

**Minutes of the NHS England and Cambridgeshire and Peterborough CCG
Primary Care Commissioning Committee (PCCC) Meeting in Public
held on Tuesday 11 May 2021 at 11:15 am by Microsoft Teams.**

Present: Voting Members:

Nikki Pasek, Lay Member and Chair of the PCCC
Julian Huppert, Lay Member and Vice Chair of the PCCC, CCG
Jan Thomas, Accountable Officer, CCG
Jessica Bawden, Director of Primary Care, Medicines Optimisation & Out of Hospital
Urgent Care Collaborative, CCG
Louis Kamfer, Chief Finance Officer, CCG

Non-Voting Members:

Sharon Fox, Director of Governance and CCG Secretary
Sandie Smith, Chief Executive, Healthwatch
Alice Benton for Dr Katie Bramall-Stainer, Local Medical Committee
David Parke, Associate Director, Primary Care, CCG
Lucy James, Contract Manager (C&P), NHSE/I
Wanda Kerr, Deputy Chief Finance Officer, CCG

In Attendance:

Louise Jinks, Head of Finance Primary Care, CCG
Danielle Harding, Primary Care Quality & Workforce lead (South)
Teresa Johnson, Executive Assistant, CCG

Agenda Item 1 – General Issues

PC21/18 Welcome and Introductions

The Chair welcomed everyone to the meeting of the Primary Care Commissioning Committee held in Public. The meeting was held virtually via Microsoft Teams.

PC21/19 Apologies for Absence

Apologies were received from Jude Bowler, Dr Katie Bramall-Stainer, Dawn Jones, Carol Anderson, JC Lewis and Karen Key.

PC21/20 Declarations of Interest

There were no declarations of interest in relation to the agenda.

PC21/21 Notification of Any Other Business

There was no notification of any other business.

PC21/22 Minutes of the Last Meeting

The minutes of the Committee meeting held in public on Tuesday 9 March 2021 were agreed as an accurate reflection of the discussions.

PC21/23 Matters Arising ACTION LOG

The action log was received for review and had been updated. This was appended as a separate document.

Agenda Item 2 – Operational Primary Care Issues

PC21/24

Premises and Estates Update Report

The Committee received the report to update on Primary Care Premises and Estates, David Parke gave an update on the St Mary's Surgery Premises building extension and the associated Full Business Case which had been presented for the Committee's final approval, once approved this would be submitted to the NHSE Capital Investment Oversight Group (CIOG) for final approval on 27 May 2021. The Committee was aware of the significant population growth and housing developments in and around Ely and the requirement for improved facilities. David Parke outlined that if approved, there was the increased rent and rates reimbursement which would equate to a cost-pressure to the CCG of circa £71k per annum. It was noted that this increase would be a cost pressure to the Delegated Commissioning budget. Also, to note that there was an abatement period for 15 years which would bring down the cost pressure to the CCG.

The Committee discussed the report. Sandie Smith said that the local community would be pleased to reap benefits of an improved Primary Care facility. The timeline detailed within the Business Case was quite concise. She asked if it was a realistic timeframe; as the building was to be extended had staffing and workforce been reviewed, so was there enough staff to manage the services and what communications had been carried out with the local population. David Parke said that the construction period was defined. There was an agreement from NHSE that if the Estates and Technology Transformation Fund (ETTF) allocation was used up front there may be an option to go beyond the calendar year and time frame will be extended. Concerning the workforce, it was acknowledged that this was challenge and staff would be allocated and utilised to meet the demands and needs of the service in variable ways. Louis Kamfer acknowledged and agreed this was a more affordable option but was still realistically unaffordable within the CCG budgets. This would be highlighted in the Finance Report. He expressed concern that the Committee would be agreeing to additional cost, which was unaffordable, especially if there was no additional funding coming back from Region to the CCG to compensate. Louis Kamfer said that if this this was a Partner organisation, they would be asked how they would ensure costs would be covered with a demonstrable affordability plan.

Julian Huppert asked if the Committee was comfortable with the project and work plans for Ely and the Princess of Wales (PoW) Hospital and whether the whole work programme was actually needed in this locality. David Parke said that the Business Case had been worked through with interaction by the PoW team. The PoW site had not had any planning applications approved yet. If the capital funding was agreed, it would allow and improvement between sites. The Ely population had clearly identified they wanted a City centre presence, and this was the easiest option. Concerning the rent abatement, Alice Benton said this was the NHSE contribution, and it was noted the abatement was for a long period of 15 years. She agreed with the challenges concerning the affordability and

acknowledged too the huge amount of work that had taken place to support and benefit for the Ely population. Jessica Bawden reiterated that the Council had supported the Ely City centre location, the PoW Hospital was out of town. She said there needed to be an acknowledgement of the vast amount of work that had been undertaken with this programme. Partners had made additional contributions to support the programme. Louis Kamfer said the Committee was not clear how the CCG would afford all of this and understand the rationale and this Committee (the CCG) would have no answer about how we would be funding this> He was concerned that NHSE, who had approved the work programme had not allocated any additional funding to cover the additional costs to the CCG. Jan Thomas acknowledged the point made by Louis Kamfer. The Committee agreed that the question about funding and how to cover the costs could not be answered today. The Committee was anxious that NHSE had approved the project which would add costs to the CCG and not allocated any additional funding for the Delegated Commissioning budget. The Committee noted and would share with the CCG Chief Officer Team, that for all of the forthcoming ICS planning, they strongly recommend that following lessons learnt via this Committee, that no future services should be handed down without agreement and dedicated or relevant funding from NHSE. The conversation turned to how we think and plan changes around estates and facilities for the future as we move towards becoming an Integrated Care System (ICS). Who would manage and own the wider system estate in the future.

Returning to the local matter of the St Mary's Surgery Premises building extension, Jan Thomas asked who would own the new extension. There would need to be strict rules in place and the Committee would need to understand the expectation of the building, criteria and plans if they needed to sell in the future. The Chair agreed that this Committee need to be very clear about building ownership and rules.

The Chair thanked David Parke for the report and the Committee for the candid discussion.

The Committee **approved** the St. Mary's Surgery extension scheme FBC.

The Committee **authorised** the Chief Finance Officer, or nominated appropriate alternative, to sign off the FBC documentation prior to the CIOG paper submission deadline of 20.05.2021.

The Committee **noted** the estimated future revenue implications of the St Mary's Surgery extension scheme both during and post 15-year abatement.

PC21/25 Primary Care Finance Year End Report 2020/21

Louise Jinks gave a summary of the report for the Month 12 period up to 31 March 2021. She said that the CCG had received £1.3m in Month 12 to the Delegated Commissioning budget for the PCN additional roles scheme. There were additional costs noted due to Caretaking, back dated rent and increased locum fees. The section Other Primary Care details on Table 5 of the report indicated a favourable variance which would offset the Delegated

Budget overspend. Table 6 of the report showed a delegated commissioning recurrent exit position deficit of £6,083k for 2020/21. Wanda Kerr added concerning use of budgets and finds, that there were some discretionary areas of budgets where we can use money differently, mostly the CCG was tied into specific rules with using budgets and funding.

The projected position for next year was significant and the Committee seem to be adding to the pressure rather than decreasing the finance and spending issues. Jan Thomas said there was a need for a systematic review of what was controlled and non-controlled spend and bring back for committee review, this would be a challenging task and might need to be arranged outside of the Committee. There would need to be engagement with the Strategic Primary Care Group and the LMC. Jan Thomas suggested the Integrated Performance and Assurance Committee (IPAC) oversaw a full review of all overspending with the CCG not just Primary Care. Louis Kamfer agreed, he said the approach needed careful planning. The next six to twelve months would have a national focus on NHS finances. It would take a long time to implement a review and land it well. he said that in order to get the CCG fit for purpose the FPG needed to review across the system and this was an ongoing in discussion currently. Jessica Bawden reminded the Committee of the forthcoming PCC Development session and said that finances would be on the agenda to discuss further to identify the remit of the Committee and the CCG.

Turning again to the developing Integrated Care System, Sandie Smith said there was a need to be aware of the whole system (including Community) costs and budgets. If we move more towards a *home first approach* and changing other services, she asked if the money move with any changes. Jan Thomas said as an organisation the CCG had agreed the Long Term Plan, within which said that anyway we need to amend the Long Term Plan in light of the pandemic period. We need to shift the work programmes and use the ICS (STP) Long Term Plan that had been previously agreed. Louis Kamfer agreed and reiterated that we need to shift work and maximise what we have available and work to manage ways to provide the best possible care for our patients.

The Chair acknowledged the huge amount of work on going with all the programmes and money flows, this Committee need to focus it's responsibilities on the budgets for which we are responsible for. The Chair thanked all of the Finance Team for their work over the last 12 months, particularly as it had been a difficult period.

The Primary Care Commissioning Committee noted the month 12-year end position and the recurrent exit position for 2020/21.

PC21/26 Delegated Commissioning Internal Audit Report 2020/21

David Parke gave a summary of the report which informed the Committee of the outcome from the Delegated Commissioning Internal Audit for 2020/21 and any actions to be taken in response. The CCG's Internal Auditors, RSM, had carried out an audit in December 2020. Overall, it was determined that the controls around Delegated Commissioning were well designed. There was one minor issue relating to the administration of Terms of Reference documents for the Primary Care Commissioning Committee and Primary Care Operational Group, this had been identified as a low priority and was

rectified by adding a version control sheet specifying when the documents had been approved and ratified by and specified the date of next review.

The Committee **noted** the contents of this report and accompanying Appendices, acknowledging the actions taken to address the low priority action relating to the Terms of Reference of both PCOG and PCCC.

PC21/27 Covid Capacity Fund Proposal 2021/22

Jessica Bawden gave a summary of the spending plan for the additional Covid Capacity Fund allocation for 2021/2022, this was additional funding from NHS England & Improvement (NHSE/I) of an additional ringfenced non-recurrent £120m for use during April-September 2021 to support general practice to maintain and expand capacity until the end of September 2021. There were conditions attached to the allocation, systems were expected to use the funding to make progress on seven classification priorities which were:

1 Increasing GP numbers and capacity; 2 Supporting the ongoing provision of the simple COVID oximetry at home model; 3 Continue to support the identification and supporting of patients with Long COVID; 4 Continuing to support clinically extremely vulnerable patients; 5 Continuing to support the restoration of services and clear backlog of patients for chronic disease management and routine vaccinations and immunisations; 6 On inequalities, making significant progress on improving uptake of SMI and learning disability health checks by September 2021; 7 Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely.

Sandie Smith highlighted, in addition to the above priorities, that there was a need to focus on enhancing access to services, as Healthwatch had received feedback that many patients were not able to get face to face appointments in Primary Care, which Healthwatch will raise with NHSE. This was a variable picture regarding accessibility, some issues with access in the North of the patch and Healthwatch were aware of the want versus the need aspect. Jessica Bawden said that the CCG was working with LMC on a developing a survey on Primary Care services and issues regarding accessibility, findings to be shared back at a later date.

The Chair thanked Jessica Bawden for the detail.

The Committee **noted** the contents of this briefing report.

PC21/28 Extended Covid Mass Vaccination Programme – Phase 2

David Parke gave a summary of the report which detailed that on 12 March 2021, NHS England and NHS Improvement (NHSE/I) announced Phase 2 of the COVID-19 Mass Vaccination (MV) Programme, for delivering vaccinations to cohorts 10–12 (patients aged 40-49, 30-39 and 18-29). Eleven of the twenty-one PCNs had agreed and were approved to continue the MV phase 2 work. He said that Patients of those GP Practices whose PCN was not continuing with phase 2 will be offered a COVID–19 vaccination appointment through the national booking service, to attend one of the Large Vaccination Centres or community pharmacy sites. Jessica Bawden confirmed that work would continue for the administering of

vaccines to cohorts 1-9 where not competed until June 2021. Jessica Bawden and Jan Thomas expressed thanks to all the GPs, and PCNs involved with the Mass Vaccination programme for the tremendous work in a face paced programme.

Jan Thomas asked how much of CCG resources might be required for the phase 2 programme. Jessica Bawden said there may be less of a requirement going forward for the CCG to support the PCNs with the MV workforce, workforce was a known national issue. There may be a requirement from the lead Provider, Cambridgeshire Community Services (CCS) rather than the PCNs. Jan Thomas said we need a clear idea of what support would be needed by PCNs especially for our work force planning we need the PCN assumptions with clear viable support programme and not just what they think they want. Jessica Bawden said that PCNs were advised they would not be out of pocket for carrying out the MV programme. There was reconciliation work on going and claims were being reviewed by Finance Team.

Sandie Smith thanked the CCG and the Local Authority for the help and support that had been given to patients who were housebound and those members of the public that had not received their first Covid vaccine. In particular the work that had taken place to encourage vaccine uptake due to vaccine hesitancy.

The Chair thanked David Parke for the report.

The Committee **noted** the contents of the report.

PC21/29 Agenda item 3 – Questions from the Public

There were no questions from the members of the public who had joined the meeting.

PC21/30 Date of next meeting

The date of the next meeting in public was confirmed as Tuesday 15 June 2021.

The Chair thanked everyone for joining the meeting which ended at 12.15pm.

Author ***Teresa Johnson***
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