

### CCG REPORT COVER SHEET

Meeting Title:	Governing Body in Public	Date: 14 January 2020								
Report Title:	Strategy & Planning Committee Overview Report	Agenda Item: 4.1								
Chief Officer:	Jan Thomas, Chief Officer									
Chair:	Julian Huppert, Lay Member and Chair of SPC									
Report Author:	Gemma Keats, Corporate Governance Administrator									
Document Status:	Final									
Report Summary:	This Report provides an overview of the latest meeting of the Strategy and Planning Committee held on 12 November 2019									
Report Purpose:	<table border="1"> <tr> <td>For Assurance</td> <td>x</td> <td>For Decision</td> <td></td> <td>For Approval</td> <td></td> <td>For Recommendation</td> <td></td> </tr> </table>	For Assurance	x	For Decision		For Approval		For Recommendation		
For Assurance	x	For Decision		For Approval		For Recommendation				
Recommendation:	The Governing Body is asked to note the contents of the report.									
Link to Corporate Objective:	Objective 1 – Ensure clear patient voice in everything we do	X								
	Objective 2 – Deliver improvements that make best use of the public pound and save system ‘cost’	X								
	Objective 3 – Use data and information to prove everything	X								
	Objective 4 – Deliver the prioritised performance standards	X								
	Objective 5 – Deliver the 6 transformation programmes	X								
	Objective 6 – Deliver the CCG Financial Plan	X								
CAF (Strategic Risk) Reference	Description of Risk <a href="#">CCC CAF</a>	Current Risk Score								
CAF01	Risk to maintaining robust CCG Governance arrangements	4 (Y)								
NHSE CCG IAF Links	IAF 1 Domain 1 - Better Health	X								
	IAF 2 Domain 2 - Better Care	X								
	IAF 3 Domain 3 - Sustainability:	X								
	IAF 4 Domain 4 - Leadership	X								
Resource implications:	N/A									
Chief Officer/ SRO Sign Off:	Jan Thomas, Chief Officer									
Chief Finance Officer Sign Off: (if required)	N/A									
Legal implications including equality and diversity assessment:	N/A									
Conflicts of Interest	In line with the CCG's Conflicts of Interest Policy									
Report history:	Prepared for Governing Body on 14 January 2020									
Next steps:	Overview of Committee work for information / assurance.									

**MEETING: GOVERNING BODY IN PUBLIC**

**AGENDA ITEM: 4.1 SECTION: STRATEGY**

**DATE: 14 JANUARY 2020**

**TITLE: STRATEGY & PLANNING COMMITTEE OVERVIEW REPORT**

**FROM: JAN THOMAS, CHIEF OFFICER &  
DR JULIAN HUPPERT, CCG LAY MEMBER & CHAIR OF  
COMMITTEE**

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## **1 ISSUE**

- 1.1 This paper presents a brief overview of the Strategy and Planning Committee (SPC) which met in November 2019.
- 1.2 The minutes of the meeting held on 8 October 2019 are attached at Appendix A.
- 1.3 The Committee met again on 7 January 2020. I will provide a verbal update of the outcomes at the Governing Body meeting on 14 January 2020.

## **2 KEY POINTS**

### **2.1. Guest Speakers**

As the Governing Body is aware, the Committee has agreed to invite a Guest Speaker to each meeting to enhance the discussions around the CCG's strategy and development of the CCG's future vision. The intention is that they should be interesting and provocative, to help us consider new and different ideas.

For the November meeting, the Committee welcomed Professor Sir Michael Marmot (Michael Marmot) to the meeting. He talked about life expectancy and strategies to reduce health inequalities and whether they actually worked. He commented on Council cuts and unfavourable environmental conditions and that there was a clear gradient there. He said social circumstances affected the environment, as well as greenspaces, air pollution, which was exceeding and resulted in poor adverse experience for children. He talked about air pollution in deprived areas and decent home standards, with low mental wellbeing in poor housing or poor condition of household dwellings. He talked about tax havens and if there was no tax avoidance, this could pay for the NHS. Michael Marmot talked about Coventry being a Marmot City, where Fire and Rescue Services were turned around. Coventry had had to say let's do the best we can with what we've got, and they took the Michael Marmot principles and applied them to the area. Michael Marmot said he had just completed commissioning across the America's and said when dealing with averages, it hides stuff. He said it is possible to get data at a Local Authority level but it is essential to get the disaggregation. Talking about targets within health inequalities in broader society, one of the problems was the

targets and then the short-term solutions that came afterwards. In health, people often talk about outputs and outcomes and there were certain outputs that needed to be right for other good things to follow; such as early childhood initiatives.

The upcoming 10-year review would have a focus on cities, and it was anticipated that it would engage a broader discussion. The Committee highlighted that the Marmot City was a good concept in cities, but the CCG's most deprived areas were in rural areas. Michael Marmot said he was looking at 'left behind' areas in the ten-year review and said it was important not to forget them.

Michael Marmot talked about work he had been involved with in the past and noted the six things GPs can do:

1. Education and training in social determinants of health
2. Seeing patient in broader context. Homelessness
3. Health service as an employer: conditions
4. Working in partnership.
5. Advocacy – how many people complain about making an appointment.
6. Measurement.

The Committee discussed the use of the term outputs and outcomes used within the CCG and the need to look at the CCG's strategy on drugs, alcohol and suicide and also children. The Committee discussed health inequalities and public health funding. The Committee discussed how it could use the Michael Marmot principles in future and made a commitment to establishing a Marmot Fund to take this forward.

## 2.2 Topics for Review and Discussion

During the November the Committee also considered:

- **Health Inequalities**

The Committee received a paper on Health Inequalities, providing an update on the development of the Cambridgeshire and Peterborough NHS Health Inequalities Strategy. It summarised the data that showed the current major inequalities and outlined the process for agreeing actions going forward.

- **Prevention Strategy**

The Committee received the draft Prevention Strategy which was first produced in 2015. This was an update to that Strategy and was based on three priority areas: Hypertension; Workplace health; and Smoking.

Outlined in the paper were two options going forward for this work and the Committee agreed to support Option A, that this should be developed as part of the Strategic Commissioning function. This would see better links with alliances and Primary Care Networks.

- **CCG Response to Local Authority Budget Consultations**

The Committee received a paper on the CCG's response to Local Authority Budget Consultations. There were currently five budget consultations going

on and there was further work to be done on the Cambridgeshire and Peterborough proposals and the impact on the CCG.

The Committee considered the budget cuts facing our local authorities and the impact on our services and endorsed the approach of formally responding to these consultations, working with the finance team and the Director of Clinical Outcomes in relation to quantified impacts.

### **3 RECOMMENDATION**

- 3.1 The Governing Body is asked to note the update from the latest meeting of the Strategy & Planning Committee.
- 3.2 The Governing Body is asked to endorse the Committee's decision to approve Option A, that this should be developed as part of the Strategic Commissioning function.
- 3.3 The Governing Body is asked to note the approved minutes of the Strategy & Planning Committee meeting held on 8 October 2019 attached at Appendix A.

**Author**            **Gemma Keats**  
**Corporate Governance Administrator**  
**31 December 2019**

**Appendix A – Minutes of Strategy & Planning Committee 8 October 2019**

## Appendix A

### MINUTES OF THE STRATEGY & PLANNING COMMITTEE HELD ON TUESDAY 8 OCTOBER 2019 AT 2.00 PM – 5.00 PM IN THE CEDAR ROOM, LOCKTON HOUSE, CAMBRIDGE

**Present:** Dr Julian Huppert, CCG Lay Member (Chair)  
Carol Anderson, Chief Nurse  
Jessica Bawden, Director of External Affairs & Policy  
Dr Mark Brookes, GP Member  
Dr Jane Collyer, GP Member  
Sharon Fox, Associate Director Corporate Affairs (CCG Secretary)  
Dr Fiona Head, Associate Director Clinical Outcomes, Population Health  
Strategy and Hosted Research  
Wanda Kerr, Deputy Chief Finance Officer  
Dr Sripat Pai, GP Member  
Dr Adnan Tariq, GP Member  
Jane Webster, Account Director (*by telephone*)

**In Attendance:** Gemma Keats, Corporate Governance Administrator, CCG  
Halima Khan, Executive Director, Nesta  
Dan Farag, Director, Nesta

#### 1 **Welcome and Introductions**

Dr Julian Huppert, Chair welcomed everyone to the meeting and introductions were made round the table.

#### 2 **Apologies for Absence**

Apologies for absence were received from Louis Kamfer, Louise Mitchell and Dr Mark Sanderson.

#### 3 **Declarations of Interest**

There were no declarations of interest related to the agenda.

#### 4 **Notification of Any Other Business**

There was no notification of Any Other Business.

#### 5 **Minutes of the Last Meeting**

The minutes of the last meeting were **agreed** as an accurate record.

#### 6 **Matters Arising**

There were no Matters Arising.

## 7 **Guest Speaker: Halima Khan, Executive Director and Dan Farag, Director, Nesta**

The Chair welcomed Halima Khan, Executive Director and Dan Farag from Nesta which is an innovation foundation, focused on the public sector and aimed to bring bold ideas to life to change the world for good. Halima Khan and Dan Farag gave a presentation, outlining that their work covered several key areas including health, where they work together with organisations to create a health and care system that empowered people to lead healthier and more independent lives. They described their approach to health and care which included people power, smarter use of digital health technology and data, and innovation methods. Dan Farag referred to Good and Bad Help: How purpose and confidence transform lives, which was a report focussing on the innovation journey which was about the diffusion and adoption/adaptation of new things and looked at the interventions that could be made for a person with complex life circumstances to feel more positive, have hope for future and be more confident in their own lives. This work brought together evidence and practice in order to influence everyday services.

The Committee noted that there was a big focus on the positive approach to technology and data, and how a set of principles should be developed to make better use of artificial intelligence. Dan Farag described spending on biometrics and the need to rebalance health and health priorities outside the health and care sector and talked about how staff and citizens should be involved in this to ensure it was right.

Dan Farag referred to The Biomedical Bubble, a report that supported academics to write and critiqued the research spend and looked at health spend. An enormous proportion was spent on Biomedics against prevention and this report asked some challenging questions. He said there was room to rebalance in health and priorities outside health. As a result of this report, a proposal was developed for a new centre for Research and Development for upstream drivers of research in health.

The presentation also highlighted the work in terms of their involvement in the development of the personalisation section of the NHS Long Term Plan and influencing policy at a national level.

Dan Farag stressed the importance of Nesta's 100-day challenge which had been taken up by over 30 places across the country. There was a need to accelerate pace and change and put frontline professionals in the driving seat. The 100-day challenge was all about people powered results and how to put ideas into practice to accelerate pace and change and give some control to front line professionals. Dan Farag said the main challenge of doing this work was that everyone's busy and ideas can often take 17 years to get off the ground. He noted the importance of creating the right conditions in terms of sponsorship and leadership; permission; diverse place based teams; goals (not KPIs); urgency (time bound); change had to be real; experimentation and whether the change was making a difference or not; data; and coaching. In order to support change that is top down and bottom up and combines long term thinking with focussed periods of action, there was a need to create multi-disciplinary teams. There was a need to focus on action and experimentation and with the right support from the leadership group, this would deal with any fear of change from staff. Dan Farag

said there was a reflection element to consider, to reflect on how to approach change and tackle the human emotion side of things.

Dan Farag went on to say that the 100-day challenge was about combining long term thinking with focussed period of action. He said the future was quite scary to many people and no one has a crystal ball. He talked about mega trends and the things that would affect the way people live and work in future and the things that were already known to enable us to start to plan.

Dr Fiona Head asked about health inequalities. Halima Khan advised that this had been an implicit part of their work and Nesta had been working with Professor Sir Michael Marmot. Dr Fiona Head said the 100-day challenge sounded fascinating and that inequality was one of the CCG's big challenges in terms of enacting change in a reasonably fast way.

Members of the Committee considered whether the CCG should consider adopting the 100-day challenge and heard from the experiences of the Chief Nurse who had undertaken this in Essex, and the Account Director who had participated in Suffolk. Carol Anderson reflected on her previous experience in Essex when she was involved in the 100-day challenge. She said this involved the CCG, acute trust, mental health and the local authority and was very multi-disciplinary with collaboration at every level. The Committee discussed the potential to adopt the challenge alongside one or more of the key transformation areas that were being taken forward by the CCG, which is summarised here:

Dr Sripat Pai commented on the 100-day challenge and the sustained effect afterwards, for example a year on. Dan Farag said the most mature area was Essex and that this work continued to grow. He added that it was not possible to solve a systems' problems in 100 days, but it provided a catalyst and results continued to grow. Halima Khan commented on this journey and what was integral was the Chief Executive involvement which compressed the gap between delivery and policy. Dr Sripat Pai asked if there was any evaluation of the impact and when the right time was to pull the plug. Dan Farag said there had been ideas that did not work and there was a 25-day review process in place. This gave real time data rather than a separate evaluation process.

Jessica Bawden commented on the appetite for innovation and the different sectors. Halima Khan said the last five years had been spent mostly in the health sector but more recently Nesta had been going to other sectors. Dan Farag said it was interesting to see how different systems responded to this and that a system was never ready to change. This had to be tailored to a systems current position and progression of ideas was always at different levels. There was a need for collaboration across sectors and people from different sectors often saw things through a different lens. Jessica Bawden asked if people went to Nesta with a problem for them to solve or if they were already ready to be innovative. Dan Farag said Nesta had walked away from some systems where there was no willingness for innovation from a leadership level.

Sharon Fox asked how Nesta overcame governance issues. Dan Farag said there was quite a long lead time for finance and Governing Body meetings for example and this all worked best when all these components were aligned. The Chair asked if the CCG could do something like this. Dan Farag said it was important to be clear on people and place and the cohort of people, neighbourhoods and what parts of the county to include.

Jane Webster advised that she had also been involved with the 100-day challenge in Suffolk. She said in her current role looking at commissioning ophthalmology or MSK and that these were key priority areas the CCG wanted to work on. She asked if it would be good to pick one of these. Dan Farag said it came back to being clear on the objectives.

Dr Adnan Tariq asked if these 100-day challenges had required investment or whether they had been done within the CCG's costs envelope. Carol Anderson said in her experience, money was moved around the system and there was sign up to ensure the money followed the patient. Dr Adnan Tariq asked if a project was started, who would go out and get the partners that were needed. Carol Anderson said there needed to be system buy-in, from Chief Executive's first and they had to be visible. Dr Fiona Head commented on the people side of change. Dan Farag advised that there was a lot of choreography to build up teams, do scene setting and generation of ideas and this was when people were full of energy. Then once they hit their first low, that's when a coach would come in to support them to look at whether there was a real barrier or not. Then further support was put in place for the last 50 days. Dr Mark Brookes commented that it would be interesting for the CCG to choose a challenge with it being such a diverse system.

The Chair thanked Halima Kahn and Dan Farag for their presentation and said the CCG would take time to digest the information heard today.

## **8 Joint Strategic Needs Assessment**

The Chair welcomed Dr Liz Robin, Director of Public Health to the meeting who gave a presentation on the Joint Strategic Needs Assessment (JSNA), explaining that the JSNA was first developed in 2007 and was now a joint document between Cambridgeshire and Peterborough and a core data set was in place.

Talking about reducing the risk of dementia, Dr Liz Robin said there was work to be done to get under the determinants of things like smoking. She advised that following peer review, there was a need for a common vision and strategy. Dr Liz robin asked how the Joint Health and Wellbeing Strategy could support a common vision and integrated approach. In relation to the Joint Health and Wellbeing Strategy, this would be the first joint Strategy across Cambridgeshire and Peterborough and was a five year strategy being developed in a wider context. The Committee commented on the impact on the growth of public services. Dr Liz Robin advised that health could not be a net contributor as if it kept growing and growing it would pull down the economy.

Dr Liz Robin advised that the core dataset had been produced in February 2019 and initial findings saw that Cambridge and Peterborough could do better in terms of diabetes outcomes. Wanda Kerr asked how old the diabetes data was. Dr Fiona Head advised that this was from 2018/19. Dr Liz Robin highlighted the questions to ask stakeholders. The engagement process was outlined in terms of the organisations and boards that would receive this presentation. Jessica Bawden commented on how the money was prioritised and suggested it was taken to the Combined Authority. Dr Liz Robin advised that this was specific to each outcome in terms of policy and working better together.

In terms of the proposed priorities, the Committee discussed these and the suggested outcomes. Dr Liz Robin outlined Priority 1, Places that support Health

and Wellbeing. Jan Thomas commented on outcome 2, (preventing homelessness and improving pathways into housing for vulnerable people) and how this could be used to influence decisions. Dr Liz Robin advised that this was more about joint working by joining up pathways and being more strategic. It was difficult to navigate five or six different homelessness policies. Dr Liz Robin outlined the severe differences in deprivation across Cambridge and Peterborough. Priority 2 (Helping Children achieve the best start in life). It was noted that there were low rates of school readiness in Peterborough. The Committee noted that there was concern about the number of hospital admissions for self-harm amongst young people. Dr Mark Brookes commented on how this was being tied in with the management of long-term conditions. Dr Liz Robin said there was a wide stakeholder group and debate had started on early advice in terms of health visitors and GP practices. Priority 3 (Staying healthy throughout life) and Dr Liz Robin highlighted the proposed outcomes and that a joined up approach was needed. Priority 4 (Quality health and social care) and this covered the financial outcomes. Jan Thomas commented that this was not so much about how much but how it was being done. Carol Anderson commented on the triangulation of data. Dr Gary Howsam commented on the aspirational aspect and that this was different for different people. Dr Liz Robin said the Local Authority was doing some but did not always talk about what it was doing. Things needed to be done in partnership more. It was noted that a joined up approach was needed in terms of the forecasting of population growth. The Committee noted that a lot of money was being spent and this needed to be addressed before the outcomes could be realised.

Dr Liz Robin highlighted the key questions:

- How can the CCG embed use of the JSNA and associated products in strategic planning?
- How can the CCG best be involved in implementation of the Health and Wellbeing Strategy?

The Committee discussed the value of the JSNA and the need to ensure that it was reflected in the development of the NHS Long Term Plan, and the CCG's own operational plans. Dr Fiona Head commented that the products were being used already in terms of a joint post across intelligence, the Rough Sleepers Strategy and the Prevention Strategy. Dr Mark Brookes said it was important to consider what the CCG was commissioning and whether it was addressing the needs for obesity and the best start in life for children. Dr Gary Howsam said this needed to be about more nuance in terms of diversity and the highest challenge was in the community. Carol Anderson commented on mapping the workforce and whether there was the lowest workforce in the most deprived areas. Dr Gary Howsam said there was a need to work on the why. Dr Fiona Head commented on the cycle of business and the different threads to this committee. Jan Thomas suggested holding a separate working session with Dr Liz Robin in attendance.

The Committee thanked Dr Liz Robin for her presentation.

## **9 NHS Long Term Plan**

Jan Thomas gave a verbal update on the NHS Long Term Plan. She advised that a Review Session on the response was planned with STP colleagues in October 2019. Draft findings from McKinsey and Company had been received. Jan Thomas advised that this summarised that the CCG believed in the NHS Long Term Plan and as a financially challenged organisation would work towards

the requirements as far as possible. She said there were specific areas that were well thought through and talked about the use of technology and innovation as well as a lot about the alliances. In terms of next steps the McKinsey and Company work would be checked for factual accuracy.

Jan Thomas advised that the outcomes summarised the challenges the system faced and the top 5 things causing the problems identified by McKinsey. Once the document was approved it would be a very useful tool going forward in terms of planning. Jan Thomas advised that she had asked McKinsey to run a working session with the CCG. The outputs took into consideration data from other sources and would be used alongside the Joint Strategic Needs Assessment to hold a debate between STP colleagues on what the system response should look like. Louis Kamfer outlined the process in terms of the submission dates for the CCG and system response to the NHS Long Term Plan during October and November 2019. Jan Thomas said it was a good exercise to review what had already been submitted.

The Committee **noted** the verbal update.

## **10 Review of Committee**

The Chair asked the Committee suggested inviting Clinical Leads and STP partners to the next meeting and to extend the timing of the meeting.

It was agreed to send any suggestions for future speakers to the Chair by email.

## **11 Date of the Next Meeting**

The date of the next meeting was confirmed as Tuesday 12 November 2019 in the Cedar Room, Lockton House, Clarendon Road, Cambridge, CB2 8FH.  
Guest Speaker: Prof Sir Michael Marmot, FBA FMedSci, Director of The UCL Institute of Health Equity, former President of the BMA and WMA and Chaired the WHO Commission on Social Determinants of Health.

### **Author**

***Gemma Keats, Corporate Governance Administrator  
8 October 2019***