

**CCG REPORT COVER SHEET**

<b>Meeting Title:</b>	<b>CCG Governing Body in Public</b>	<b>Date: 11 May 2021</b>								
<b>Report Title:</b>	<b>Accountable Officer's Report</b>	<b>Agenda Item: 2.6</b>								
<b>Chief Officer:</b>	Jan Thomas, Accountable Officer									
<b>Clinical Lead:</b>	n/a									
<b>Report Author:</b>	Sharon Fox, Director of Governance (CCG Secretary)									
<b>Document Status:</b>	Final									
<b>Report Summary:</b>	This report provides an overview of key organisational and governance issues to bring to the attention of the Governing Body in my capacity as Accountable Officer of Cambridgeshire and Peterborough CCG.									
<b>Report Purpose:</b>	<table border="1"> <tr> <td><b>For Assurance</b></td> <td></td> <td><b>For Decision</b></td> <td>X</td> <td><b>For Approval</b></td> <td></td> <td><b>For Recommendation</b></td> <td></td> </tr> </table>	<b>For Assurance</b>		<b>For Decision</b>	X	<b>For Approval</b>		<b>For Recommendation</b>		
<b>For Assurance</b>		<b>For Decision</b>	X	<b>For Approval</b>		<b>For Recommendation</b>				
<b>Recommendation:</b>	The Governing Body is asked to note the Accountable Officer's report. The Governing Body is asked to give delegated authority to the Accountable Officer to sign the system-wide Operational Plan for 2021/22 on behalf of the CCG Governing Body.									
<b>Link to Corporate Objectives: 2020/22</b>	<b>Ensure everyone has the opportunity to improve their health and well-being</b>		<b>x</b>							
	<b>Level-up health and care provision to ensure our communities in areas of high deprivation and need get the resources needed to minimise inequalities</b>		<b>x</b>							
	<b>Focus time and resources on areas where people receive most of their health and care services, the community</b>		<b>x</b>							
	<b>Facilitate organisations to join forces at 'place' and offer 'patient first' well-co-ordinated efficient services to those who need them.</b>		<b>x</b>							
	<b>Deliver our statutory financial commitments as best as possible</b>		<b>x</b>							
<b>CAF (Strategic Risk) Reference</b>	<b>Description of Risk</b>	<b>Current Risk Score</b>								
CAF01	There is a risk that there will be further outbreaks of Covid-19 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	15 (R)								
CAF08	There is a risk that the transition from the CCG to the Integrated Care System will lead to loss of focus on business as usual and the delivery of the CCG's statutory functions	12 (A)								
<b>Impact Assessments</b>	<b>Equality</b>	N/a								
	<b>Health Inequalities</b>									
	<b>Health Impact</b>									
	<b>Data Privacy</b>									
	<b>Sustainability</b>									
<b>Quality</b>										
<b>Resource implications:</b>	N/A									
<b>Chief Officer/ SRO Sign Off:</b>	Jan Thomas, Accountable Officer									
<b>Chief Finance Officer Sign Off: (if required)</b>	N/A									
<b>Legal implications including equality and diversity assessment:</b>	N/A									
<b>Conflicts of Interest</b>	In line with the CCG's Conflicts of Interest Policy and as recorded in the CCG's Governing Body Declaration of Interest Register.									
<b>Report history:</b>	Produced for this meeting									
<b>Next steps:</b>	As per recommendations									

**MEETING: GOVERNING BODY IN PUBLIC**

**AGENDA ITEM: 2.6 SECTION: GENERAL ISSUES**

**DATE: 11 MAY 2021**

**TITLE: ACCOUNTABLE OFFICER'S REPORT**

**FROM: JAN THOMAS, ACCOUNTABLE OFFICER**

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## **1 ISSUE**

1.1 This report provides an overview of key organisational and governance issues to bring to the attention of the Governing Body in my capacity as Accountable Officer of Cambridgeshire and Peterborough (C&P) Clinical Commissioning Group (CCG).

## **2 OPERATIONS**

### **2.1 Operational Plan 2021/2022**

2.1.1 As the Governing Body is aware, we are working to the national timeframe in relation to the development of the system-wide Operational Plan for 2021/22.

2.1.2 The system-wide plan covers the key operational priorities set by NHS England and NHS Improvement for 2021/22 which are:

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention;
- B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19;
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services;
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities;
- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay; and
- F. Working collaboratively across systems to deliver on these priorities.

2.1.3 The draft Operational Plan was signed off by the Cambridgeshire and Peterborough System Leaders Group on 1 May 2021 and submitted to NHSE/I to meet their deadline of 6 May 2021. The submission includes the system finance plan, mental health finance plan, draft activity, workforce (primary and secondary care) and mental health workforce numerical information alongside the draft narrative plan submission. The final Plan is required to be submitted on Thursday 3 June 2021.

2.1.4 All system partners have been asked to take the draft submissions through their internal governance processes. At our Governing Body meeting in private,

members will have the opportunity to review the draft narrative and associated templates.

2.1.5 Following this review, I would ask the Governing Body to provide me with delegated authority to sign the system-wide Operational Plan on behalf of the CCG Governing Body.

2.1.6 The final Plan needs to be submitted to NHSE/I East of England Regional Team on 3 June 2021.

## **2.2 Finance**

2.2.1 As set out in the IPR, at Month 12 NHSE requested that not just health Systems but all NHS organisations to achieve a breakeven position at year end. To enable this the following actions were required:

- NHSE issued additional funding to providers for the increased annual leave accrual and other income that could not be earned due to COVID-19.
- The CCG improved its deficit position by £3.5m from the £16.1m deficit forecast at month 11 to £12.6m.
- The system covid funding that had been distributed in month 7 was re-distributed and the CCG received an additional £12.6m.

2.2.2 This brought the CCG back to a breakeven position. At month 12 there was a further small underspend, so the CCG has reported a £138k surplus and has therefore achieved its statutory financial duties, subject to the annual audit process.

## **2.3 Quality and Patient Safety**

2.3.1 The IPR Report highlights a number of areas of significant quality and patient safety concerns across the system which are being overseen by the CCG's Quality Team.

2.3.2 As part of the system response to COVID-19 the 'Harm Reduction and Review' Tactical Operational Cell (TOC5) has continued their work collaborating with the trusts and providers, in regard to the restoration and recovery of services. The CCG Deputy Chief Nurse leads this Cell and coordinates the actions and progress to ensure quality and patient safety remains the focus. Escalation is to the responsible CCG Chief Officer and then to the Integrated Performance and Assurance Committee.

2.3.3 As I reported to the Governing Body in March, the CCG is continuing to work with Cambridgeshire and Peterborough NHS Foundation Trust in relation to implementing a new model of care for patients with Eating Disorders. The transformation locally is based on the Freed Model of early recognition and rapid access to treatment, it incorporates the latest MARSIPAN (Management of Really Sick Patients with Anorexia Nervosa) Guidance as well as the learning that has occurred from the reviews following the deaths of patients with Eating Disorders in the Cambridgeshire and Peterborough system. In April, a Prevention of Future Deaths Report was issued by the Coroner following the inquests into these five deaths. We are building the findings and requirements of the Prevention of Future Deaths Report into the transformation programme that is underway in Cambridgeshire and Peterborough. Our Chief Nurse will be bringing back a detailed report to the July Governing Body meeting.

### 3 COVID-19 PANDEMIC

- 3.1 We continue to maintain robust arrangements to respond to the ongoing COVID-19 Pandemic and delivery of the Mass Vaccination Programme which has now been de-escalated to a Level 3 Incident (Regional Co-ordination). Whilst the frequency of some of our command control and co-ordination structures have stepped down, the Local Resilience Forum's Strategic Co-ordination Group and Tactical Co-ordination Group continues to meet. We are also required to maintain our Incident Co-ordination Centre function which is manned from 8.00 am to 6.00 pm seven days a week.
- 3.2 At the time of writing this report, we remain on track with the delivery of the Mass Vaccination Programme, with 55% of the Cambridgeshire and Peterborough population having received their first dose and 25% now receiving their second dose.

### 4. PROGRESS TOWARDS AN INTEGRATED CARE SYSTEM

- 4.1 As the Governing Body is aware, the White Paper : Integration and Innovation: working together to improve health and social care for all was released on 11 February 2021. In summary, this White Paper:
- Places Integrated Care Systems (ICS) on a statutory footing with an NHS ICS Board and ICS Health and Care Partnership Board;
  - Provides a duty to collaborate across healthcare, public health and social care system;
  - Establishes new powers for the Secretary of State for Health and Social Care and new duties on the Secretary of State; and
  - Proposes significant changes to procurement and repeal of Section 75 of the Health and Social Care Act 2012.
- 4.2 We are pleased to advise the Governing Body formally in public that we received notification on Friday 19 March 2021 that NHSE/I approved our application to become an ICS. The letter from NHSE/I acknowledges that the successful application is the culmination of hard work over many months and the commitment to progressing our system development, alongside extraordinary challenges and demands. It also acknowledges the strengthening of collaborative working in response to the COVID-19 pandemic and the new ways of working that we have embraced to benefit our local population. It also acknowledges the many areas of good work taking place in Cambridgeshire & Peterborough,
- 4.3 We have submitted Version 1 of Development Plan to support our transition to the ICS. We have included updates on the following areas where NHSE/I has asked us to focus on:
- Finance - the system needs to demonstrate that they have a deliverable system plan to reduce the underlying deficit, building on the improved financial governance that they have demonstrated over the last year. This needs to incorporate longer term strategic solutions to enable the step changes needed to allow the system to live within its means;
  - Regional clinical leadership – the system has yet to fully demonstrate the advantage of the unique assets it has at its disposal, including the Cambridge Biomedical Campus, which is a significant asset for our system. The system needs to find new ways to bring out the advantages of having it on their doorstep for the local population;

- Workforce – the system needs to progress on workforce and will need additional capacity and leadership at a system level to fulfil the required ambition on this;
- Provider collaboration – particularly in relation to achieving health equality. The system has not yet delivered sustained acute to acute provider collaboration and this will now need to be addressed rapidly; and
- Local Authority engagement will need to be a key feature in future plans and approach.

4.4 Version 2 of the Plan is now in development, and we will use feedback from system partners and regional colleagues to inform this. It will be ratified by the Partnership Board before submission on 30 June to EoE Region.

4.5 Alongside the above, we will also be progressing the other key areas set out in our ICS application including strategic commissioning, Integrated Care Partnerships, place development and a strong approach to population health management. These programmes of work will be underpinned by a suite of supporting strategies and a clear communications and engagement plan. We have developed a comprehensive Board Assurance Framework and Development Plan progress report that will be shared with Partnership Board so they have oversight and assurance on progress.

4.6 Subject to Royal Assent of the subsequent Bill, the current timeline for the ICS to become a statutory body in shadow form is from October 2021, with go live in April 2022, but NHSE acknowledge the risks around this.

4.7 For the CCG, as the Governing Body is aware, we have established a Transition Board as part of the Strategy and Planning Committee which will oversee the transition to the new statutory Body. The Board is meeting monthly, and a number of task and finish groups are being established across the CCG's Directorates to manage the detail. I will keep the Governing Body updated on progress.

## 5. GOVERNANCE

5.1 As the Governing Body is aware, we made an application to NHSE/I to vary the Constitution in relation to the Executive voting membership. Following our application, NHSE/I has asked the CCG Governance Team to make a number of housekeeping revisions to the Constitution following their review of CCG Constitutions across the country in relation to a number of CCG mergers nationally. The Governance Team is working through these amendments. We will keep the Governing Body updated.

## 6. RECOMMENDATION

6.1 The Governing Body is asked to note the Accountable Officer's report.

6.2 The Governing Body is asked to give delegated authority to the Accountable Officer to sign the system-wide Operational Plan for 2021/22 on behalf of the CCG Governing Body.

**Author:** **Sharon Fox**  
**Director of Governance (CCG Secretary)**  
**5 May 2021**