NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

CCG REPORT COVER SHEET

Meeting Title:	**Governing Body in Public**	**Date: 8 September 2020**
Report Title:	**Integrated Performance & Assurance Committee Overview Report**	**Agenda Item: 4.2**
Chief Officer:	Sharon Fox, Director of Governance	
Committee Chair	Dr Jane Collyer, GP Member and IPAC Chair	
Report Author:	Simon Barlow, Corporate Governance Manager	
Document Status:	Final	
Report Summary:	This Report provides a summary overview of the last meeting of the Integrated Performance & Assurance Committee held on 25 August 2020.	
Report Purpose:	**For Assurance** x · **For Decision** · **For Approval** x · **For Recommendation**	
Recommendation:	The Governing Body is asked to: • Endorse the work of the Committee. • Note the contents of the Overview Report. • Note the approved minutes of the meeting held on 30 June February (Appendix A) and 28 July 2020 (Appendix B). • Ratify the recommendations of the latest Cambridgeshire and Peterborough Joint Prescribing Group Recommendations (Appendix B: Annex 1). • Ratify the Personal Health Budgets Policy (Appendix C).	
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** *Pertinent risks include the following-*	**Current Risk Score**
CAF 08	Risk to maintaining robust CCG Governance Arrangements	8 (A)
CAF 09	Failure to achieve the 2020/21 planned deficit and system control total agreed with NHS England / Improvement	12(A)
CAF 10	The possible serious impact of any failure in quality, safety and patient experience in the services that the CCG commissions in acute care, community, integrated and mental health care	12 (A)
CAF 11	The possible serious impact of any failure in quality, safety and patient experience in the services that the CCG commissions in primary care	16 (R)
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:	Not applicable - overview report	
Chief Officer/ SRO Sign Off:	Sharon Fox, Director of Governance	
Chief Finance Officer Sign Off: (if required)	N/A	
Legal implications including equality and diversity assessment:	Report links to Equality Delivery System Goals 1 (Better Health Outcomes for all) & 2 (Improved Patient Access and Experience)	
Conflicts of Interest	Any Conflicts of Interest will be raised in line with the CCG's Conflicts of Interest Policy	
Report history:	Prepared for Governing Body following each IPAC meeting	
Next steps:	GB to review/discuss	

Cambridgeshire and Peterborough
Clinical Commissioning Group

MEETING: GOVERNING BODY IN PUBLIC

AGENDA ITEM: 4.2 **SECTION:** OPERATIONS

DATE: 8 SEPTEMBER 2020

TITLE: INTEGRATED PERFORMANCE & ASSURANCE COMMITTEE OVERVIEW REPORT

FROM: DR JANE COLLYER, GP MEMBER & CHAIR OF COMMITTEE

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1 ISSUE

1.1 This report provides a summary overview of the last meeting of the Integrated Performance and Assurance Committee (IPAC) held on 25 August 2020.

1.2 IPAC provides scrutiny of delivery and assurance processes for quality, finance, performance, and contract management including activity and oversees delivery of the CCG Improvement and Assessment Framework. The Committee is also responsible for Operational Risk Management.

1.3 The approved minutes of the meeting held on 30 June and 28 July 2020 are attached as **Appendix A** and **B.**

2 KEY POINTS

2.1. A summary of the main matters considered is set out below:

- ***Integrated Performance Report (IPR)* –** The Committee received and discussed the August 2020 version of the IPR. Specific areas discussed by IPAC are referenced below.
  - Covid-19 admissions to hospital had been stable since early June 2020 with the numbers consistently low.
  - Bed occupancy across the system had continues increase since the peak of the pandemic. It was noted Cambridge University Hospitals NHS Foundation Trust (CUHFT) was currently reporting above the 92% threshold advised by NHS England/Improvement (NHSE/I). Winter and the potential for a second wave of the virus was highlighted as a concern in terms of the possible impact this could have on the system's bed capacity. IPAC observed that achieving an appropriate balance between increasing activity to the levels sought by the Regulator against the need to manage costs within the resources available to the system was a challenge.
  - The improvement in performance of most areas as the recovery progressed was acknowledged. In particular, the increase in activity and performance for cancer services was highlighted. Some concern was raised around diagnostics performance that while improving was doing so at slower rate than other service areas due to social distancing requirements.

- Accident and Emergency (A&E) activity was now around 10% down on pre-covid performance, although this varied across the patch. As a result of the reduced activity an improvement in performance against the waiting time standard had been seen with both Peterborough City Hospital and Hinchingbrooke Hospital consistently meeting the 95% target, although Peterborough had dipped back below this in recent weeks.
- Overall elective activity was now around 20% below pre-covid figures.
- IPAC welcomed the inclusion of benchmarking data within the IPR which was presented at an Cambridgeshire and Peterborough system level but was also available at individual CGG level if required.
- A need to improve public perception around the accessibility to GP Practices and better communicate the fact they were open to see patients was discussed.
- Work at a national level was being progressed to provide more accurate data around primary care performance. The outcome of this work would be reflected in future reporting.
- In terms of quality matters, the high numbers of falls and pressure ulcers reported by North West Anglia NHS Foundation Trust (NWAFT) was raised as an area of potential concern. It was reported this was raised at the last NWAFT Quality Board and a deep dive to establish what the root causes of this would be undertaken. IPAC has asked that a more detailed report about this and other pertinent NWAFT quality matters be produced for the next meeting.
- In terms of finance, at Month 3, the CCG had reported a year to date £4.6m deficit and a forecast deficit of £9.6m. A retrospective Month 3 allocation was issued by NHSE in Month 4 for £4.6m which brought the CCG back to a breakeven position.
- At Month 4 the CCG was reporting a £6.1m deficit against the reported allocation, £3.8m of which related to identified in-month Covid-19 expenditure. It was anticipated this deficit would be met by the retrospective 'top-up' from NHSE to be issued in Month 5, although this had still to be confirmed.
- There remained uncertainty around arrangements to be put in place for allocating monies for Months 5 - 12. It was anticipated a similar arrangement for Months 1 - 4 would be applied for Months 5 and 6 but beyond this further guidance from NHSE was awaited.

The latest IPR (August 2020) is presented to the Governing Body at Agenda Item 4.1.

- **Child and Adolescent Mental Health Services (CAMHS) Eating Disorder Service Expansion**

  A paper was received that outlined the impending expansion of the Children and Young People's Eating Disorder (CYP ED) Services which will provide a sustainable platform on which to align services with New Models of Care with the objective reducing admission and long-term costs to the local health economy.

  IPAC supported the release of Mental Health Investment Standard (MHIS) funding to support the business case from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to enhance and expand the CYP ED service to meet nationally mandated trajectories by 2021 and improve outcomes for children and young people with an eating disorder,

thereby reducing the numbers requiring crisis support or in-patient admission. The Committee also supported the release of funding to support the increase of staff for this service by six whole time equivalents (wte) leading to a team of 15.7wte.

- **The Queen Elizabeth NHS Foundation Trust: Quality and Patient Safety Assurance Report**

  IPAC received and noted two documents that had recently been published by the Queen Elizabeth NHS Foundation Trust (QEH), namely the Trusts' Annual Report 2019/20 and the Quality Accounts 2019/20. Further to the Care Quality Commission's (CQC) inspections carried out during 2018 and 2019 in which the Trust had been rated as 'Inadequate', IPAC received assurance about the positive progress that had made by the Trust, with the support of stakeholder organisations, to improve care, and the safety of its care, being delivered to patients. It was noted the Trust fully recognised there remained work to do to ensure all improvements were implemented to the standards required.

- **Increase in Learning Disability ASD Adult Inpatients: Quality Safety & Financial Risk**

  IPAC received a paper that reported on changes in NHS England Specialised Commissioning's approach to the above referenced inpatients that could have a significant impact on the local system. The changes revolved around the decision to step down a number of their patients in to locked rehabilitation hospitals, and which will result in the CCG becoming the responsible commissioners for these patients both clinically and financially. The clinical basis on which the decision to initiate the 'step downs' was presently being scrutinised.

  In addition, the CCG was aware that a number of Children and Young People Tier 4 patients that will transition to Adult Services in the coming months, all of whom will require extensive community care placements or inpatient transfers. The Committee was apprised of the quality, safety and financial risks these changes in arrangements and additional pressures on services would present
  .
  In noting the work being done to mitigate these issue, IPAC expressed its particular concern around the potential impact on patients and asked that a further update be provided to its next meeting in September 2020.

- **Autism Diagnostic and post Diagnostic Service**

  Linked to the previous item, an outline proposal around the development and increased investment in Autism diagnostic and post diagnostic services was presented and discussed. The existing lack of provision in the CCG area was recognised and IPAC agreed in principle, based on the clinical need, to supporting services that meet local need, reduce health inequalities for people with Autism, reduce reliance on inpatient and support people to stay living healthily in their own communities. However, IPAC has asked that further details of how this could be financed within existing resources be brought back to a future meeting.

- **Emergency Planning Resilience and Response (EPRR) Progress Report: Incorporating the EPRR Core Standards Self-Assessment**
  IPAC received an overview of the CCG's EPRR over the last six-months. IPAC in approving the following documents listed below acknowledged initial learning from the Covid-19 incident had been factored into the latest versions:

  - EPRR Framework Version 5
  - Incident Response Plan Version 8
  - Business Continuity Plan Version 6
  - Director on Call Guidelines Version 2

  IPAC also approved the outcomes of the EPRR core standards self-assessment process and recommended formal ratification by the Governing Body. This was subject to formal confirmation of the process from NHSE/I.

  A separate report on EPRR Assurance is presented elsewhere on this agenda for consideration by the Governing Body (Agenda item 5.4 refers).

- **CCG Corporate Assurance Framework & Risk Register**

  The latest version of the Corporate Assurance Framework and Risk Register was received and discussed. The latest version of the CAF appears elsewhere on this agenda for the Governing Body's consideration (Agenda Item 2.7 refers).

3. OTHER MATTERS

3.1 IPAC Meeting held 28 July 2020

IPAC received and considered the following matters:

- IPR - July 2020
- Impact of Covid 19 on Mental Capacity Act and Deprivation of Liberty Safeguards
- Safeguarding People Update
- Cambridgeshire and Peterborough Joint Prescribing Group Recommendations
- GP Long Term Conditions During Covid-19 Guidance

The minutes of this meeting are attached as Appendix B.

3.2 Cambridgeshire and Peterborough Joint Prescribing Group Recommendations - IPAC approved the recommendations from the Cambridgeshire and Peterborough Joint Prescribing Group (JPG) meetings held between May and July 2020 These are set out at **Appendix B (Annex 1)** for Governing Body ratification**.**

3.3 Personal Health Budgets Policy - Approved by IPAC

IPAC approved a new Personal Health Budgets Policy. The Policy is set out at **Appendix C** for formal ratification by the Governing Body.

4 RECOMMENDATION

4.1 The Governing Body is asked to:

- Endorse the work of the Committee.
- Note the contents of the Overview Report.
- Note the approved minutes of the meeting held on 30 June (Appendix A) and 28 July 2020 (Appendix B).
- Ratify the recommendations of the latest Cambridgeshire and Peterborough Joint Prescribing Group Recommendations (Appendix B: Annex 1).
- Ratify the Personal Health Budgets Policy (Appendix C).

Simon Barlow,
Corporate Governance Manager
1 September 2020

Attachments

Appendix A	Minutes of the meeting held on 30 June 2020
Appendix B	Minutes of the meeting held on 28 July 2020
Appendix B: Annex 1	Recommendations of the latest Cambridgeshire and Peterborough Joint Prescribing Group Recommendations
Appendix C	Personal Health Budgets Policy

NHS
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Meeting: **Integrated Performance & Assurance Committee**
Date: **30 June 2020 at 1PM**
Venue: **VIRTUAL MEETING - TEAMS**

MINUTES

Present:
Dr Jane Collyer – GP Member (Chair)
Stephan Mitcham, Lay Member Assurance
Dr Mark Brookes – GP Member
Dr Sri Pai – GP Member
Carol Anderson – Chief Nurse
Louis Kamfer – Chief Finance Officer
Sue Graham – Director of Contracts and Performance
Jane Webster – Director of Commissioning
Jess Bawden – Director of Primary Care
Louise Michell – Director of Strategy & Planning
Sharon Fox – Director of Governance
Jan Thomas - Accountable Officer
Dr Gary Howsam – Governing Body Chair

In attendance:
Sandie Smith – Healthwatch
Jeremy Lane – Associate Director of Business Intelligence
Mandy Staples – Deputy Chief Nurse
Karlene Allen - Children & Maternity Commissioning Transformation Lead – *minute 6.2*
Kathryn Goose - Senior Commissioning Manager – CYPMH – *Minute 6.2*
Clare Hawkins - Head of Quality Assurance – *Minute 7.1*
Sarah Hamilton – Head of Safeguarding People – *Minute 7.2*
Matthew Smith - Senior Responsible Officer for Urgent & Emergency Care – *Minute 7.3 & 7.4*
Charlie Miller, Clinical Policies Programme Manager – *Minute 7.5*
Dr Abby Richardson – *Minute 7.5*
Dr Alex Manning – *Minute 7.5*
Simon Barlow – Corporate Governance Manager

1. Welcome, Introductions and Apologies for Absence

Apologies for absence were received from Dr Fiona Head

2. Declarations of Interest

All GPs declared an interest in respect of Agenda Item 3.3 – Urgent Care Collaborative. GPs were in receipt of the report and would participate in the discussion as no formal decision was being taken in respect of this item was

being taken at this time. That being the case and in line with the Conflicts of Interest Policy the Lay Member Deputy Chair of the Committee would take the Chair for this one item.

3. Notification of Any Other Business

There were no additional items of business identified.

4. Minutes of Last meeting.

The Minutes of the meeting held on 26 May 2020 were approved as an accurate record.

5. Action Log and Matters Arising

The action log was updated and appended to the minutes.

6. Integrated Performance, Delivery and Transformation

6.1 Integrated Performance Report

The Committee received and discussed the June 2019 Integrated Performance Report. The revised format and presentation of the IPR was considered to be user friendly and more accessible.

Key points highlighted and discussed were briefly noted as follows.

Performance / Covid-19

- Lowest number of patients of COVID-19 patients reported by our Hospital trusts since March 2020.
- Reported that bed occupancy across the Trusts was steadily rising and was now at around 80%. The observation was made that this was an encouraging development and an indication of a gradual return to 'business as usual' within the Trusts. There was recognition that there remained the risk of a second wave of the Pandemic occurring and as such a certain degree of flexibility would need to be adopted around the 'switch-on' and possible 'switch-off' of services as and when necessary.
- It was highlighted that because of social distancing requirements overall numbers of beds available across the system had been reduced by approximately 150.
- Reduced activity as a result of COVID-19 had resulted in an improvement in performance against the Accident and Emergency (A&E) standard. Any impact post reduction of lock-down measures from 4 July 2020 onwards would need to be closely monitored.
- In respect of performance, the specific challenges to diagnostics as a result of the additional infection control measures put in place was noted. Independent sector providers were currently being used to help address the current capacity gap.
- In terms of cancer performance it was noted there had been a reduction in referrals throughout the early stages of the pandemic, but the system was now beginning to a return to pre-covid levels on a weekly basis.
- The current overall Referral to Treatment (RTT) performance was reported as 61.6% although this position excluded NWAFT data which was not available.

- It was noted that Cambridge University Hospitals NHS Foundation Trust (CUHFT), was reporting 59 patients currently waiting over 52 weeks for treatment.
- In terms of Primary Care Dr Gary Howsam commented that further clarification around appointments data was needed to determine whether this took into account telephone appointments (I.e. triage calls). Need to ensure there was equity across secondary care and primary care recording and reporting of appointments data. It was noted that the Business Intelligence team would check this. The observation was made that this was an area NHS Digital was looking at.
- The ongoing issue around the lack of reporting of certain performance data by North West Anglian NHS Foundation Trust (NWAFT) as a consequence of the Patient Administration System (PAS) upgrade was noted. Recovery work by the Trust was being continued with support provided by NHSE/I .
- Sandie Smith emphasised the importance of communicating clearly to the public on relevant issues in a timely fashion e.g. recovery planning; appointment processes and status of waiting lists. It was recognised this was an important area, as was the need to manage public expectations. This matter would be discussed further by Jess Bawden, Louise Mitchell and Sue Graham.

Quality

- There continued to be concerns around maternity services at NWAFT, particularly with regards to the high vacancy levels for midwives. A need for increase understanding around the Trusts current capacity gaps in relation to its demand was highlighted. It was noted this issue would be pursued through the contract monitoring process and the outcome reported back to IPAC.
- Dr Gary Howsam advised that in view of the PAS issue it would be important to maintain close scrutiny on quality at NWAFT. Carol Anderson, Chief Nurse advised this was being done. It was reported that CCG representatives were now attending the internal quality meetings at the Trust and receiving related papers.
- It was noted that Serious Incident data reported by providers, plus any themes arising from this, would be reported through the IPR on a six-monthly basis in future.
- It was noted both CUHFT and NWAFT had reported recent outbreaks of Nosocomial.
- It was noted Continuing Health Care reporting was not presently included in the IPR due to the service being suspended during the Pandemic. This was however recognised as an important area that would need to be discussed at subsequent meetings once the service re-started.
- In terms of finance, in line with the new arrangements NHSE/I had issued an allocation to the CCG of £44.6m to fund months 1 to 4 of expenditure. At month 2 the CCG was reporting an actual £7.2m deficit against this allocation and a forecast deficit of £13.2m. However, the CCG would be monitored against its allocation and actual expenditure would be reviewed on a monthly basis and a non-recurrent adjustment issued for all reasonable variances. This should cover the additional COVID-19 expenditure which was being recorded in detail by the Finance Team and reported up to NHSE/I
- There was currently some uncertainty around what arrangements would be put in place for the allocation of monies for Months 5 – 12. It was assumed there would be a continuation of the current block arrangements, although confirmation and guidance was awaited from NHSE/I.

- Louis Kamfer, Chief Finance Officer reported that NHSE/I had been asked to provide relevant benchmarking data to allow CCGs/systems to compare themselves with other systems around their Covid-expenditure. Although not anticipated, it would be helpful to know if the CCG was in any way an outlier in this area. Receipt of this information was currently awaited.
- It was noted that the next version of the STP recovery plan was scheduled to be submitted in July 2020. It was anticipated there would be little or no additional monies allocated and therefore expectation was we would need to continue to work within existing resources. This would need to be taken into account in the development of our respective recovery plans.

IPAC thanked the Business Intelligence Team for the progress made to date on re-developing the IPR. It was noted future additions would include a more detailed performance summary and dashboard; use of population statistics; and a quality dashboard.

The Committee **noted** the June Integrated Performance Report.

6.2 Children & Maternity (Including Mental Health) Deep Dive

Karlene Allen, Children & Maternity Commissioning Transformation Lead and Kathryn Goose, Senior Commissioning Manager (CYPMH), were in attendance for this item.

IPAC received an in-depth analysis of mental health and wellbeing provision for children and young people across Cambridgeshire and Peterborough. The paper reflected on the impact to services resulting from the Covid-19 pandemic. There was recognition the CYPMH system was complex and provision of support was provided by a range of different providers offering services across the spectrum of need. Respective performance was in places varied and work to ensure services were achieving requisite access targets and meeting the needs of the population was ongoing. It was highlighted that the learning which had been obtained during Covid-19 would be essential to the future development of service delivery across the system.

IPAC **noted** the detailed update on the current position of the Children and Young People Mental Health services.

7. Operational and Other Matters

7.1 Care Homes Update

Clare Hawkins - Head of Quality Assurance was in attendance for this item.

A paper was received that explained the important role the system had played in supporting the care sector during COVID19. In discussing this matter, the Committee commended the positive working relationship developed between the CCG and Local Authority (LA) during this time to support the care home sector. In April 2020, the LA and CCG had developed a Standing Operating Procedure to agree a joint way of working to support local care homes. It was noted this early work had ensured that a collaborative approach was in place in advance of the pandemic’s peak.. In line with national guidance the CCG had also worked with the LA to identify and commission spare capacity in the care home sector to support prompt discharges from hospitals. It was hoped that this work had established good foundations for future working with the LA.

The observation was made that nationally local authorities had been allocated additional funding to help support care homes. The Committee queried whether the CCG had any visibility on how this funding had been used. It was noted a formal request would be made to the LA to provide clarification around this and provide a breakdown of spend **ACTION: Carol Anderson/Louis Kamfer.**

It was noted a number of staff and nurses from the CCG's Continuing Healthcare Team had been re-deployed to work directly with the care homes. IPAC was informed there had been an outbreak of Covid-19 in around 70 of our local care homes. At present time there were only three homes with an outbreak, all of which were reported to be asymptomatic.

The significant contribution of the Hospices, such as Sue Ryder and Arthur Rank in the support they provided to nursing home colleagues was highlighted. It was agreed the Chair would write on behalf of the Committee to thank the hospices for their work during this period. **ACTION: Chair**

The Committee **noted** the report and formally thanked Clare Hawkins and the Team for their excellent work during the pandemic.

7.2 Safeguarding People Report

Sarah Hamilton, Head of Safeguarding People, was in attendance for this item.

IPAC received the latest report on Safeguarding People that sought to provide assurance around arrangements in place and where necessary highlight any specific concerns around the safeguarding of vulnerable people and compliance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation to the CCG and wider health system, particularly in light of the COVID-19 emergency.

It was reported at the last meeting that the Care Quality Commission (CQC) had asked NWAFT to carry out a deep-dive of their safeguarding procedures in light of concerns raised by the CQC. The Trust subsequently asked the CCG to undertake this review on its behalf. The review had been completed and the draft report shared with the Trust. The report had been positive with good areas of practice highlighted, although areas where some improvement was needed had been identified. This included PREVENT and the need to include this within the Trust's safeguarding agenda. Clarity around how medium and low level risks were being tracked by the Trust was also required.

Carol Anderson, notified the Committee of an incident that had occurred recently at CUHFT. A review of this was underway and further information and the actions in place would be reported to the next meeting. **ACTION: Carol Anderson**

IPAC **noted** the report and acknowledged the implications for vulnerable people that the Covid-19 Pandemic would continue to have as services begin to be switched back on and lockdown eases. IPAC also **noted** the response across the system in regards safeguarding people in light of Covid-19. The Committee also **confirmed** that it would like to receive a follow-up paper

which focused on Mental capacity and deprivation of Liberty Safeguards implications.

7.3 Relocation of the Peterborough Urgent Treatment Centre (UTC) and Out of Hours (OOH) Services to the Peterborough City Hospital - Public Consultation Proposal

Matthew Smith, Senior Responsible Officer for Urgent & Emergency Care was in attendance for this and the following item.

IPAC was provided with a paper which set out the reasons which justified having an 8 week public consultation to seek the publics' view on the proposed relocation of the Peterborough Urgent Treatment Centre and GP Out of Hours services from the City Care Centre on Thorpe Road, Peterborough to the Peterborough City Hospital site as part of a single site Emergency Department Model.

It was noted that this had already been discussed at the local authority Scrutiny Committee, who were in general support of the proposals made. It was noted that the existing UTC and OOHs services would remain the same and that only their location would change. Moving forward, and once relocated and operationally effective, the aim would then be to further integrate the UTC model within the wider Emergency Department clinical and operational model.

The observation was made that the approximate distance between the two sites was 2-miles, so due consideration would need to be given to the impact this would have on users of the service, and in particular local access and the availability of transport.

The point was made that the timing of the consultation would present a challenge given the Covid-19 social restrictions. Therefore, careful thought on how best to secure meaningful consultation with the public would be needed.

Should the relocation proceed, the future use of the space vacated at the City Care Centre would also need to be explored in full. The issue of future void costs and any potential financial impact on the CCG would also need to be assessed. It was noted further reports relating to this would be presented in due course.

IPAC **supported** the recommendations to be made to the Governing Body in Public on 7 July 2020 as follows:

- to formally approve in principle the request to begin an 8-week public consultation on the proposal to relocate Peterborough UTC and GP OOHs services to the Peterborough Hospital site, subject to Scrutiny support;
- that the governing Body delegate the final decision on proceeding with public consultation to the Chief Officer team considering more detailed operational and financial information when completed;
- to note that work was taking place on the detailed case and programme which would be presented to a subsequent Governing Body meeting for approval; and
- to note that there was a separate but related issue regarding what services might move out of Peterborough City Hospital into the City Care Centre, and handling of void costs.

7.4 Urgent Care Collaborative Re-Start

All IPAC GP members declared an interest in this item. It was noted GP members were in receipt of the report and able to participate in the discussion on the basis that no formal decision was being taken at this stage.

The Lay Member Deputy Chair, Stephen Mitcham chaired the meeting for this one item.

The Committee was reminded that the Urgent Care Collaborative had been set up to enable local providers to transform out of hospital urgent care. In January 2020, Governing Body considered the outcome of Gateway 1, and agreed that the Collaborative could proceed to Gateway 2. This was subsequently put on hold for 3 months due to the Covid epidemic. The presented paper confirmed that the Urgent Care Collaborative had now started and gave an update on progress and on the latest development of the Collaborative delivery plan. Proposals on how to address the required governance and associated contracting arrangements to be put in place were also outlined in the paper that would be presented to the Governing Body in Private for decision in July 2020. In respect of this it was noted that at the request of the Chief Officer team, legal advice had been sought on the approach being proposed. Support for the approach would also be requested from NHS England / NHS Improvement (NHSE/I) in writing.

Jan Thomas, Accountable Officer wished to formally acknowledge the good progress made by providers in coming together as a collaborative, and the open and positive approach to the discussions and work that this had engendered.

As a separate issue Jan Thomas also wished to place on record her thanks and those of the Committee's, for the excellent work and support that David Archer and the team at Herts Urgent Care had provided and were continuing to provide throughout the Covid-19 pandemic.

IPAC **supported** the recommendations to be made to the Governing Body as follows:

- To note the progress and agree the Urgent care Collaborative Delivery Plan
- Request regular progress reports against the Delivery Plan
- Approve the proposal not to proceed with the Gateway 2 process in its original form, noting that legal advice on this matter had been sought; and
- Approve the proposed contracting approach set out in the paper.

Dr Gary Howsam left the meeting at GH left 15.23

7.5 Clinical Policies Forum and Exceptional/Individual Funding Request Cases Report

Charlie Miller, Clinical Policies Programme Manager, Dr Abby Richardson, Clinical Lead for Primary Care, C&P CCG and Dr Alex Manning were in attendance for this item.

IPAC received an update on the latest work of the Clinical Policies Forum and Exceptional Cases Panel. The Committee **endorsed** the recommendations of

the Forum which included approval of a number of clinical policies in line with its delegated authority as follows:

- Varicose Vein Interventions Surgical Threshold Policy
- Pain Relief Services Lower Clinical Priority Policy
- Surgery for Carpal Tunnel Syndrome Surgical Threshold Policy
- Extracorporeal Shockwave Therapy for Orthopaedic Indications Lower Clinical Priority Policy
- Trigger Finger (Stenosing Tenosynovitis) Surgical Threshold Policy
- Sterilisation Policy (a) and Reversal of Sterilisation Policy (b)
- Assessment of Haematuria (presence of red blood cells in urine) Clinical Threshold Policy.

With regards to the Varicose Vein Interventions Policy it was noted this had been subject to in-depth review and had included input from local vascular specialists, including a leading expert in the field. A number of significant changes had been made to the policy. In particular, rather than being symptom based, the revised policy would focus on those patients who would benefit most from intervention for their varicose veins, for the prevention of DVT and management of leg ulcers which had a significant number of comorbidities associated with them, such as falls, hospital admissions or ulceration. It was anticipated the policy change would result in an increase of activity resulting in an additional cost pressure of approximately £50k per annum. The expectation was this would be offset in part by reducing unnecessary referrals and care costs associated with the occurrence of leg ulcers.

Dr Gary Howsam re-joined the meeting at 15.23

Following discussion, IPAC did not approve the proposed Radiofrequency Denervation Surgical Threshold Policy. The Committee had previously rejected the policy on the basis there was insufficient clinical evidence to support it. CPF had subsequently proposed that access to Pulsed Radiofrequency (PRF) be continued for a further year to allow for further data and evidence to be collected. IPAC considered it was unlikely sufficient evidence could be found within this short period. Due consideration was also given to the limited resources available within the system as a whole and the need to focus on those treatments that were supported by clinical evidence and known to provide added value for patients.

In addition to the above IPAC also **acknowledged** the policies that were currently under review; **noted** the agreed notes of the Clinical Policies Forum meeting held on 14 January 2020; **acknowledged** the current Clinical Policies Forum NICE Scanning Report as at march 2020; **acknowledged** the Exceptional/IFR cases activity reporting; and **acknowledged** the treatment abroad requests.

7.6 CCG Corporate Assurance Framework and Risk Register

The latest version of the Corporate Assurance Framework and Risk Register was discussed and the addition of the following two new risks **supported**

- *CAF 02 - Risk that the disease itself, the Covid-19 response across all sectors and the impact of Covid-19 on non-Covid-19 diseases widens health inequalities.*
- *CAF 03 - Risk that there will be outbreaks of Covid-19 both inside and outside the STP/CCG organisations which result in substantial impact*

either from patients needing hospital care or from disruption to services as a result of contact tracing and staff isolation

It was noted the received CAF was subject to ongoing review by the Chief Officer Team, and that further changes were likely to be included within the version presented to the Governing Body in Public on 7 July 2020.

The impact of the Covid-19 pandemic in terms of high level organisational risks was acknowledged. This was duly reflected by the inclusion of seven Covid-19 related risks in the register. In view of the recent return to more stringent lock-down arrangements in Leicester, IPAC discussed what the potential implications to health services would be should similar restrictions be imposed separately in either Cambridge or Peterborough. In particular, the practicalities of determining what the geographical boundaries would be should such a scenario occur. It was noted this was an issue which would be raised at the Strategic Coordination Group (SCG).. **ACTION: Jan Thomas**

IPAC **noted** the latest version of the CAF which would be reported to the Governing Body in Public on 7 July 2020.

7.7 IPAC Terms of Reference

The Terms of Reference were received for annual review. It was noted some minor revisions had been made to the membership to reflect the recent changes made to Chief Officer Team titles and roles. The Lay Member for assurance had also been designated as the Deputy Chair.

IPAC **approved** the revised Terms of Reference subject to further review of the quorum arrangements. **ACTION: Sharon Fox.**

It was noted the final version would be included in the CCG's Governance Handbook 2020/21 and submitted to the Governing Body for ratification in September 2020.

8. Committee Effectiveness

8.1 Reflections on Meeting

Observations made that the meeting had been very well chaired and with a good level of debate on a variety of issues. The inclusion of a break mid-way though the meeting had been considered to be helpful.

9. Date of Next Meeting

It was confirmed the next meeting would be held on 28 July 2020 at 1PM on TEAMS.

It was noted that the Lay Member Deputy Chair, Stephen Mitcham, would chair the July meeting in the absence of Dr Jane Collyer.

Simon Barlow
Corporate Governance Manager
July 2020

Appendix B

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Meeting: **Integrated Performance & Assurance Committee**
Date: **28 July 2020 at 1PM**
Venue: **VIRTUAL MEETING - TEAMS**

MINUTES

Present:
Stephan Mitcham, Lay Member Assurance (Chair)
Dr Adnan Tariq – GP Member
Carol Anderson – Chief Nurse
Dr Fiona Head – Acting Medical Director
Louis Kamfer – Chief Finance Officer
Sue Graham – Director of Contracts and Performance
Jane Webster – Director of Commissioning
Jess Bawden – Director of Primary Care
Louise Michell – Director of Strategy & Planning
Jan Thomas - Accountable Officer
Dr Gary Howsam – Governing Body Chair

In attendance:
Sandie Smith – Healthwatch
Jeremy Lane – Associate Director of Business Intelligence
Mandy Staples – Deputy Chief Nurse
Loice Zhanda - MCA/DoLS Lead
Donna Phipps – Safeguarding Team
Kelly Broad – Head of Medicines Optimisation
Dr Abby Richardson, Clinical Lead for Primary Care
Lyndsay Codd, Complex Cases Team
Cathy Barresi, Complex Cases Team
Simon Barlow – Corporate Governance Manager
Jenny Main, Commissioning Manager – *Observing*
Mark Slade – Commissioning Manager - *Observing*

1. Welcome, Introductions and Apologies for Absence

Apologies for absence were received from Dr Jane Collyer, Dr Sri Pai, Dr Mark Brookes and Sharon Fox

2. Declarations of Interest

Nil

3. Notification of Any Other Business

There were no additional items of business identified.

- System Working

- BMI I Can Do Launch
- Primary Care IT Systems

4. Minutes of Last meeting.

The Minutes of the meeting held on 30 June 2020 were approved as an accurate record subject to amending the time that Dr Gary Howsam re-joined the meeting from 15.23 to 15.45.

5. Action Log and Matters Arising

The action log was updated and appended to the minutes.

CAF – Action Update

As requested at the last meeting the potential of Cambridge or Peterborough returning to lockdown was raised at SCG. It was reported there was no currently agreed approach to how services could be 'switched back off', from a health perspective should this happen. However, it was noted that localised outbreaks which had occurred to date had not resulted in any reported increases in activity within secondary care.

Louis Kamfer, Chief Finance Officer advised that data, that included infection level forecasting, was reviewed at the Recovery Oversight Group on a weekly basis. An intelligence Cell, headed up by Sue Graham was also exploring how to expand the current set to include more information around social care, community and mental health.

6. Integrated Performance, Delivery and Transformation

6.1 Integrated Performance Report

The Committee received and discussed the July 2019 Integrated Performance Report (IPR). Development of the IPR was ongoing and the latest version included sections on the impact of Covid-19; the ongoing surveillance of Covid-19; key performance metrics; activity and trends; quality, safety and patient experience; and finance. Key points raised during the subsequent discussion on the report were noted as follows.

Covid-19

- As at 22 July there were 31 Covid-19 patients in hospital. In total over 2000 covid-19 patients had been admitted to the acute providers, 1,600 of whom had been subsequently discharged. There had been 382 reported deaths in hospitals. It was also reported there had been 156 covid-19 related deaths in care homes, 24 at home, 4 in hospices and 2 elsewhere.
- The number of new Covid-19 admissions to hospital had been stable, with occasional small spikes, since early June and was consistently low.
- Due consideration would need to be given to determining how the CCG should best measure performance in-year given the impact of the pandemic. It was noted targets should be sufficiently challenging but realistic in terms of the recovery process.
- Bed occupancy (all beds) in hospitals had increased across the system since the height of the pandemic, with Addenbrookes being now above the 80% threshold.

- In terms of Primary Care it was reported latest data indicated a 31% reduction in appointments of all types. It was believed this was driven by 100% telephone triage, resulting in less face to face or remote consultation appointments being held. It was also reported that in May 2020 41% of all appointments had taken place by telephone compared to 27% in March 2020.
- A discussion around primary care data was held. The view of GP members was that practices were now working at the same levels as pre-Covid and the data being reported, and in particular how appointments were counted, was misleading and did not present a clear picture of current workloads. Jessica Bawden, Director of Primary Care advised the data included in the IPR was for May 2020 as receipt of the June 2020 data had been too late for inclusion. It was noted work was underway obtain primary care data from Data Services for Commissioners Regional Office (DSCRO), which would provide a more accurate picture. It was recognised further consideration around the collection, sharing and use of Primary Care data was required and it was agreed this would be re-visited at the next meeting. **ACTION: Jessica Bawden/Jeremy lane.**
- In terms of the recovery process, IPAC considered it would be helpful to have sight of any regional benchmarking data available to provide additional intelligence and assurance. Contact would be made with the Regional Team to check and share such information with the Committee. **ACTION: Jeremy Lane.**

Performance

- The impact of Covid-19 and the social distancing measures in place continued to have a marked impact on services. In terms of cancer the trend for 2 week referrals was currently at 91% of the pre-covid-19 period. The 62 day Patient Target List (PTL) without decision to treat had increased from 2083 to 2823 for the system which represented a 40% increase.
- Diagnostic performance and activity was increasing at a slower rate which was impacting other services. There had been a 1% increase in diagnostics from the previously reported week. It was noted 66.7% patients were currently waiting over 6 weeks as at the week ending 19 July 2020.
- Reduced activity had seen an overall improvement in performance against the Accident and Emergency waiting times standard. It was highlighted North West Anglia NHS Foundation Trust (NWAFT) had achieved the 95% standard throughout April, May and June and July 202. IPAC was reminded that Cambridge University Hospitals NHS Foundation Trust (CUHFT) was not measured against this standard.
- It was reported non-elective activity was 10% below the weekly pre-covid-19 rolling average as at 12 July 2020. Elective activity was 57% below the weekly pre-covid rolling average as at the same date.
- Sandie Smith, Healthwatch commented on the importance of providing clear and consistent messages to the public around elective services. She was aware the public continued to be concerned about visiting hospitals and the perceived increase in risk of contracting covid-19. Sandie Smith advised she would remain in contact with the CCG Communications Team in relation to this issue. Louis Kamfer commented that any specific concerns around patient communication should also be raised with the Recovery Oversight Group.

Finance

- In terms of finance and as had previously been reported, NHS England / Improvement (NHSE/I) had issued an allocation to the CCG of £441.6m to

fund months 1 to 4 expenditure. A retrospective Month 2 allocation had been issued by NHSE in Month 3 for £6.637m which covered the Covid-19 spend at Month 2. At month 3 the CCG was reporting an actual 4.6m deficit and a forecast deficit of £9.6m against the updated allocation.

- Louis Kamfer, Chief Finance Officer advised that the CCG was anticipating some additional top-up monies for Months 1 and 2, and also months 3 and 4, although NHSE/I had requested additional information around this. In light of this it was currently anticipated the CCG would achieve a break-even position at M4 as required.
- Post Month 4, there remained some uncertainty around the process to be followed. It was anticipated Months 5 and 6 would adopt a similar approach but the position for Months 7 – 12 was less certain. Further information from the centre on this was currently awaited.
- It was reported that GP prescribing costs were continuing to rise. This was believed to be a national trend linked to Covid-19 and was not specific to this CCG. NHSE had advised that the CCG would not be able to claim overspend as Covid-19 expenditure, but that this would be considered by them as part of an overall overspend.
- In terms of future recovery, it was noted NHSE were considering other potential areas for providing additional monies. Further information around this would be communicated to the Committee as and when it became available.
- Dr Gary Howsam commented there was a difficult balance to be achieved around the pace of recovery and not unduly compromising the CCGs financial position. It was recognised this position was further complicated by the fact the CCG had no clear understanding of what its financial position would have been should the pandemic not arisen. It would be important to provide a clear narrative to the Governing Body at future meetings around where it was thought think the main risks to the CCG would be for next year and in the subsequent year(s) and how the organisation intended to mitigate this. The point was made that while maintaining its focus on clinical services, safety and quality it would also be important to align this to the resources available.

Quality

- Reported that a current key area of work concerned Infection Prevention and Control (IPC). It was noted the first meeting of the system wide IPC Board, Chaired by the CCG's Accountable Officer, had now been held and would continue to meet on a monthly basis. The IPC Team was working closely with Public Health and local authorities. Provider Trusts' were also providing assurance to the CCG through their respective IPC frameworks.
- Concerns had been raised with CPFT around their Serious incident reporting and associated learning and a meeting with the Trust to discuss this had been scheduled. IPAC was informed about a recent death which had occurred in a Mental Health unit.
- Work was underway to look at harm review processes with a view to standardising and simplifying the different approaches currently used by providers.
- A number of quality concerns relating to NWAFT, which included maternity services, medical staffing and respiratory pathways were raised. The Committee considered it would be helpful to record all of the concerns that had identified in a short paper for future use and reference to the Regulator if required. **ACTION: Carol Anderson/Sue Graham.**
- It was reported work on the Primary care Assurance Framework had been stepped up, commencing with the more vulnerable practices. From July

2020 both Primary Care and the CCG entered the COVID-19 recovery phase. This involved an assessment of the current situation and quality monitoring processes being resumed virtually. A new operational quality meeting called the Quality Improvement Group had commenced bringing together the CCG and NHSE&I staff to directly support GP Practices to share data and soft intelligence and agree packages of support.

The Committee noted the July Integrated Performance Report.

7. Operational and Other Matters

7.1 Impact of Covid-19 on Mental Capacity Act and Deprivation of Liberty Safeguards

Loice Zhanda, MCA and DoLs Lead was in attendance for this item.

IPAC received a paper which explored the impact Covid-19 had had on the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2007 (MCA/DOLS) legislation. It also provided an update on Liberty Protection Safeguards position and highlighted both the positive and negative developments arising from the pandemic. The paper gave assurance concerning the mitigating factors that were in place to ensure compliance with the statutory duties by the CCG and within the services that it commissioned.

It was noted that as a direct result of the pandemic implementation of the Liberty Protection Safeguards (LPS), which would replace the Deprivation of Liberty Safeguards (DoLS), had been delayed from October 2020 to April 2022. The existing arrangements would therefore remain in place until this time. It was noted that while this would provide additional preparation time and negate the immediate financial pressure, the delay had interrupted the momentum of the work in progress.

It was reported that historic disputes relating to the responsibility for mental capacity assessments had become more visible during the period of the pandemic, and as a result some patients' rights and quality of care could have been compromised within some settings. The NHS England Commissioning for Compliance guidance gives steerage around resolution of such matters and this would be discussed across the partnership in coming weeks.

A further point of note was the difficulties that had been experienced in obtaining evidence required for court applications, such as delays in GPs not providing required reports confirming diagnosis. Further work with primary care would be carried out to strengthen GP provision around MCA DoLs.

IPAC **noted** the report.

7.2 Safeguarding People Update

Donna Phipps, Safeguarding Team was in attendance for this item.

IPAC received the latest report on Safeguarding People which sought to provide assurance and escalate any specific concerns regarding the safeguarding of vulnerable people.

As was reported at the June 2020 meeting, the Care Quality Commission (CQC) had asked NWAFT to carry out a deep-dive of safeguarding procedures in light of concerns raised. The Trust had subsequently asked the CCG to do this review on its behalf, which had subsequently been completed and the report shared with NWAFT. The Trust had accepted the report and an action plan to implement the recommendations in place.

It was highlighted there had been a noticeable increase in enquiries from CHC staff over recent weeks as a consequence of more complex cases or the inexperience of staff members to manage a situation. It was noted that A SI had recently been reported in which an assault on a service user had resulted in life changing injuries. The Safeguarding team had supported staff during this time and provided supervision.

The observation was made of an increase in reports of domestic violence and abuse during lockdown. In addition to maintaining links with police and other pertinent services, it was queried if there was anything further the CCG could do to assist or help in respect of the underlying causes to this. Donna Phipps advised IPAC that a Sexual Abuse Group was in place which took a proactive stance on tackling this issue and re-educating offenders. It was also reported the Prison Service had a programme which sought to stop repeat behaviour. The observation was made that a lot of ‘first time’ offenders had come to light during the lockdown period, evidenced by the significant increase in referrals. Dr Fiona Head highlighted three possible areas which might merit further consideration a sources of assistance, namely good mental health promotion and emotional resilience; local authority commissioned alcohol services; and the Health Children Visiting programme.

Jeremy Learney commented that data presented to the recently formed Intelligence Cell were a good source of information that numerous organisations, including the police and local authorities, had access to and which provided the opportunity for organisational data sets to be matched and for matters, such as safeguarding issues, to be looked at in a more holistic way.

IPAC **noted** the Safeguarding report and supported the statement that safeguarding should be foremost in the planning for restoration and recovery.

7.3 C&P Joint Prescribing Group Recommendations

Kelly Broad, Head of Medicines Optimisation-Policy was in attendance for this item.

IPAC received and **approved** the recommendations from the Cambridgeshire and Peterborough Joint Prescribing Group made at three meetings held between May and July 2020, subject to further discussion outside of this meeting being held on the costs pressures associated with Subcutaneous Infliximab and why this could not be administered at home as opposed to a hospital setting. **ACTION: Kelly Broad** to liaise with Dr Gary Howsam . The recommendations in full are set out in **Annex 1** to these minutes.

7.4 GP Long Terms Conditions Management During Covid-19 Guidance

Dr Abby Richardson, Clinical Lead for Primary Care was in attendance for this item.

IPAC received a report on work undertaken to develop guidance documents to support primary care in prioritising the management of long term conditions (LTCs) during the COVID-19 response.

Completed guidance for Asthma, Chronic Obstructive Pulmonary Disease (COPD) and Parkinson's Disease were presented for review and comment. The guidance had been developed in accordance with currently available evidence and national guidelines and had been aligned with relevant QOF and LESs. The guidance had also been linked to relevant secondary care and community services and included recommendations on a short, medium and long term basis and included reference to the Government's Covid Alert level System. It was noted the Clinical Advice Cell and Local Medical Committee (LMC) had been consulted with directly as part of the development process.

IPAC **supported** the progress made to date in developing guidance documents to support primary care in prioritising the management of long term conditions during the Covid-19 response. IPAC **supported** the release of the completed guidance documents for asthma, COPD and Parkinson's disease to primary care and **noted** that further guidance was in development which would be reported through IPAC. IPAC also **noted** the communication that would be issued with the guidance to primary care.

7.5 Personal Health Budgets Policy

Lyndsay Codd, Complex Cases Team was in attendance for this item.

IPAC received a newly developed Personal Health Budgets Policy that set out the CCG's offer for who could receive a Personal Health Budget in line with national legislation and guidance. The policy described the criteria under which the CCG would authorise and manage Personal Health Budgets.

A question was raised as to whether there was anything in the policy that covered covid-19 and Personal Protection Equipment (PPE) and in particular where a designated carer was required to self-isolate. It was noted a section on PPE was already included and it was anticipated that relevant staff sickness arrangements in place would cover the latter point. However, it was noted this would be checked in advance of the policy being submitted to the Governing Body for formal ratification.

IPAC **approved** the Policy as received, subject to the comment referenced above and noted it would be presented to the CCG Governing Body in September 2020 to be formally ratified.

7.6 CCG Corporate Assurance Framework and Risk Register

The latest version of the Corporate Assurance Framework and Risk Register was received and discussed.

CAF 09 - *Failure to achieve the 2020/21 planned deficit and system control total agreed with NHS England / Improvement* – IPAC discussed why this this risk had been scored as a 12 (Amber) and not higher. Louis Kamfer, Chief Finance Officer advised that at the current time the CCG was still awaiting guidance from NHSE around this issue and it was therefore deemed premature to score it higher (red) at this stage. The status of the risk would

be reviewed again once the guidance had been more received and the CCG had more information on which to base its decision.

IPAC **noted** the latest version of the CCG Assurance Framework and Risk Register.

8. Any Other Business

8.1 Primary Care IT Systems

Dr Adnan Tariq initiated a discussion around current IT systems and platforms used in primary care and the CCG's role in terms of what it could and should be doing in terms of identifying a solution. It was recognised this was a particularly complex matter terms of the funding arrangements, and was further complicated by the range of systems already in use and different requirements and preferences practices had.

Jessica Bawden advised a survey would be sent out practices to learn more about what was wanted. Work would be progressed during the Summer with a view to presenting an initial paper to the Chief Officer Team. The matter was also likely be taken through the Primary Care Commissioning Committee for discussion. It was recognised it was very difficult for the CCG to come up with a standardised solution which would be to the satisfaction of all primary care. Louis Kamfer and Jess Bawden to progress. There was general agreement that clarification around this issue was needed as soon as possible. Dr Gary Howsam asked that he be kept informed of progress. Jess Bawden to liaise with Dr Gary Howsam, as necessary.

8.2 Information Pack – BMI Can do it

It was noted the BMI Can Do IT campaign had been launched and communicated to all staff. The CCG was seeking to proactively promote this campaign. It was noted that the Governing Body would be supplied with an information pack and asked to support in promoting it.

8.3 System Recovery Work

Jan Thomas Accountable Officer, gave a verbal update on the system recovery work that was now being progressed.

These were early stages and a significant amount of work was still to be done but positive progress had been made. A good governance structure was in place which had provided the foundation for joint working and effective decision making. Thanks were given to Louis Kamfer and Sue Graham for the work done to date in bringing system partners together. In terms of risk, there was recognition people were becoming fatigued in all organisations as a consequence of the pandemic work, and there was an awareness significant challenges and demands from the Region would be forthcoming as the system moved towards recovery.

9. Committee Effectiveness

9.1 Reflections on Meeting

The Committee commented this had been a positive meeting in which a diverse range of topics had been discussed. IPAC thanked Stephen Mitcham for chairing the meeting in the absence of the GP Chair.

10. Date of Next Meeting

It was confirmed the next meeting would be held on 25 August 2020 at 1PM on TEAMS.

Simon Barlow
Corporate Governance Manager
August 2020

Annex 1

(IPAC & Governing Body in Public Version)

The Integrated Performance & Assurance Committee approved the following recommendations of the Cambridgeshire & Peterborough Joint Prescribing Group

Medication / Medical Device	Impact	Comments
Adalimumab *EoE Framework* Addition of Idacio® as 1st line Biosimilar for new patients starting adalimumab	1st line biosimilar is lower cost than alternatives on the Framework for existing patients (confidential pricing) Usage and framework prices were considered within the 20/21 HCD budget setting process.	Members supported that assurance will be needed by the prescribing clinician, and their provider organisation, that any deviation from the use of Idacio for new patients is based on an individual patient decision where there is a genuine individual patient clinical need (i.e. allergy to the Idacio formulation) and agreed through the formal Individual Funding Request process. Deviation from the national framework will not be accepted for cohorts of patients.
Subcutaneous (SC) Infliximab (use during COVID-19 only to allow shielded patients to receive treatment outside the hospital setting)	Potential 6 monthly cost pressure of patients on IV infliximab switching within C&P Current pre-COVID 20/21 HCD budgets did not include any increase for SC infliximab. **(Discussed at COT)**	Members agreed with the recommendation to allow IV infliximab patients to switch to on the basis it is funded from the COVID-19 budget for 6 months, or until this funding stream ends, at which time it will default back, and patients would need to be aware of this before switching. As this has significant financial implications, COT will need to approve also. (*update: COT have agreed*). A business case would be needed for any long-term agreement which would need to include a clear pathway as to the place in therapy of subcutaneous infliximab and the selection criteria compared to other biologics.
Leuprorelin (Prostap) for Breast Cancer – 3 monthly formulation	Cost neutral. (cost is comparable to the monthly injection)	Members supported the recommendation that the three-monthly injection should be added to the formulary, allowing patients to require less visits to a HCP for administration.
Remdesivir and Dexamethasone for COVID-19	Currently all funding is within a block via providers	Members noted national recommendations and agreed to add both medicines to the formulary in line with agreed national place in therapy for the treatment of COVID-19. **RECOMMENDED FOR PRESCRIBING IN SECONDARY CARE (RED)**
Testosterone (topical formulation)	Cost neutral.	Members noted the varied brand prescribing across primary care, and the differences in how formulations expressed their doses. Members supported the system agreement to add Testavan® (1st line) and Testogel® (2nd line) to ensure consistent and safe prescribing. **RECOMMENDED FOR PRESCRIBING IN PRIMARY CARE after specialist ADVICE.**
Timolol LA Gel for small, superficial lesions in the management of infantile haemangioma in children and for where systemic propranolol therapy is deemed inappropriate.	Cost saving £3.12 (timolol) vs. £46.50 (propranolol) per month	Members supported that there is growing evidence to suggest that some patients may be effectively treated using a topical beta-blocker negating the need for systemic therapy. Research has shown that the use of topical timolol 0.5%, in the form of the long-acting eye gel, is as effective as oral propranolol for small lesions. The number of adverse events seen in studies of topical timolol for infantile haemangiomas is low. Topical treatment is well tolerated with a low incidence of side-effects, reduced need for close monitoring of e.g. BP, bradycardia or bronchospasm during initiation and can safely be provided at home without the need for prior investigations. **RECOMMENDED FOR PRESCRIBING IN PRIMARY CARE**

Medication / Medical Device	Impact	Comments
		after specialist INITATION (NO SHARED CARE)
iPORT Advance	Cost neutral. Currently C&P have only commissioned via IFR.	Members supported the regional PAC policy that iPORT advance should not be routinely commissioned. Any applications would need to be exceptional via IFR approval. **RECOMMENDED AS BLACK (NOT TO BE PRESCRIBED ROUTINELY ACROSS CAMBRIDGESHIRE AND PETERBOROUGH)**

- **Shared Care Guidelines / Prescribing Support Guidance Approved**
  - Thiopurine (paediatrics) Shared Care Guideline – update
  - Cinacalcet in complex primary hyperparathyroidism in adults Shared Care Guideline – prescribing is recharged to NHSE.
  - Gentamicin for nebulisation (adults) Shared Care Guideline – update
  - Colistimethate for nebulisation (adults) Shared Care Guideline – update
  - Methotrexate (paediatrics) Shared Care Guideline – update

The shared care approval process has been updated to ensure that associate CCGs are consulted and are able to comment on the clinical content of shared care guidelines.

- **NICE Technology Appraisals**. (CCG commissioned)
  All NICE Technology Appraisals will be commissioned 90 days' post publication, and prescribing will be reviewed 6 months' post implementation by CPJPG. Where a medicine included in the NICE TA is excluded from tariff a Group Prior Approval will be made available to providers.

Drug & Indication	NICE TA	Publication date	Excluded from tariff	Financial Impact	Comments
Fremanezumab for preventing migraine	631	June 20	Yes	None: NICE advises, the addition of fremanezumab in the treatment pathway will have minimal impact as an alternative to botulinum toxin. It may also help increase treatment availability without an outpatient attendance.	To be added to the formulary **RED RECOMMENDED TO BE PRESCRIBED IN SECONDARY CARE** in line with the NICE TA.

- **Other Items for Noting:**
  - **CPJPG Terms of Reference:** These were updated to include changes to meeting frequency. Now monthly (virtually) for 1 hour.
  - **Reuse of medicines in care homes and hospices:** Members supported local adaption of the national framework for the reuse of medicines in care homes. Members supported the recommendation that currently this should be restricted to medicines required at the end of life, and that expansion to other medicines should be considered only if stock shortages warrant this.

  - **High Risk Drug Monitoring during COVID-19**: Members supported the updated guidance around shared care monitoring for high risk drugs and actions required if a patient develops symptoms of COVID-19 or tests positive. Members thanked all clinicians across the system for their input.

- **Vitamin B12 injection alternatives** Members supported the recommendations on where oral B12, and recommended doses, should be considered to prevent the need for HCP injections during COVID-19. The recommendations are in line with national guidance.

- **Contraceptive guidance during COVID-19:** Members supported the guidelines published by the Faculty of Sexual and Reproductive Healthcare. These are also supported by iCASH.

- **Medicines use in Pregnancy:** NetFormulary has been updated with common medicines which are routinely used during pregnancy, to support clinicians across the system.

- **Covert Medicines Policy** – updated for use across Primary Care

- **Defining the boundaries between NHS and Private Healthcare (Prescribing) (EoE PAC) -** Members supported the updated guidance which should be localised with examples of current enquirers from local HCPs.