the Committee presented the paper and advised the Governing Body that over the past couple of meetings, the Committee had received presentations from two thought provoking speakers. Mary Dixon-Woods talked about the 'lovely baby problem' where people often continue with good things, they'd done rather than properly measuring their effectiveness. She had said people should be much more comfortable about failure as a good thing rather than continuing something that doesn't work. Mary Dixon-Woods had talked about how many measures there were in the NHS and safer maternity units. Dr Julian Huppert said a big take away from her was how the CCG measured what it does and how to be more critical of demand management.

Another speaker the Committee had invited were representatives from Nesta, a national innovation body originally funded by the National Lottery. This focussed on how to grow at scale and embed things. They talked about the Biomedical Bubble, biomedical health and treatments and scenario planning. One element of Nesta's work was the 100 Day Challenge that they worked on with Mid Essex which focussed on one thing in a short timescale. This looked at whole system change and doing it quickly. Dr Julian Huppert said one thing this looked at was a 24% reduction in A&E attendance and the CCG would welcome doing the 100 Day Challenge. He advised that Sir Professor Michael Marmot was speaking at the next meeting and the Committee had extended the invitation to others in the CCG and to system leaders.

Carol Anderson commented on the 100 Day Challenge as she was involved in this when she worked in Mid-Essex. She said this needed to be owned and led by the whole system to be most effective. This took away any 'them and us' between organisations and was about multidisciplinary teams in their widest form looking at the patient. She commented on one patient that was a frequent flier and had had 25 attendances in A&E and had now gone 309 days without being admitted to hospital. This 100 Day Challenge had helped people become self-sustaining. Dr Julian Huppert said he was keen to plug this to try and do it within the CCG.

The Governing Body **noted** the report.

GB19/189 Optimise RX

The Governing Body received a paper on Optimise RX which was a Prescribing support Tool purchased by the Medicines Optimisation Team and the three-year contract was due for renewal. This paper linked to Corporate Objective 2, Deliver improvements that make best use of the public pound and save system 'cost'; and Corporate Objective 6, Deliver the CCG Financial Plan. The paper also linked to the following risks on the CCG Assurance Framework and Risk Register: CAF 02, Failure to achieve the 2019/20 planned deficit of £75m as agreed with NHS England (currently rated as 20 Red).

Dr Mark Sanderson presented the paper. He advised the Governing Body that Optimise RX was a software package used in primary care. It linked to electronic patient record systems to help clinicians make prescribing decisions about the drugs they used. It alerted and warned clinicians where they should not be using a particular drug or if there were newer versions or drugs that were better/cheaper. There was currently a three-month extension to the contract in place. It was noted there were two software packages that did the same things: Scriptswitch and Optimise RX. Following the experience of users and the Medicines Optimisations Team, Optimise RX was deemed to be the preferred option. Dr Mark Sanderson advised that the cost associated with this software was effectively the same and outlined the figures as set out in the paper.

Dr Julian Huppert asked about best practice. Dr Adnan Tariq commented on the ability to override the system as some patients could not afford some medicines and also when the GP might know there were several different drugs but only one available locally. The Clinical Chair said the same questions were raised at the Integrated Performance and Assurance Committee and said a lot of the time people preferred their own best practice. Particularly in instances when they knew their patient could not tolerate a coating on one particular tablet and this negotiation was needed. He said the figures were better than the national average, but it was a low bar. Dr Julian Huppert said this could be used to see if there were some people going against best practice. Dr Mark Sanderson said he could bring back some information on this. The Clinical Chair said the Medicines Optimisation Team was doing well with its System-Wide Out of Stock Working Group (SWOOSWG).

The Governing Body **approved** investment of c.£300,000 per annum over the next 3 years (31p/patient/year) for continued delivery of safety and cost avoidance interventions at the point of prescribing through the OptimiseRx system. (Termination of the contract yearly is an option with a 3-month notice period). The Governing Body **approved** moderate additional investment, £2,500 one-off set up costs per site for 6 OOH sites listed in Section 5, to support the use of the OptimiseRx profile to deliver relevant safety and cost avoidance interventions to our patients when they attend out of hours services. The Governing Body **noted** the NHS SBS Framework which removes the requirement for NHS organisations to run costly individual procurement exercises, saving significant time and resource.

GB19/190 Commissioning Intentions – Strategic Document

The Governing Body received a paper outlining the CCG's Commissioning Intentions Strategic Approach. This paper linked to all the CCG's Corporate Objectives. It also linked to the following risks on the CCG Assurance Framework and Risk Register: CAF01, Failure to ensure robust governance arrangements (currently rated as 8 Amber).

Sue Graham presented the paper and took it as read. She advised that amendments to presentation and grammar were to be done and feedback from Healthwatch had been included which was around being explicit about listening to patients outside of the BIG Conversation.

The Governing Body **approved** the CCG's Commissioning Intentions Strategic Approach and **endorsed** the commissioning intentions.

Agenda Item 5 - Operations

GB19/191 Integrated Assurance and Performance Committee Overview Report

The Governing Body received the Integrated Assurance and Performance Committee Overview Report. This paper linked to all the CCG's Corporate Objectives. It also linked to the following risks on the CCG Assurance Framework and Risk Register: CAF 01, Risk to maintaining robust CCG Governance Arrangements (currently rated as 8 Amber); CAF 02, Failure to achieve the 2019/20 planned deficit of £75m as agreed with NHS England (currently rated as 20 Red); CAF 05, Potential for poor quality, safety and patient experience in the services that the CCG commissions in acute care (currently rated as 16 Red; and CAF 06, Potential for poor quality, safety and patient experience in the services that the CCG commissions in primary, community and integrated care (currently 16 (R). David Finlay, Chair of the Committee presented the paper which summarised the meeting held on 29 October 2019. He took the paper as read and highlighted that the Committee was increasingly focussed on having quality data for the CCG's prioritised performance areas and work was ongoing to ensure this was the most up to date data and the interpretation of that. He assured the Governing Body that the Integrated Performance Report had been discussed in detail by the Committee. The Clinical Chair referred to the recommendations of the Joint Prescribing Group and the Clinical Policies Forum and acknowledged all the work that happened behind the scenes.

The Governing Body **endorsed** the work of the Committee, **noted** the contents of the Overview Report and **noted** the approved minutes of the meetings held on 28 August and 24 September 2019. The Governing Body **formally ratified** the recommendations from the Cambridgeshire and Peterborough Joint Prescribing Group and **formally ratified** the updated Exceptional and Individual Funding Request Policy. The Governing Body **formally ratified** the CCGs updated Safeguarding Children Policy.

GB19/192 Integrated Performance Report

The Governing Body received and **noted** the Integrated Performance Report.

GB19/193 Complex Cases Services Team Update Quarter 2

The Governing Body received an update paper on the Complex Cases Services Team which provided an update on progress in terms of statutory and organisational requirements. This paper linked to all the CCGs Corporate Objectives. The paper also linked to the following risks on the CCG Assurance Framework and Risk Register: CAF02, Failure to achieve the 2019/20 planned deficit of £75m as agreed with NHS England (currently rated as 20 Red); and CAF06, Failure to meet National Framework for NHS Continuing Healthcare and NHS funded Nursing Care compliance (currently rated as 16 Red).

Carol Anderson presented the paper, taking it as read. She advised the Governing Body that performance to meet the 28-day assessment process had fallen again and this was partly due to the vast number of referrals the CCG had received. This was being led by a long-term agency nurse who was no longer working with the CCG. Interviews for this post would take place this week and Carol Anderson said she was pleased with the calibre of applications. It was noted that seven nurses would be interviewed for three posts. This was to reduce agency spend. David Finlay commented on the need to encourage a change in behaviour on this and the Clinical Chair said this would be picked up in the next paper to the Governing Body.

The Governing Body **noted** the update in relation to the NHSE nationally mandated requirement to achieve at least 80% of eligibility decisions are made within 28 days from receipt of checklist; the NHSE nationally mandated requirement to achieve less than 15% of Decision Support Tools are completed in an acute setting (through locally agreed discharge to assess Care Needs Test pathway). The Governing Body **noted** the need to review all NHS Continuing Healthcare patients and **noted** the delivery of the Improvement Plan and the target to achieve business as usual status.

GB19/194 NHS Continuing Healthcare Referral Source and Outcomes

The Governing Body received a paper on NHS Continuing Healthcare (CHC) Referral Source and Outcomes. This paper linked to all the CCGs Corporate Objectives. The paper also linked to the following risk on the CCG Assurance Framework and Risk Register: CAF06, Failure to meet National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care compliance (currently rated as 16 Red). The paper gave a summary of CHC referral source, activity and outcomes of referrals (eligibility) for the period April 2019 – August 2019.

Carol Anderson advised the Governing Body that the Accountable Officer had requested a Deep Dive into CHC in terms of the money and deteriorating position. It was noted that the CCG had always been a significant outlier in terms of referrals and this report identified these numbers. Looking at the eligibility rate, this was lower than average but was only lower due to the number of referrals being processed. Carol Anderson advised the Governing Body that 616 checklists had been submitted, noting that anyone can submit a checklist: families, patients or carers in nursing homes etc. 67% were from 4 organisations and this was not a surprise. In terms of the process to assess eligibility, there was a full assessment and admin task which was a time-consuming process. There was a need for education in terms of the people submitting the checklists. Carol Anderson advised that this was always the

path of least resistance. Many of these were actually patients needing funded nursing care. People were being encouraged by organisations to submit a checklist when they knew what the outcome would be. Carol Anderson advised the Governing Body that this process tied up a whole team of five nurses working through the checklists and nothing else happened to the patient in that time. Many of these were referred back to the Local Authority. There were 10 patients that needed a change in pathway, 10 were withdrawn due to being submitted without consent, some were medically deferred, 29 were not appropriate and 16 patients died by the time they were assessed and these should have gone through the Fast Track process.

Carol Anderson advised the Governing Body that 15% of all referrals were negative with some organisations not using this process in the appropriate manner and were just using this as the path with least resistance. Each time this process is used, a patient and their family get their hopes raised and that they have a shot at funded care. After a negative answer, there would be an appeal process. Carol Anderson advised that some patients had been assessed on three occasions with the same result. As a result of the issues highlighted, Jan Thomas had reached out to the Health and Care Executive (HCE) for support to reduce the number of referrals to the CCG and more work was being done with the Local Authority. This paper would be submitted to the HCE to see the numbers themselves. It was noted that training across the patch had been reinstated and the CCG was considering only accepting referrals from practitioners that had been accredited by the CCG.

Jessica Bawden commended the paper which was very clear. Dr Julian Huppert agreed and asked how much of the problem in the previous paper would be addressed by this. Carol Anderson said a significant amount, as the two teams of 15 people were solely doing this. This could also be addressing the 28 day issue.

The Clinical Chair commented that this was sharp business practice but in terms of patient outcomes it was necessary. He suggested asking for support to go to the STP Board about this as there was a need to push forward on this. He said he would like to see an increased impact for patients and families as currently, this was a poor patient experience.

The Governing Body **noted** the data relating to referral source and CHC eligibility outcomes; **supported** the request to share this data set with the STP Board; and **agreed** to request to the STP Board to agree a system approach in applying alternative strategies in managing demand.

GB19/195 Winter Plan

The Governing Body received a paper on Winter Planning for 2019/20. The paper linked to the following Corporate Objectives: Corporate Objective 1, Delivering the Improvement Plan for 208/19 and beyond; Corporate Objective 3, Delivering national must dos and service priorities set out in the National Planning Guidance; Objective 4, Ensuring clear oversight of patient safety and quality; and Corporate Objective 5, Ensuring robust governance arrangements are in place to ensure the CCG delivers its statutory duties. The paper also linked to the following risks on the CCG Assurance Framework and Risk Register: CAF 02, Failure to achieve the 2019/20 planned deficit of £75m as agreed with NHSE (currently rated as 20 Red); and CAF 04 / CAF05, Potential

for poor quality, safety and patient experience in the services that the CCG commissions (currently rated as 16 Red). Matthew Smith presented the paper which advised that the CCG had been working with partners to develop the System Winter Plan for 2019/20. This was built on the learning from last winter across the system and within individual organisations. The Draft plan had been submitted to NHS England and further discussions would take place with the regulators.

The Clinical Chair said this had been discussed at length at the Integrated Performance and Assurance Committee. He referred to 2.2.5 of the paper, demand management which had negative connotations. This was about getting people to the right place at the right time.

The Governing Body **approved** the plan, subject to any further amendments or additional information required.

Agenda Item 6 – Governance

GB19/196 Primary Care Commissioning Committee Overview Report

The Governing Body received the Primary Care Commissioning Committee Overview Report. This paper linked to all the CCGs Corporate Objectives. The paper also linked to the following risk on the CCG Assurance Framework and Risk Register: CAF05, Potential for poor quality, safety and patient experience in the services that the CCG commissions in primary, community and integrated care (currently rated as 16 Red).

Nikki Pasek, Chair of the Committee presented the report noting the celebration of success from a recent award achieved by the CCG's GP Nurse Lead. The Clinical Chair commented on the significant amounts of money coming down from the STP. He referred to 2.5 in the paper and support for GP trainers. This related to Primary Care Network development. Dr Mark Sanderson advised that there would be further allocations over the next four years.

The Governing Body **endorsed** the work of the Primary Care Commissioning Committee.

GB19/197 Audit Committee Overview Report

The Governing Body received the Audit Committee Overview Report. This paper linked to Corporate Objective 3, Use data and information to prove everything. The paper also linked to the following risk on the CCG Assurance Framework and Risk Register: CAF 1, Risk to maintaining robust CCG governance arrangements (currently rated as 8 Amber).

Dr Julian Huppert presented the paper, noting that the word 'except' on page 2 of the letter from the External Auditors should be removed. Turning to page 3 of the Letter, it was noted that the reason for the value for money conclusion was due to having to achieve the Control Total set by NHS England.

Jan Thomas commented on the auditor's report and advised that she had emailed the Locality Director to ask for clarity on how the legal directions could be lifted. Dr Julian Huppert said this was helpful as the CCG wanted to get out of this cycle.

The Governing Body **noted** the overview report of the last Audit Committee meeting held on 15 October 2019; **noted** the approved minutes of the meeting held on 16 July 2019; and **noted** the final Annual Audit Letter 2019. The Governing Body **approved** the Audit Letter subject to the two points raised.

GB19/198 Remuneration & Terms of Service Committee Overview Report

The Governing Body received the Remuneration & Terms of Service Committee Overview Report. This paper linked to Corporate Objective 3, Use data and information to prove everything. The paper also linked to the following risk on the CCG Assurance Framework and Risk Register: CAF01, Risk to maintaining robust CCG Governance Arrangements (currently rated as 8 Amber).

Dr Julian Huppert presented the paper which gave an update on the Committees discussions around appraisal, sickness, staff turnover, future accommodation strategy and bullying. He advised that the Committee received regular information about HR casework which suggested that every case was ongoing and there were no capability issues within the CCG. Dr Julian Huppert said he was not certain this was the case. There were real concerns about how proactive the OD and HR process was at the moment.

Jan Thomas agreed and said she struggled to believe there were no open cases. She suggested that the actions and discussions were formalised. the Clinical Chair said if there were concerns regarding capability and there were concerns around the proactive nature, a formal escalation process needed to be established. It was agreed to report back on this in February 2020. Stephen Mitcham said there was a need to think about the staff agenda and morale issues. David Finlay commented that there should be an overview report to the Governing Body on staff issues. Stephen Mitcham said this could be a People Report. The Clinical Chair agreed and said this linked with the People Plan.

The Governing Body **endorsed** the work of the Remuneration and Terms of Service Committee and **noted** the overview of the meeting of the Committee meeting which met on 15 October 2019.

GB19/199 Any Other Business – Update on Joint Emergency Team

The Governing Body received a paper updating the Governing Body regarding the position of the Joint Emergency Team (JET) savings. This paper linked to Corporate Objective 2 – Deliver improvements that make best use of the public pound and save system 'cost'. The paper also linked to the following risk on the CCG Assurance Framework and Risk Register: CAF02, Failure to achieve the 2019/20 planned deficit of £75m as agreed with NHS England and the underlying deficit position of £45M deficit (currently rated as 20 red).

Louis Kamfer presented the paper advising that at the Governing Body in July 2019 looking at the under-utilisation of this service and had asked Cambridge and Peterborough Foundation Trust (CPFT) to reduce running costs of the service by 20%. He advised the Governing Body that the JET service was made up from a budget of £2m, however, it was difficult to determine what this does. He said the CPFT baseline picked this up and the reflected utilisation. The CPFT budget was showing different numbers. He said he was concerned that CPFT was charging the CCG and keeping overheads at 40%, therefore the CCG was consistently paying over rates. The paper outlined that the CCG had

a budget of £2,176k in the 2019/20 plan for JET spending outside of the core contract. In calculating the proposed saving of £441k, CPFT had assumed a budget of £1,964k, which was based on the 2018/19 spend. It was noted that the CCG had highlighted the difference to CPFT, but their latest savings proposal referred to the incorrect budget. Louis Kamfer highlighted the recommendation from the paper was to ask the Governing Body if it accepts the proposal from CPFT. He recommended that the forecast should be kept at the level as it was now and to continue to challenge the overrate charges.

Nikki Pasek questioned the non-recurrent savings and asked if this left the option to renegotiate next year. Louis Kamfer said the CCG had asked CPFT not to redesign the service in isolation as any redesign needed to be done as a system.

Dr Julian Huppert said he was concerned with CPFT's current position and commented on the non-pay element. He asked what the difference was between doing what Louis Kamfer suggests and accepting the paper. He asked if there was any disadvantage. Louis Kamfer said this was not the case. Jan Thomas said because this was a Governing Body decision it needed to come back here. She said to have 22% overheads on an NHS service, this did not look good from a public perspective. Jessica Bawden asked if there was any national benchmarking about overheads. Louis Kamfer advised that all systems had very different approaches.

The Chair summarised that the Governing Body wanted to take out 20% of JET's running costs and this should be pulled from the system rather than services and he was hearing a robust stance on this.

The Governing Body **rejected the recommendation** to confirm whether the proposed savings as set out by CPFT should be accepted as a response to the previous Governing Body recommendation. It was noted that the response received by CPFT did not deliver the full ask of the CCG Governing Body, by only addressing the under-utilisation and not the 20% reduction in Overheads. For reference, a 20% reduction of the £270k would be £54k. It was **agreed** to go back to CPFT to address this.

GB19/200 Agenda Item 7 - Questions from the Public

There were no questions from the public.

GB19/201 Date of the next meeting

The Clinical Chair confirmed the date of the next meeting as Tuesday 14 January 2019 in the Conference Room, Allia Future Business Centre, Peterborough United Football Club, London Road, Peterborough, PE2 8AN.

The Clinical Chair of the Governing Body thanked all for attending. The meeting closed at 17:35.

Gemma Keats
Corporate Governance Administrator
5 November 2019