

**Cambridgeshire and Peterborough
Clinical Commissioning Group**

Minutes of the Extraordinary Clinical Commissioning Group Governing Body meeting in private held on Friday 15 April 2016 at 11.30 AM in the Cedar Room, Lockton House, Cambridge

- Present:**
- Maureen Donnelly, Chair
 - Dr Cathy Bennett, GP Member (Vice-Chair), CATCH
 - Julian Huppert, Lay Member
 - Rebecca Stephens, Lay Member
 - David Irwin, GP Member, Hunts System LCG
 - Dr Gary Howsam, GP Member, Greater Peterborough LCG
 - Dr Sripat Pai, GP Member, Hunts System
 - Jonathan Dunk, Chief Finance Member
 - Jill Houghton, Executive Nurse Member
- Jessica Bawden, Director of Corporate Affairs
Sarah Shuttlewood, Director of Commissioning, Contracting Performance
- In Attendance**
- Wanda Kerr, Deputy Chief Finance Officer
 - Simon Barlow, Corporate Governance Manager

Special Resolution

The Lay Chair welcomed everyone to the extraordinary Governing Body Meeting. She declared "That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" Section 1(2), Public Bodies (Admissions to Meetings) Act 1960 and in line with section 26 of the Health and Social Care 2012 Act

GB16/01 Apologies for Absence

Apologies for absence were received from dr Mark Brookes, Vanessa Connolly, Tracy Dowling, Dr Liz Robin, Dr Neil Modha, Dr Christopher Scrase, Dr Andrew Wordsworth and Sharon Fox.

GB/16/02 Declarations of Interest

There were no declarations of interest.

GB16/03 Operational Plan 2016/2017

The Governing Body received for approval the latest draft of the CCG Operational Plan for 2016/17 in advance of its formal submission to NHS England on Monday 18 April 2016

It was noted that approval of the Plan had originally been delegated by the Governing Body to the Finance and Performance Committee who had convened a special meeting on 7 April 2016 to action this. However, it had not been possible for the Committee to approve the 2016/17 Operational Plan and accompanying Financial Plan as agreement on an appropriate budget control total for 2016/17 had not been reached with NHS England. In addition, NHS England had extended the original submission deadline to 18 April 2016 because nationally a majority of contracts had still to be agreed and there remained significant differences between provider and CCG positions. As a consequence the control totals for a large number of CCGs had still to be finalised. This included Cambridgeshire and Peterborough CCG.

The Governing Body received the latest version of the Financial Plan which identified that the CCG had a QIPP requirement of £44.1M to achieve an in-year financial balance for 2016/17. It was noted that work to close this gap was continuing but there currently remained £2.8M of unidentified QIPP. It was also noted that at the time of reporting, contract negotiations had still to be concluded and a £4.2M risk had been assigned to this.

The Governing Body noted that the Financial Plan put forward for 2016/17 was forecasting a £7M deficit at year end. It was highlighted that agreement with NHS England on a final budget control total figure for the year had still to be reached. The Chief Finance Officer reported that NHS England was pressing for the CCG to set an in-year break-even position. The Governing Body strongly expressed the view that agreeing a Balanced Plan for 2016/17 would not be a viable option and could not be delivered in-year.

In considering the current financial plan summary, the Governing Body still had major concerns about the deliverability of the proposed plan. In particular, it was highlighted that the scale of the QIPP challenge was significantly beyond the levels achieved by this system, and indeed in most other health systems, in previous years. While it was believed the scale of QIPP opportunity was there, it was unlikely it could be realised to the levels required in a single year. The view was expressed that any further reduction to the planned deficit position proposed would not be achievable. Concerns were also raised that signing-off a plan that could not be realistically delivered would compromise the CCG's future receipt of any quality premium monies.

Maureen Donnelly and Dr David Irwin left the meeting at 11.50AM. The Vice Chair, Dr Cathy Bennett, took the Chair.

It was however fully recognised that in view of its current financial position the CCG had a responsibility to put forward an extremely challenging plan for the year and to submit it by the required deadline. The Governing Body therefore **approved** the Operational and Financial Plan 2016/17, which was based around assumptions for delivering a £7M year-end deficit position, and that this be submitted to NHSE England on 18 April 2016. In making the submission the Chief Finance Officer was asked to communicate the concerns raised by the Governing Body to NHS England.

GB16/04 Date of Next Meeting

The date of the next meeting was confirmed as Tuesday 19 April 2016 at 2PM at the Stanton Training and Conference Centre

Simon Barlow
Corporate Governance Manager
April 2016

**Minutes of the Clinical Commissioning Group Governing Body meeting in private
held on Tuesday 19 April 2016 at 2.00 pm in Suite 2, Stanton Training and
Conference Centre, Stanton Way, Huntingdon**

- Present:**
- Maureen Donnelly, Lay Chair
 - Dr Cathy Bennett, GP Member, CATCH (Vice Chair)
 - Dr Mark Brookes, GP Member, CamHealth
 - Vanessa Connolly, CCG Lay Member
 - Tracy Dowling, Chief Operating Officer
 - Maureen Donnelly (Lay Chair)
 - Jonathan Dunk, Chief Finance Officer
 - Jill Houghton, Director of Quality; Nurse Member
 - Dr Julian Huppert, CCG Lay Member
 - Dr David Irwin, GP Member, Hunts Care Partners
 - Dr Sripat Pai, GP Member, Hunts Health
 - Dr Liz Robin, Director of Public Health
 - Dr Christopher Scrase, Secondary Care Doctor
 - Rebecca Stephens, CCG Lay Member
 - Dr Andrew Wordsworth, GP Member, Wisbech LCG
- Jessica Bawden, Director of Corporate Affairs
Sarah Shuttlewood, Director of Contracting, Performance & Delivery
- In Attendance**
- Sharon Fox, CCG Secretary and Deputy Director of Corporate Affairs
 - Wanda Kerr, Deputy Chief Finance Officer
 - Dr Andrew Anderson, Clinical Lead, Urgent and Emergency Care
 - Nigel Gausden, Programme Manager
 - James Wilks, Project Manager
 - Jacqui Harvey, PriceWaterhouseCooper (PWC)

GB16/05 Special Resolution

The Lay Chair welcomed everyone to the extraordinary Governing Body Meeting. She declared "That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" Section 1(2), Public Bodies (Admissions to Meetings) Act 1960 and in line with section 26 of the Health and Social Care 2012 Act

GB16/06 Apologies for Absence

Apologies for absence were received from Dr Gary Howsam.

GB16/07 Declarations of Interest

The Governing Body **noted** that Dr Gary Howsam had sent his apologies for the meeting, however, he had declared an interest in Agenda Item 2.1 Integrated Emergency Care Procurement and had not been sent the papers.

GB16/08 Notification of Any Other Business

The Lay Chair welcomed Jacqui Harvey, PWC to the meeting. She advised the Governing Body that PWC had been commissioned by NHSE to undertake a Governance and Finance Capacity and Capability Review. As part of the review, Jacqui would be observing the meeting.

The Lay Chair advised the Governing Body that Tracy Dowling had been appointed as the CCG's Accountable Officer. The appointment would be formally ratified at the Governing Body in public on 10 May 2016.

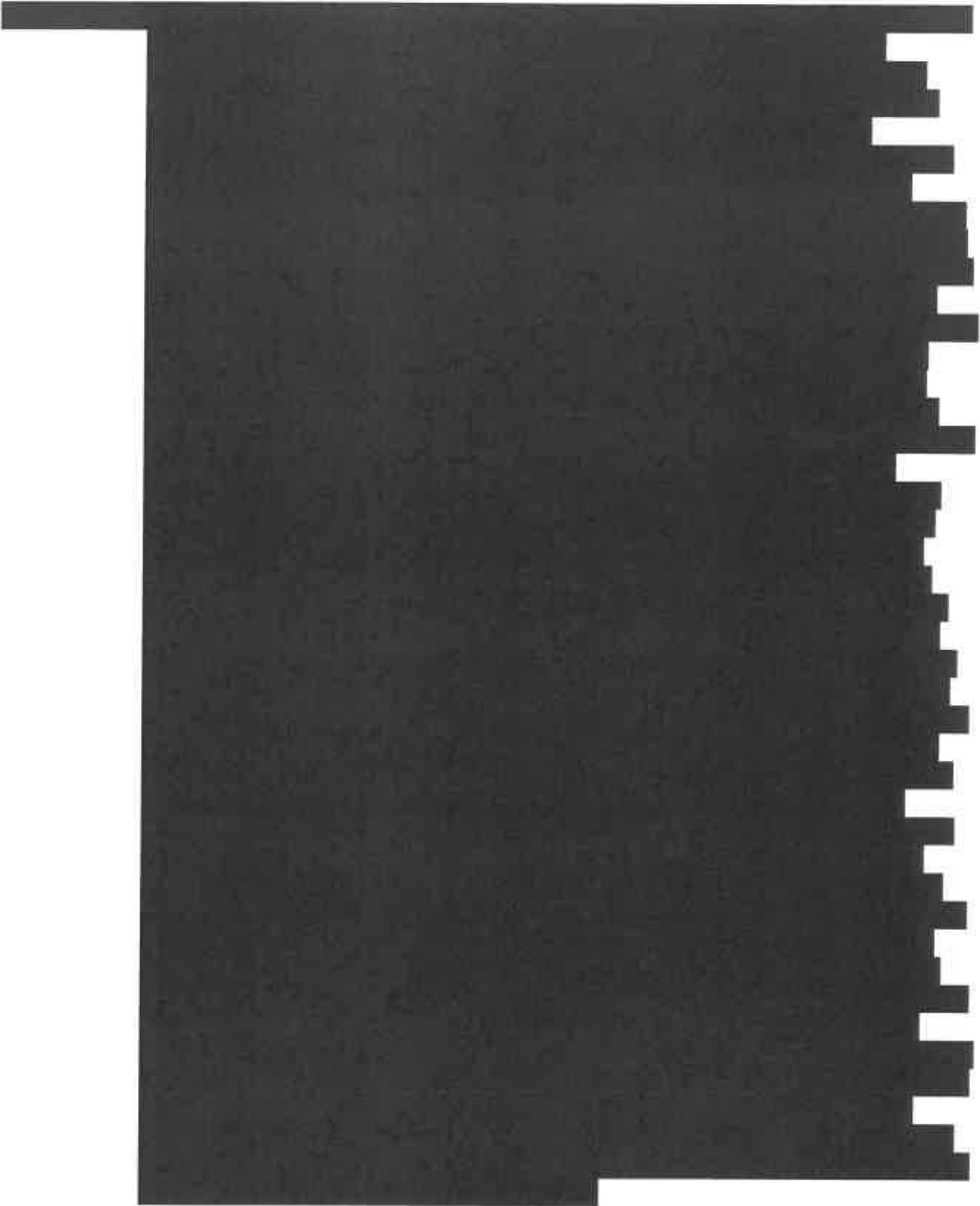
GB16/09 Integrated Emergency Care Procurement -

Dr Andrew Anderson, Nigel Gausden and James Wilks were in attendance for this Item.

A paper setting out the outcomes of the Integrated Emergency Care procurement and recommending the preferred bidder to the Governing Body had been prepared by Jessica Bawden and circulated prior to the meeting. She advised the Governing Body that the CCG had managed a thorough and robust end to end process from the development of the Business Cases, Specification and Procurement. Based on the evaluation criteria of the tender two bids passed all of the mandatory and scored elements of the tender. Both are affordable bids had been received from experienced providers of Urgent Care, NHS 111 and Out of Hours services. The preferred bidder recommended by the 111 and Out of Hours Programme Board was Herts Urgent Care.

[REDACTED]

[REDACTED]



The Lay Chair thanked everyone for their comments. She thanked the 111 and Out of Hours Programme Board and the project team for their hard work in delivering the procurement. Turning to the recommendations, the Governing Body **approved** Herts Urgent Care as the Preferred Bidder for this service as recommended by the Procurement Evaluation Panel. Subject to the conclusion of the standstill period, the Governing Body **authorised** the CCG to commence the finalisation of the contract for the service with Herts Urgent Care to enable a swift mobilisation period and start of the new service

by Autumn 2016. The Governing Body agreed that they would require further assurance around quality and financial stability should the preferred bidder not progress to contract award.

GB16/10 Governance and Finance Capacity and Capability Review

The Governing Body **noted** that PWC had been commissioned by NHSE to undertake a Governance and Finance Capacity and Capability Review. The CCG was co-operating fully with the Review, which would include one to one interviews, observation at key governance meetings and a review of documents and records. The Review would conclude and findings would be presented by the end of May.

GB16/11 Section 30 Referral Notice

The Governing Body **noted** that the CCG had received notice of a Report to the Secretary of State and the NHS Commissioning Board under Section 30 of the Local Audit & Accountability Act 2014. This was due to the CCG's failure to deliver its statutory duty to break even. The letter would be presented formally in public at the next meeting.

GB16/12 Date of Next Meeting

The date of the next Meeting – Tuesday 10 May 2016 at 2.00 pm Main Hall, The Fleet, Fleet Way, Peterborough, PE2 8DL.

Author: **Sharon Fox**
 CCG Secretary and Deputy Director of Corporate Affairs
 5 May 2016

**Cambridgeshire and Peterborough
Clinical Commissioning Group**

Minutes of the Clinical Commissioning Group Governing Body meeting in private held on Tuesday 10 May 2016 following the meeting in public in the Main Hall, The Fleet, Fleet Way, Peterborough, PE2 8DL.

- Present:**
- Maureen Donnelly, Lay Chair
 - Dr Mark Brookes, GP Member, CamHealth
 - Vanessa Connolly, CCG Lay Member
 - Tracy Dowling, Chief Operating Officer
 - Maureen Donnelly (Lay Chair)
 - Jonathan Dunk, Chief Finance Officer
 - Jill Houghton, Director of Quality; Nurse Member
 - Dr Gary Howsam, GP Member, Greater Peterborough
 - Dr Julian Huppert, CCG Lay Member
 - Dr David Irwin, GP Member, Hunts
 - Dr Sripat Pai, GP Member, Hunts
 - Dr Christopher Scrase, Secondary Care Doctor
 - Rebecca Stephens, CCG Lay Member
 - Dr Andrew Wordsworth, GP Member, Wisbech LCG
- Jessica Bawden, Director of Corporate Affairs
Sarah Shuttlewood, Director of Contracting, Performance & Delivery
- In Attendance**
- Sharon Fox, CCG Secretary and Deputy Director of Corporate Affairs
 - Sati Ubhi, Chief Pharmacist
 - Wanda Kerr, Deputy Chief Finance Officer
 - Jacqui Harvey, PriceWaterhouseCooper (PWC)

GB16/37 Special Resolution

The Lay Chair declared "That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" Section 1(2), Public Bodies (Admissions to Meetings) Act 1960 and in line with section 26 of the Health and Social Care 2012 Act

GB16/38 Apologies for Absence

Apologies for absence were received from Dr Cathy Bennett, Dr Harshard Mistry and Dr Liz Robin.

Apologies for absence were received from Vanessa Connolly who left the meeting at 5.30 pm.

GB16/39 Declarations of Interest

Dr Julian Huppert declared an interest in Matters Arising "Clinical Academic Reserve" in relation to his registered interest in Cambridge University.

All GPs declared an interest in Agenda Item 4.1 – LCG Prescribing Budget Allocation 2016-2017.

Dr Simon Hambling had declared an interest as his practice held the contract for GP Services at Doddinton Court.

Dr Gary Howsam advised the Governing Body that he was no longer a Director of the Greater Peterborough Network.

GB16/40 Notification of Any Other Business

The Lay Chair welcomed Dr Simon Hambling who was in attendance to represent the Isle of Ely LCG on this occasion.

The Lay Chair welcomed Sati Ubhi, Chief Pharmacist to the meeting to present the LCG Prescribing Budgets paper. This would be discussed first on the Agenda following matters arising.

The Lay Chair welcomed Jacqui Harvey and Andrew Phillipson, PWC to the meeting as part of their Governance and Finance Capacity and Capability review.

GB16/41 Minutes of the Last Meeting

The minutes of the last meeting held on 22 March 2016, 15 April 2016 and 19 April 2016 were agreed as a true record.

GB16/42 Matters Arising

GB16/42/01 Actions List

The Actions List was updated and is appended to the minutes.

GB16/42/02 Clinical Academic Reserve

Dr Julian Huppert declared an interest as a member of Cambridge University and left the meeting for this discussion.



[REDACTED]

The Lay Chair thanked Tracy Dowling for the update. The Governing Body **noted** the current progress with CAR discussions and the establishment of a Clinical Research Board to determine future direction.

GB16/43 LCG Prescribing Budgets 2016-217

Sati Ubhi was in attendance for this item. GPs declared an interest.

A paper setting out proposals for allocation of LCG Prescribing Budgets for 2016-2017 had been circulated prior to the meeting. Sati Ubhi advised the Governing Body that following discussions at CMET, alternative methods of setting LCG Prescribing Budgets taking into account local population growth forecasts and an engagement factor adjustment relating to current identified savings opportunities had been developed. LCGs would continue to devolve their allocations to their member practices using local methodology. There were a number of options and methods to consider. Three options had been considered, and Option 3 c as set out in the paper had been recommended by CMET to the Governing Body.

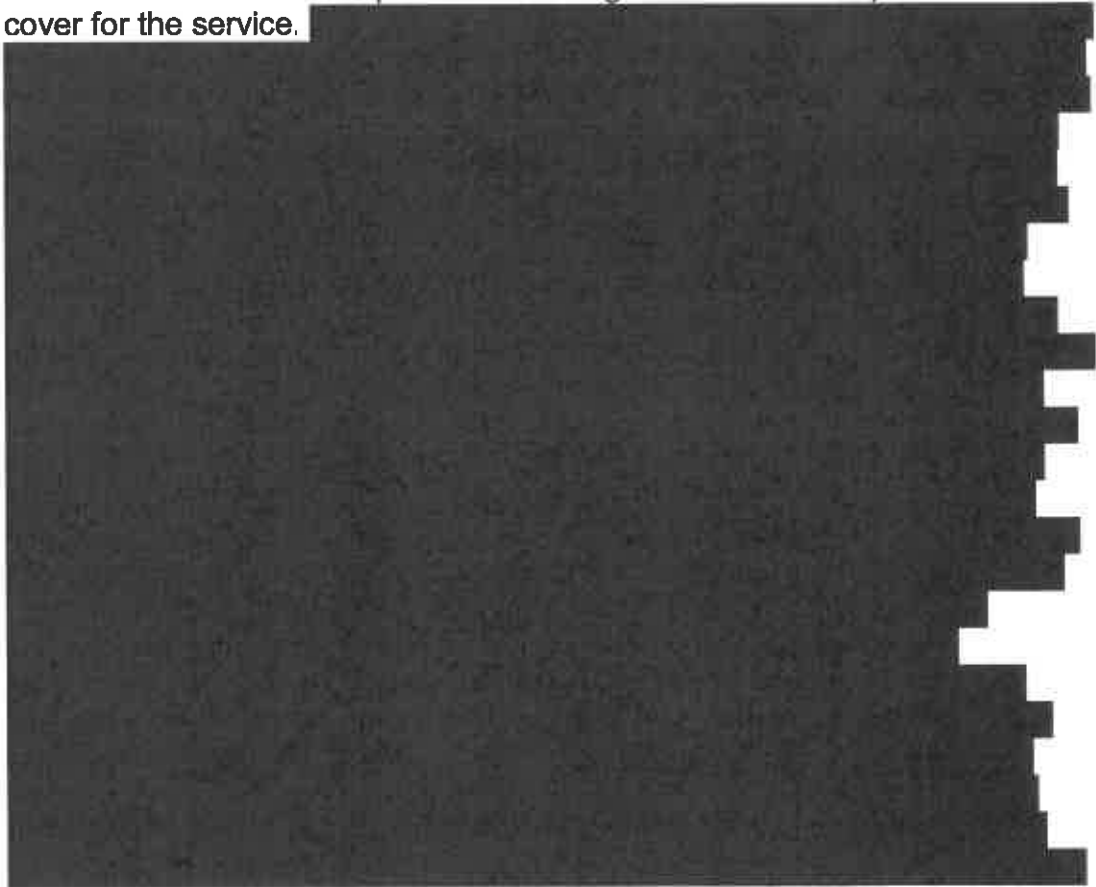
The Governing Body discussed the paper in some detail. Dr David Irwin said that the Huntingdonshire system had a large over 65 population and the impact of option 3c was significant for the LCG. He could therefore not vote on the proposal. Sati Ubhi said that over 65 population growth had been accounted for and the projections were based on forecast outturn. Tracy Dowling said based on historical information, practices were rewarded every year even though they had not achieved their budgets. Dr Gary Howsam said that the Greater Peterborough LCG had considered this issue and would break it down by practices, linked to the PDMA. Dr Neil Modha said that there was a need for a more simplified explanation on the options. Dr Gary Howsam added that there needed to be an allocation that practices could achieve, and to incentivise them to improve practice prescribing. The Lay Chair said she supported an LCG approach, with script at practice level. Dr Simon Hambling commented on the need to shift prescribing to the most cost effective methods and produce targets based on upon this. Practices needed to prescribe cost-effectively in line with the GMC regulations. The

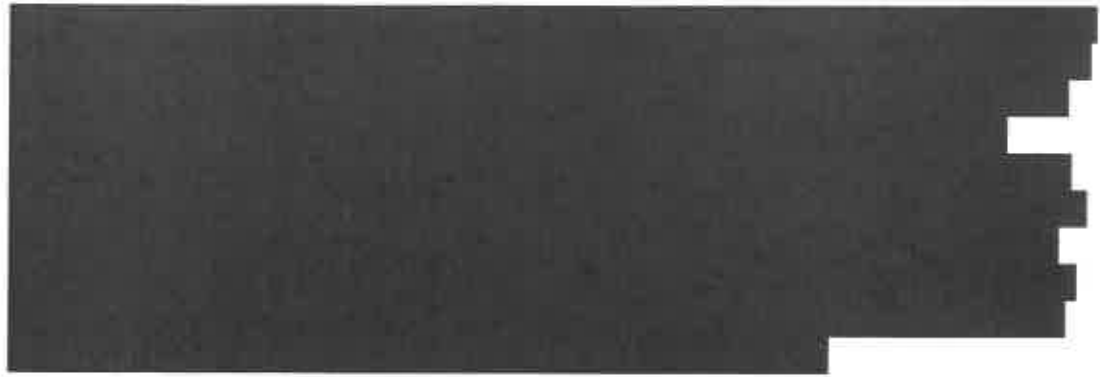
Lay Chair said there was a need for a bottom up approach. Dr Gary Howsam said that to focus on the quality and efficiencies linked to best practice was the way to engage with general practice. Dr Neil Modha commented on the timing and there was a need to apportion budgets as soon as possible. He said accepting there was a need for a more simplified explanation, the recommendation was Option 3c, and he suggested that this was taken forward.

Dr David Irwin and Dr Sri Pai said that they could not vote on the proposal due to the impact on the Huntingdonshire system. Jonathan Dunk said there was a need to finalise budgets. Dr Neil Modha said that this was a corporate decision and there was a need to agree principles. Dr Christopher Scrase said there was a need for a pragmatic approach to resolving the issue. The Lay Chair said that Prescribing Leads should discuss further and that principles should be agreed. The Governing Body **agreed** to delegate sign of the of the LCG Prescribing Budgets 2016-2017 to the Lay Chair, Accountable Officer and Chief Finance Officer.

GB16/44 OPD Services at Doddington Hospital and Princess of Wales Hospital

A paper setting out the current situation in relation to outpatient services and Doddington Hospital and Princess of Wales Hospital, Ely had been circulated prior to the meeting. Sarah Shuttlewood gave an overview of the current situation. Cambridgeshire Community Services (CCS) had been providing OPD services at Doddington and Princess of Wales (POW) for a number of years via a block contract arrangement. There were c15,000 OPD appointments at both sites across a range of different speciality clinics. CCS sub contracted with acute providers to bring in consultants to provide medical cover for the service.





A quality and equality impact assessment is being undertaken on the OPD services. The issue was discussed with local GPs (IOE LCG board meeting) and the view from the GPs is that the services are significantly valued by the local population particularly the Doddington OPDs. It would be a huge loss to a rural community and there are opportunities to use the resource better and more extensively. This would take time to work up and impact however (c 6 month time frame). The CCG AO and CCO would continue to have discussions to resolve the issues.

Dr Simon Hambling left the meeting.

GB16/45 Organisational Structure

Tracy Dowling gave a short presentation setting out a number of reasons to consider the structure of the CCG. She said there was a need to ensure that form followed function and to plan for the next three to five years. A number of key issues should be considered including the delivery of the Sustainability and Transformation Plan; the significant cost reductions year on year, with pan-CCG workstreams; the need to lead development of general practice for the future; to need to lead redesign of clinical pathways and to increase the degree of standardisation across the C&P area. There was also a need to consider engagement of GP member practices alongside clinical commissioning and to address the CCG and LCG disconnection issues. Linked to this was the need to eradicate duplication across the CCG and LCG structures. There was also a need to ensure decisions were made at the right level across the organisation and to ensure significant clinical involvement at all levels of the decision-making process. Finally there was a need to ensure closer commissioning with Local Authorities.

Tracy Dowling presented a number of suggestions about how the CCG should work in the future, linked to the scheme of reservation and delegation. She said there was a need to bring localities into the decision-making forum. She was proposing to develop a Clinical Executive that met every two weeks which included the Executive team and GP leads from localities, and potentially central Clinical Leads. The Executive Team would meet weekly and would be a non-decision-making body. The Financial Programme Management Board would continue to meet on a monthly basis. She was also proposing that Directors took responsibility for a locality and presented a revised Director level structure. She proposed that redesign programmes across the CCG were aligned with the STP workstreams. Locality teams

would focus on supporting the development of general practice and utilisation of resources variance across their localities. There was a need to reshape what was managed centrally and locally and to rethink clinical engagement and involvement to make the best use of clinical expertise. There was also a need to consider whether LCG boundaries were best fit for future challenges or a local system approach would be better, aligned potentially with the emerging federation footprints. Finally, once the Executive form and Clinical leadership areas were finalised, there was a need to consider structure throughout the organisation. In the interim, Tracy Dowling advised that there was a need to provide back fill for the Chief Operating Officer role, through the appointment of another Service Redesign Director for Urgent and Emergency Care.

Due to the time available, the Lay Chair thanked Tracy Dowling for her presentation. She said that as Accountable Officer, the Governing Body would anticipate that she designed the appropriate Executive structure to ensure the CCG met its statutory duties and functions. She asked Governing Body members to feedback comments within one week on the proposed structure. **ACTION: All.** Further discussion would take place at the Away Day on 7 June 2016 on the wider implications around CCG/LCG form. In respect of backfill / interim support, she said that the Governing Body would expect the Accountable Officer to work within the current resource limit, and that any proposals for interim support were ratified by the Remuneration and Terms of Service Committee, which could be set up virtually when required. The Governing Body **endorsed** this approach. **ACTION: Tracy Dowling.**

GB16/46 Governing Body Membership

The Governing Body received a short presentation setting out proposals to appoint a fourth Lay Member to the Governing Body and an Assistant Clinical Chair. Following a brief discussion, the Lay Chair said that the Governing Body supported in principle the addition of these two roles. Further work was required to propose a variance to the Constitution.

GB16/47 Patient Safety and Quality Update

Jill Houghton gave a short update on a number risks and adult safeguarding issues in relation to the BUPA Wentworth Croft Care Home. She agreed to keep the Governing Body updated on progress as appropriate. The Governing Body **noted** the update.

GB16/48 Patient Safety and Quality Committee Minutes

The Governing Body received and **noted** the minutes of the part 2 confidential Patient Safety and Quality Committee meeting held on 8 March 2016.

GB16/49 QIPP 2016-2017

The Governing Body received the QIPP Development Performance Report for May 2016. Tracy Dowling advised the Governing Body that the control

total for 2016-2017 was £3m following further discussions with NHSE. The CCGs QIPP requirement was £43.8m. Schemes and ideas amounted to £41.3m leaving a gap of £2.5m of unidentified schemes. Within the Plan, there were several schemes being scoped some of which would require consultation as they linked to service reduction and ceasing the funding of services. The focus of all Executive Directors and Programme leads was to ensure that every project was implemented as planned and that phased savings were delivered by day one. Tracy Dowling added that further discussion would take place at CMET and that governance arrangements would remain robust, with rigorous oversight from the Finance and Performance Committee. Work was also underway to strengthen the Programme Management Office. The current Turnaround Director would be leaving the organisation on 11 May 2016 as his short term contract had ended. A further Director would be appointed to ensure robust delivery of QIPP.

The Lay Chair thanked Tracy Dowling for her update. She thanked the Executive for their hard work in developing the Plan and acknowledged that there was further hard work ahead to achieve the savings required. The Governing Body **noted** the QIPP Development Performance Report for 2016-2017.

GB16/50 Transforming Care Plan

A paper presenting the draft Transforming Care Plan which had been submitted to NHSE had been prepared by Sarah Shuttlewood and circulated prior to the meeting. The paper gave an overview of the progress to date and the feedback received from NHSE which advised that the CCG was underselling itself due to the good work locally. The final version of the Plan was required to be submitted by 1 July 2016. Due to the timing, it was requested that delegated sign off be given to the Strategic Clinical and Management Executive Team at its meeting on 1 June 2016.

Due to the time left, the Lay Chair said that the Governing Body members should provide any feedback to Sarah Shuttlewood prior to Strategic CMET. The Governing Body **agreed** to delegate final of the Plan to Strategic CMET on 1 June 2016

GB16/51 Date of Next Meeting

The date of the next Meeting – Tuesday 10 May 2016 at 2.00 pm Main Hall, The Fleet, Fleet Way, Peterborough, PE2 8DL.

Author: **Sharon Fox**
 CCG Secretary and Deputy Director of Corporate Affairs
 May 2016

**Cambridgeshire and Peterborough
Clinical Commissioning Group**

**Minutes of the Clinical Commissioning Group Governing Body meeting in private
held on Tuesday 7 June 2016 in the Refectory, Wood Green Animal Shelter,
Godmanchester**

Present:

Maureen Donnelly, Lay Chair
Dr Mark Brookes, GP Member, CamHealth
Vanessa Connolly, CCG Lay Member
Tracy Dowling, Chief Operating Officer
Jonathan Dunk, Chief Finance Officer
Jill Houghton, Director of Quality; Nurse Member
Dr Gary Howsam, GP Member, Greater Peterborough
Dr David Irwin, GP Member, Hunts
Dr Harshard Mistry, GP Member, Greater Peterborough
Dr Sripat Pai, GP Member, Hunts
Dr Liz Robin, Director of Public Health
Dr Christopher Scrase, Secondary Care Doctor

Jessica Bawden, Director of Corporate Affairs
Sarah Shuttlewood, Director of Contracting, Performance & Delivery

In attendance:

Sharon Fox
Catherine Pollard

GB16/60 Apologies for Absence

Apologies for Absence were received from Dr Andrew Wordsworth, Rebecca Stephens and Julian Huppert.

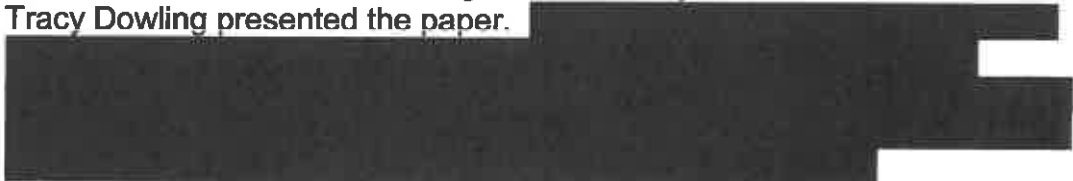
GB16/61 Declarations of Interest

There were no specific declarations of interest relating to this Agenda.

**GB16/62 Cambridgeshire and Peterborough Sustainability and Transformation
Plan – Key Messages**

Catherine Pollard, NHS Improvement was in attendance for this item.

The Governing Body received a paper setting out the key messages from the Cambridgeshire and Peterborough Sustainability and Transformation Plan. Tracy Dowling presented the paper.



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]


[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



The Lay Chair thanked the Governing Body for the discussion. Turning to the recommendations in the paper, she said that the Governing Body had had the opportunity to discuss the document and comment on changes required. She said the Governing Body was clear that it was endorsing the submission to the STP, that there was a clear willingness to continue to engage with the public during July 2016. The Governing Body would oversee development of an implementation plan, including preparation for any public consultation. Further discussion regarding additional resources required would need to take place as appropriate. The Governing Body **agreed** to delegate sign off of the final STP to the Lay Chair and Chief Officer on 27 June 2016.

GB16/63 Business Case Process

The Governing Body received a copy of the revised Business Case process for information. Jonathan Dunk gave an overview of the process which was fundamentally different from the previous process. He added that it was essential that all local managers were clear about the process and there would be the opportunity for training.

The Governing Body briefly discussed the new process. Vanessa Connolly said this appeared to be a disciplined process. Dr David Irwin expressed his concern regarding the complexity of the paperwork. Tracy Dowling said that the process was logical and made sense. Dr Cathy Bennett said she liked the rigour and there was a need to evaluate outcomes.

The Lay Chair thanked the Governing Body for their comments. The Governing Body **endorsed** the new Business Case process.

Sharon Fox
CCG Secretary and Deputy Director of Corporate Affairs
8 June 2016

**Cambridgeshire and Peterborough
Clinical Commissioning Group**

**Minutes of the Governing Body in Private held on Tuesday 5 July following the
Governing Body in public in the Main Hall at The Fleet, Peterborough**

Present:

Dr Gary Howsam, Chief Clinical Officer & Governing Body Chair
Dr Cathy Bennett, GP Member, CATCH (Vice Chair)
Dr Mark Brookes, GP Member, Cam Health
Vanessa Connolly, CCG Lay Member
Tracy Dowling, Chief Officer
Jonathan Dunk, Chief Finance Officer
Jill Houghton, Director of Quality; Nurse Member
Dr Julian Huppert, CCG Lay Member
Dr Alex Manning, GP Member, Isle of Ely
Dr Sripat Pai, GP Member, Hunts Health
Dr Andrew Wordsworth, GP Member, Wisbech LCG

Jessica Bawden, Director of Corporate Affairs
Sarah Shuttlewood, Director of Contracting, Performance & Delivery
Rachel Hawkins, Interim Director of Service Transformation

In Attendance Sharon Fox, CCG Secretary

GB16/88 Special Resolution

The Chair declared "That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" Section 1(2), Public Bodies (Admissions to Meetings) Act 1960 and in line with section 26 of the Health and Social Care 2012 Act

GB16/89 Apologies for Absence

Apologies for absence were received from Apologies for absence were received from Dr David Irwin, Dr Harshad Mistry, Dr Liz Robin, Dr Christopher Scrase and Rebecca Stephens.

GB16/90 Declarations of Interest

There were no declarations of interest.

GB16/91 Notification of Any Other Business

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

GB16/92 Minutes of the Last Meeting

The minutes of the last meetings held on 10 May 2016 and 7 June 2016 were agreed as a true record.

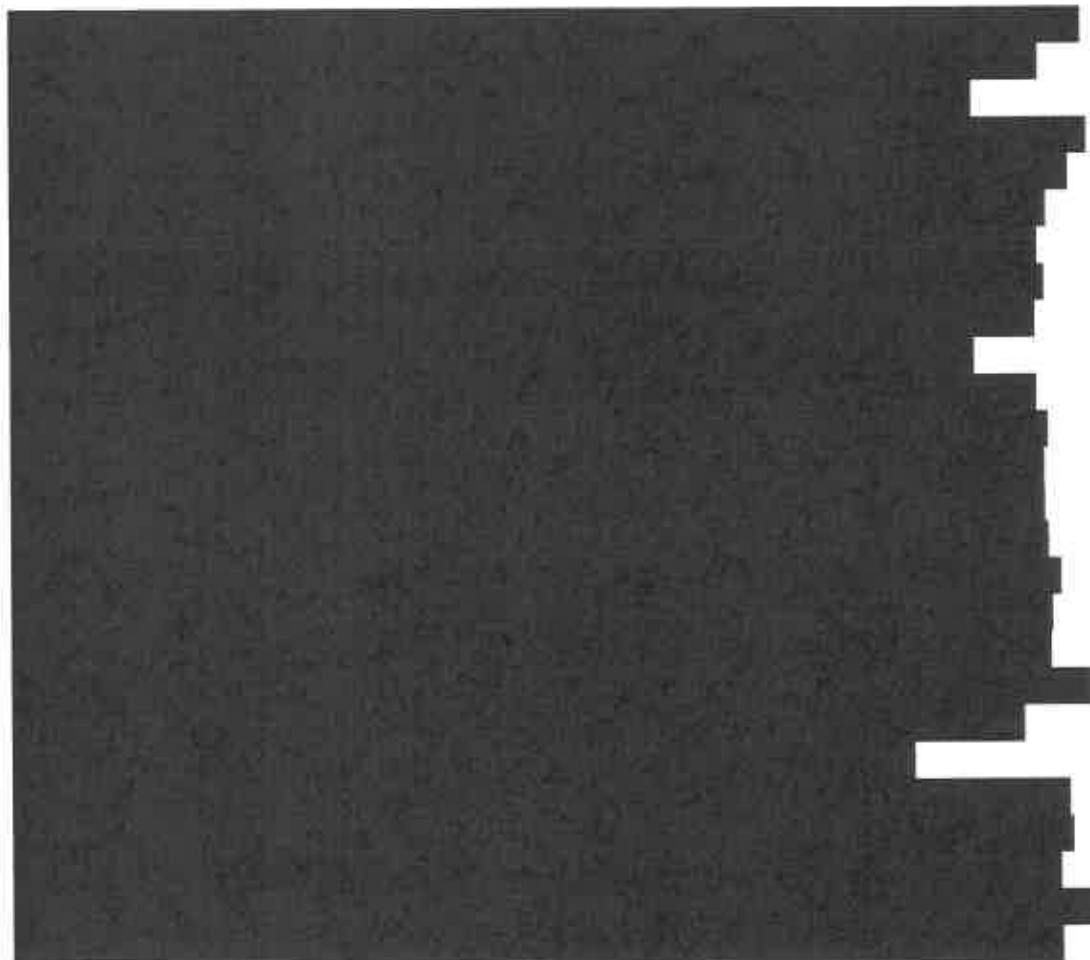
GB16/93 Matters Arising

GB16/93/01 Actions List

There were no outstanding actions from the last meeting.

GB16/94 Sustainability and Transformation Plan

Tracy Dowling presented the latest Sustainability and Transformation Plan (STP) update which had been circulated prior to the meeting. She advised the Governing Body that the update set out the on work completed since the previous update in May 2016 and described the transition proposal to move from a planning phase to implementation, including starting to engage with our staff and local people. Maintaining clinical engagement remained a critical success factor in achieving our system wide expectations. She confirmed that the Plan had been submitted and feedback was awaited from NHSE. She also highlighted the design principles set out in the paper, together with the plans to consult staff and local people.



[REDACTED]

The GP Chair thanked everyone for their contribution to the discussion. He said the Governing Body would continue to receive updates on the STP progress and delivery. The Governing Body **noted** the STP Update.

GB16/95 PWC Governance and Finance Capacity and Capability Review

The Governing Body received the latest version of the PWC Governance and Finance Capacity and Capability Review Action Plan. Tracy Dowling advised the Governing Body that the final report had not yet been received; however, the Executive Team had been through the recommendations. She was not anticipating any changes to the draft, and this would have an impact on the CCG's Assurance Ratings. She said there was a need for a fundamental shift and change required by the organisation and there was a need to accept the findings in full and deliver the expected outcomes to ensure that the organisation was fit for purpose in the future. Turning to the CCG's current structure, there was a need to reflect that the CCG was one organisation, and to change the emphasis for day to day delivery by the establishment of a Clinical Executive. Local Commissioning Groups focussed on Governance and Performance would need to be replaced by Clinical Leaders focussing on service improvement and pathway redesign. There was a need to consider the role of GP Governing Body members in this process. She concluded that the CCG was the statutory organisation that needed to ensure that it delivered on its statutory duties.

The Governing Body discussed the outcomes of the Review. The GP Chair said there was a need to ensure that the organisation was fit for purpose. He said that the reality was that clinical engagement was poor, succession planning was poor and there was a need to review the structure. The organisation had moved on since 2012 when it was first established in shadow form. LCGs had been born out of historical issues and there was a need to rethink how to deliver in the future, and to bring Member Practices along with this view. Tracy Dowling said there had been real benefit in

establishing a large CCG and this worked well in the future in terms of alignment with the STP. Jill Houghton said there was a need to recognise that a future structure would not be going back to PCT days and there would be local emphasis on providing support to ensure sustainable primary care. There was absolutely the need for local focus. Dr Cathy Bennett said that the average GP did not see the difference between the CCG and the former PCT and that GPs were generally light years away from the Governing Body. There was a need for robust engagement whatever the structure.

The GP Chair thanked Tracy Dowling for her update on the PWC Action Plan. The Governing Body **noted** the update.

GB16/96 Executive Structure

Tracy Dowling presented her paper outlining the proposed Executive Structure. She advised the Governing Body that the CCG had a significant QIPP delivery of £43.8m in 2016-17 to deliver the £3m deficit control total. The CCG also had an £8m deficit from 2015-16 to repay at some future stage, and the CCG was far from meeting the 1% surplus planning assumption. The CCG needed to develop a stronger plan for addressing the high spend on hospital services, for managing demand and reducing the cost of service delivery. The recent PWC report recommended appointment of a turnaround director to lead this process, and strengthening of the Programme Management Office (PMO) function to support delivery. She recommended to the Governing Body that the Executive Director structure includes a Turnaround Director who leads QIPP delivery and also takes over performance management responsibility. This post would report to the Chief Officer. It was recommended that the post be appointed to for a fixed term of 12 months. The CCG needs to develop its capability and capacity to deliver Service transformation, Development of Primary Care and integration of services around the patients and in communities. As previously discussed, the work needed to be part of the delivery of the Sustainability and Transformation Plan (STP). These posts would lead a large part of this work. She recommended that three new Executive Director level posts were created. This was preferable to one Chief Operating Officer because of the size of the CCG and the breadth of areas that the STP recommends for service redesign and transformation. It was recommended that two posts are created for transformation and delivery, covering all areas of secondary care services and the interface between services. With our Clinical Leads they would design end to end pathways that deliver high quality services, good outcomes for patients and good value. The posts would each be responsible for a portfolio of services which they will manage with a programme management approach. A Director of Integrated Care would be responsible for taking forwards the development of primary care, the development of community services and the integration of services with social care. The Mental Health commissioning team would also prefer to be accountable to this Director. The cost of this new structure compared to the existing structure was an increase in costs of £286,113. This included the additional Lay member, and the increase in costs for the additional director posts. It was proposed that the turnaround director post be reviewed in 12 months. It is also proposed that some of the costs of the Chief Clinical Officer were met from the clinical leadership budget.

The Governing Body discussed the proposals in some detail. Vanessa Connolly commented that the structure was in some ways the easy part and there was a need to review the focus of the CCG, and the number of meetings held. She said there was a need to identify who would be the champion for the local structures. Tracy Dowling said that she considered the third Director could be a Director of Primary Care and Integration. She added that clinical leadership was imperative to the CCG's delivery. The GP Chair said there was a need for pace and delivery and for decisive action to be taken. Dr Sripat Pai commented on the significant size of the Directors portfolio. The GP Chair said these were big jobs and needed to be supported adequately below Executive Director level. Dr Cathy Bennett said the Director of Primary Care and Integration would be a significant role and there was a need for charisma and credibility with primary care. Engagement should be a key strength within anyone who was appointed.

Tracy Dowling confirmed that the next steps would be to align staff to the new Directorates and to ensure that there was better use of resources in the future. Vanessa Connolly added that there was a need to be clear about the public messages.

The GP Chair thanked Tracy Dowling for her paper. The Governing Body **approved** the proposed Executive Director structure. The Governing Body **approved** the replacement of the Chief Contracts Officer with an associate director for contracting. The Governing Body approved the centralisation of finance and contracts staff into the finance directorate. The Governing Body **approved** appointment of a Turnaround Director for the next 12 months. The Governing Body **requested** that future recommendations for organisation design to support the director roles to the Governing Body, including setting out how the increased costs of the executive structure will be met. The Governing Body **requested** that the Executive Team to report to the finance and performance committee each month on progress to keep running costs within the allocated budget

GB16/97 Patient Safety and Quality Committee Minutes

The Governing Body received and **noted** the minutes of the part 2 confidential Patient Safety and Quality Committee meeting held on 12 April 2016 and 17 May 2016.

GB16/98 Date of Next Meeting

The date of the next Meeting – Tuesday 13 September 2016 at following the Governing Body meeting in public in the Main Hall, The Fleet, Fleet Way, Peterborough, PE2 8DL.

Sharon Fox
CCG Secretary and Deputy Director of Corporate Affairs
2 August 2016

**Minutes of the Governing Body in Private held on Tuesday 2 August 2016 at 2.00 pm
in Suite 2, Stanton Training and Conference Centre, Huntingdon**

Present: Dr Gary Howsam (Chair)
Dr Cathy Bennett
Tracy Dowling
Jonathan Dunk
Vanessa Connolly
Julian Huppert
Dr Sri Pai
Dr Andrew Wordsworth
Dr Alex Manning
Dr Christopher Scrase
Rebecca Stephens
Dr David Irwin

Sarah Shuttlewood
Maria Da Silva

In attendance: Sharon Fox
Kathy Bonney

GB16/99 Apologies for Absence

Apologies for absence were received from, Dr Mark Brookes Dr H Mistry, Jill Houghton, Jessica Bawden and Rachel Hawkins.

GB16/100 Calling of Meeting

The Clinical Chair called a meeting of the CCG Governing Body in line with Standing Order 3.1.2 "The Chair of the Governing Body may call a meeting at any time." The CCG Secretary confirmed that the Governing Body was quorate.

The purpose of the meeting was to elect an Interim Vice-Chair.

GB16/101 Election of Vice-Chair

The Clinical Chair advised the Governing Body that there was a need to elect a Vice-Chair of the Governing Body. This was to ensure that the CCG had cover for the GP Chair's annual leave, and to enable further changes and a formal election process through the Governing Body to be held. In line with the Constitution, the Vice-Chair should be elected from one of the three Lay Members. The Governing Body had approved in principle to establish a further Lay Member, and this would be coming to the Governing Body in September for approval. An application to vary the Constitution would then be made to NHSE.

There was one nomination for the role of Interim Vice-Chair. This was Rebecca Stephens.

The Governing Body **elected** Rebecca Stephens as Interim Vice-Chair. This would be reported to the next Governing Body in public.

GB16/102 Date of Next Meeting

The date of the next meeting was confirmed as Tuesday 13 September 2016 at Main Hall - The Fleet, Fleet Way, Peterborough, PE2 8DL following the Governing Body in public.

***Sharon Fox
CCG Secretary and Deputy Director of Corporate Affairs
2 August 2016***

**Cambridgeshire and Peterborough
Clinical Commissioning Group**

Minutes of the Governing Body in Private held on Tuesday 2 September 2016 at 2.00 pm in the Cedar Room / Teleconference at 4.30 pm.

Present: Rebecca Stephens, Interim Vice-Chair
Vanessa Connolly, CCG Lay Member
Tracy Dowling, Chief Officer
Jonathan Dunk, Chief Finance Officer
Jill Houghton, Director of Quality; Nurse Member
Dr Julian Huppert, CCG Lay Member
Dr David Irwin, GP Member, Huntingdonshire
Dr Alex Manning, GP Member, Isle of Ely
Dr Harshard Mistry, GP Member, Greater Peterborough
Dr Liz Robin, Director of Public Health
Sarah Shuttlewood, Director of Contracting, Performance & Delivery

In Attendance Sharon Fox, CCG Secretary

GB16/103 Special Resolution

The Interim Vice-Chair declared "That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" Section 1(2), Public Bodies (Admissions to Meetings) Act 1960 and in line with section 26 of the Health and Social Care 2012 Act

GB16/104 Apologies for Absence

Apologies for absence had been received from Dr Gary Howsam, Dr Mark Brookes, Dr Sripat Pai, Dr Christopher Scrase and Jessica Bawden.

GB16/105 Declarations of Interest





The Governing Body noted that Dr Cathy Bennett, GP Member, CATCH (Vice Chair) had declared a potential conflict of interest in relation to one of the bidders. She had therefore withdrawn from the process. She had not been sent the papers and would attend the Governing Body meeting to discuss and agree the outcome.

GB16/106 Notification of Any Other Business

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

GB16/107 Provision of Financial Recovery, Improvement and Sustainability Support

A paper recommending to the Governing Body the preferred bidder to provide Financial Recovery, Improvement and Sustainability Support to the CCG had been circulated prior to the meeting. Jonathan Dunk set the scene for the requirement for the support in relation to delivery of the CCG's Inadequate Rating and the need for a Financial Recovery Plan and the CCG Improvement Plan under NHSE CCG Directions. The Business Case had been discussed at the Governing Body Development Session in August and this had received sign off from NHSE. Jonathan Dunk advised the Governing Body that the procurement process for the provision of Financial Recovery, Improvement and Sustainability Support had been concluded. This was supported by Arden & Gem and was delivered via the Crown Commercial Services Consultancy One Framework. Bids were received from McKinsey & Company, PricewaterhouseCoopers LLP and Deloitte last Friday and were scored against the prescribed best practice criteria by the evaluation panel. The Chief Officer, Chief Finance Officer and Chief Clinical Officer / Clinical Chair held clarification interviews with the bidding firms on Friday 2 September 2016. The preferred bidder recommended by the Panel is McKinsey & Company. A copy of their bid was attached to the paper. Jonathan Dunk confirmed that they McKinsey & Company was able to mobilise to the agreed timeframes within the cost envelope criteria. The contract was split into two phases. Phase 1 – Diagnostics. Phase 2 – Delivery.



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The Interim Vice-Chair thanked everyone for their contribution to the discussion. Turning to the recommendations, she said the Governing Body **noted** the outcome of the procurement process to appoint a provider of Financial Recovery, Improvement and Sustainability Support. The Governing Body **agreed** to appoint McKinsey & Company as the preferred bidder on the recommendation of the Evaluation Panel. In addition, the Governing Body **requested** a formal update on the diagnostic phase and oversight of the delivery of the additional savings, should these be identified as unachievable, prior to commencement of Phase 2. The Governing Body also **requested** clarification on the requirement for fortnightly Board meetings. The Governing Body **requested** regular updates throughout Phase 2 of the contract, subject to satisfactory assurances on deliverability of savings. **ACTION: Tracy Dowling.**

GB16/108 Date of Next Meeting

The date of the next meeting was confirmed as Tuesday 13 September 2016 at Main Hall - The Fleet, Fleet Way, Peterborough, PE2 8DL following the Governing Body in public.

Sharon Fox
CCG Secretary and Deputy Director of Corporate Affairs
7 September 2016