NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Minutes of the Governing Body Meeting held on Tuesday 6 August 2019 in the Conference Room, Arthur Rank Hospice Charity, Cherry Hinton Road, Shelford Bottom, Cambridge CB22 3FB

Present:

Voting Members

Carol Anderson, Chief Nurse
Brian Ashton, CCG Lay Member
Dr Mark Brookes, GP Member
Dr Jane Collyer, GP Member
David Finlay, CCG Lay Member
Dr Gary Howsam, Clinical Chair
Dr Julian Huppert, CCG Lay Member
Louis Kamfer, Chief Finance Officer
Dr Sripat Pai, GP Member
Nikki Pasek, CCG Lay Member
Dr Mark Sanderson, Medical Director
Dr Christopher Scrase, Secondary Care Doctor
Jan Thomas, Accountable Officer

In Attendance

Jessica Bawden, Director of External Affairs & Policy
Sharon Fox, Associate Director Corporate Affairs (CCG Secretary)
Gemma Keats, Corporate Governance Administrator
Dr Liz Robin, Director of Public Health
Members of the Public

GB19/102 Welcome and Introductions

The Clinical Chair welcomed everyone to the meeting and advised that part of the meeting would be filmed by the local media. Introductions were made round the table.

Agenda Item 1 - General Issues

GB19/103 Apologies for Absence

Apologies for absence were received from Louise Mitchell, Dr Alex Manning and Dr Adnan Tariq.

GB19/104 Declarations of Interest

The Governing Body noted the Standing Declarations of Interest.

GB19/105 Notification of Any Other Business

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

GB19/106 Minutes of the Last Meeting

The minutes of the Governing Body Meeting in Public held on 16 July 2019 were **agreed** as an accurate record, subject to the following amendment in italics:
Minute GB19/97, paragraph 4, 'David Finlay agreed this was about taking system-wide decisions and said *the Governing Body's financial focus needed to be improved.'*

GB19/107 Matters Arising – Action List

The Action List was updated and is appended to the minutes. Any new actions from this meeting would be added.

GB19/108 Accountable Officer's Report

The Governing Body received the Chief Officer's Report. This paper linked to all the CCG's Corporate Objective's: Corporate Objective 1, Ensure clear patient voice in everything we do; Corporate Objective 2, Deliver improvements that make best use of the public pound and save system 'cost'; Corporate Objective 3, Use data and information to prove everything; Corporate Objective 4; Deliver the prioritised performance standards; Corporate Objective 5, Deliver the six transformation programmes; and Corporate Objective 6, Deliver the CCG Financial Plan. The paper also linked to the following risks on the CCG Assurance Framework & Risk Register: CAF01, Risk to maintaining robust CCG Governance Arrangements (currently rated as 16 red); CAF02, Failure to achieve the 2019/20 planned deficit of £75m as agreed with NHS England (currently rated as 20 red); CAF04, Risk to Delivery of QIPP Plan (transformation) (currently rated as 20 red); and CAF09, Failure to deliver Operational Plan Objectives (excluding QIPP & Finance) (currently rated as 16 red).

Jan Thomas took the paper as read. She advised that the CCG was working with provider colleagues to look at how to drive efficiencies across the system. An agreed Plan was in place to take this work forward to get to an improved deficit position. She advised that there were some concerns within the Financial Plan, namely the continued spend on NHS Continuing Healthcare in terms of the increase in caseload and referrals. A meeting was scheduled to look at any action that could be taken to address this going forward.

Over the last few meetings, the focus had been on the Community Services Review and driving out savings. Jan Thomas said the CCG was marginally off the savings plan and the Chief Officer Team continued to monitor this and strong mitigation plans were being built in to offset the position. It was noted that the CCG needed to achieve its £75m deficit position in order to correct the overall £192m system deficit position. Work was underway on a medium-term financial plan which needed to be in place by November 2019.

Turning to Quality, there continued to be concerns around the Queen Elizabeth Hospital, King's Lynn (QEH) and actions were being taken forward following the Care Quality Commission's latest Report. Jan Thomas advised that at the STP Board a member had raised concerns about cardiology services, however, the CCG had not seen evidence of this but would continue to be fully sighted on these services.

The report also focussed on the Chief Officer Team Milestone Plan and which had been updated. There was some good news for the CCG where it had received £1.5m in Cancer Alliance funds and Jan Thomas said this followed lots of hard work which was much appreciated. Jan Thomas advised that the CCG was working with providers on the implications of the EU Exit Agreement and further information would come back to the Governing Body in due course. Reflecting on the Community Services Review, it was noted that the CCG had been working internally on the lessons learnt and a plan was in place going forward. Jan Thomas said hitting the £75m deficit position was important but it needed to be done in the right way ensuring that patients were at the heart of everything the CCG does.

Dr Julian Huppert commented on the NHS Continuing Healthcare budget overspend and asked about the findings of the Deep Dive. He said it was important to ensure people got the help they need but the CCG needed to understand the overspend. He referred to the Financial Plan and commented that this was a tweak of business as usual. He asked how much the CCG was prepared to look at large scale change. Carol Anderson advised that since the Deep Dive there had been a 1% increase in referrals. She added that the unit cost of care had significantly increased since January 2019 and she had asked the team to undertake an audit to look at patient need and ensure appropriate referrals were being provided or whether it could be commissioned differently. For month four, Carol Anderson advised that there had been a reduction in overall spend. Dr Julian Huppert asked if this was an issue elsewhere. Carol Anderson advised that there had been a significant increase everywhere in January 2019 and April 2019. Two areas were driving this, fast track cases and nursing as more specific skills were required. Jan Thomas questioned the high referral rates into the service. Carol Anderson advised that 50% were coming from the Local Authority and she would be meeting with them to discuss training to ensure the correct referral pathway was being used. Louis Kamfer added that a challenging budget had been set for NHS Continuing Healthcare and reviews had been very successful. This had been a real step increase and it was difficult to see the reasons behind it. Further work was underway to address this.

Dr Christopher Scrase commented on transferable skills and asked if there was assurance from the system to ensure culture was being embraced. Jan Thomas said there was a lot of assurance on this in terms of specific pathways and Carol Anderson said principles were being taken from the Cancer Alliance. Dr Christopher Scrase asked about the cardiology issue at Peterborough and sought assurances and patient care and said detail behind the clinical issues needed to be understood. Carol Anderson advised that patients were waiting some time for the non-stemi pathway. She advised that the diagnosis range fell within the hospital. North West Anglia Foundation Trust (NWAFT) believed that if they had Percutaneous Coronary Intervention, this would have helped recruitment.

David Finlay commented on the big agenda of high-level issues and that the CCG was trying to achieve savings with prioritised areas of performance. He commented on the short-term issues at QEH, whether this created further pressures and asked if there was anything further the Governing Body could do to support this. Jan Thomas said the CCG inherently had a lot to manage and had not invested enough time in strategy. She commented on population health management and predictions going forward and that the CCG needed to

remain balanced whilst looking far enough ahead to keep the CCG on track. Jan Thomas said the CCG needed to retain focus on the reactive stuff but there needed to be understanding that the CCG would not take accountability for all issues but would support. The CCG needed to be clear on what lens it looked through in terms of the money for the population.

Dr Liz Robin commented on the vulnerability of the population using the QEH, and that these patients were not always well placed to advocate for themselves. She asked for assurance in terms of the depth of interaction with QEH. Carol Anderson advised that there was a new Executive Team in place and the they attended monthly Quality Oversight Meetings which were chaired by the NHS England Medical Director. It was noted that the CCG undertook site walk arounds where a minimum of five people were approached in each area to pick up any points of learning. Specialist nurses were also linking with their counterparts. A Matrons Workshop had been run. Carol Anderson advised that soft intelligence was also being collected and there were monthly meetings in place with the QEH Chief Nurse. Over the last two months, there had been a step change with the new Team in place who were reviewing patient pathways.

Brian Ashton commented on the medium-term financial plan and looking beyond years one to three and the fundamental changes required. He commented that arrangements with providers would be opened up to ask their own staff how things could be improved going forward. Jan Thomas said the CCG had been meeting with groups of providers to talk about better productivity, better services and removing barriers between departments to make a real difference for patients. The CCG was pushing for this redesign and it would take some time for people to get their heads around it. Brian Ashton commented on the ability to communicate the changes as they occurred to primary care, into the community and to hospitals to ensure everyone fully understood how the changes would work to maximise efficiency. Jan Thomas said the CCG was looking at the tools to ensure the right communications and to give people the tools they needed. Primary Care Networks had been helpful, and the CCG would continue to work with them going forward.

The Governing Body **noted** the Accountable Officer's Report, **endorsed** Version 2 of the Key Milestones Delivery Plan and **endorsed** the appointment of Sharon Fox as the Senior Responsible Owner for EU Exit Preparedness.

Agenda Item 2 – Patient Focus

GB19/109 Patient Story

The Clinical Chair advised the Governing Body that normally, meetings started with a Patient Story. He welcomed Carly Love, Inpatient Matron to the meeting who showed a video illustrating the work of the Arthur Rank Hospice. The video can be viewed on YouTube at the following link: https://www.youtube.com/watch?v=7Gsc3zsAwwk

The Clinical Chair thanked Carly Love for showing the video which told an emotive story and highlighted the excellent care and service provided by staff at the Hospice.

Agenda Item 3 – Strategy

GB19/110 Specialist Fertility Services

The Governing Body received a paper on Specialist Fertility Services. This paper linked to Corporate Objective 6, Deliver the CCG Financial Plan. The paper also linked to the following risk on the CCG's Assurance Framework and Risk Register: CAF03, Failure to Deliver the QIPP Plan (currently rated as 20 Red). The paper set out the recommendations from the Integrated Performance and Assurance Committee which met on 30 July 2019 in relation to the suspension of specialist fertility services, other than for two specified exceptions. Dr Mark Sanderson presented the paper and said that all of these decisions were difficult to make and the CCG was working to do its best for patients. He referred to the financial challenges already discussed during the meeting and gave an overview of the background to the paper, where historically, patients receiving IVF treatment were able to have two cycles of treatment. This was subsequently reduced to one cycle in 2016. In 2017, the CCG suspended IVF treatment completely with two exceptions at that time for patients with cancer or men that had had chronic infection. A proposal was brought back to the Governing Body April 2019 which could not be discussed due to the restrictions around local election processes and Purdah. The CCG then received a letter in July 2019 from the Department of Health on provision of specialist fertility services.

Going back to September 2017, Dr Mark Sanderson said the Governing Body at the time had asked the CCG to look at and monitor the impact of the suspension of IVF in terms of evidence of multiple births and those seeking treatment abroad and the costs attached. The second was patients experiencing issues and using mental health services. In the context of the funding formula and looking at these impacts over the last two years, there was no noted evidence of any issues abroad or associated costs and there was also no noted increase in the use of local mental health services in relation to IVF. However, the CCG was aware that for individuals there might be an impact on their mental health. Dr Mark Sanderson acknowledged the surveys undertaken by Bourn Hall and Healthwatch.

Turning to the finances, the estimated saving was £700k per annum and the CCG's deficit position in September 2017 was £21m which was now a lot larger at £75m. In terms of the number of patients affected since the decision to suspend treatment, 159 patients may have been impacted and the estimate for this year was 148 and 154 in the following year. Dr Mark Sanderson said the CCG was aware of what other CCGs were doing and each CCG made its own independent decisions. It was noted that there were four other CCGs that did not offer IVF treatment, three of which were in the East of England.

Dr Mark Sanderson advised that the CCG's Integrated Performance and Assurance Committee had debated the recommendations at length and this discussion included GPs and professionals. The decision made at the Committee was to recommend to the Governing Body not to recommence commissioning specialist fertility services due to the financial position as set out in the paper.

Dr Julian Huppert asked about the letter from the Department of Health and what the clarification was. Dr Mark Sanderson said this was about accessibility

of services and the positive impacts in our area. Jan Thomas commented on the status of that letter and that this was not a mandated service. Carol Anderson said looking at the Risk Assessment, the positivity related to availability of service and not the impact of it around the current provision. Carol Anderson agreed to ask Dr Fiona Head to email Dr Julian Huppert about this. Dr Julian Huppert said this had been a difficult discussion two years ago and it was certainly true some of the concerns raised had not materialised. He commented on some of the amazing things about IVF and said he did not think it was anyone's view that IVF was not a good thing. This was about the finances and that the CCG did not have enough money. It was about the amount of money in the funding formula year on year and the CCG needed to keep tackling that. Dr Julian Huppert said the savings from IVF were around 1% of the CCG's total allocation and there had been some strong comments from people that did not want IVF to stop but there were no suggestions on where else these savings could be made. He asked if this was £700k that was better spent on other services and that this was the legitimate argument. The Clinical Chair commented on the Impact Assessments and that the money saved could be spent in other areas which meant a positive impact. He said he would be interested to hear comments about values. Carol Anderson said looking at values was difficult, and the CCG could be much smarter in getting population values to be better and this was work in progress. She said she came from one of the other organisations that stopped commissioning IVF where they had asked the public to rate IVF against other services and the public rated IVF quite low in comparison.

Nikki Pasek commented that she was not working with the CCG when the original decision was taken and looking at the comments within the paper, this was a devastating decision for some people. She asked for reassurance that the CCG would review this decision as a matter of urgency should the financial position improve. Jan Thomas said she thought the Governing Body should give the commitment to revaluate this decision urgently if this was the case.

The Clinical Chair said when the Governing Body had this discussion last time, no one had acknowledged that it was not a difficult decision to make. As a Governing Body working in the context of a £192m deficit budget, the CCG needed to ensure it could deliver high quality safe services. He added that he truly understood how difficult this decision was as a practising GP. He said IVF would be quite low on the list of wants for the NHS but for some individuals affected, it would be one of the top. The Clinical Chair said the CCG financial position was considerably worse and it was looking for good value services with good outcomes, taking into consideration quality and safety.

The Governing Body **noted** the impact of the suspension of specialist fertility services across Cambridgeshire and Peterborough. The Governing Body **approved** the recommendation from the Integrated Performance and Assurance Committee to continue not to fund the provision of specialist fertility services until such point that the CCG returned to a sustainable financial surplus.

Carol Anderson suggested that a recommendation could be added in terms of people taking into consideration other ways of having a family such as adoption. Dr Liz Robin said the Local Authority was promoting adoption at present. The Clinical Chair said this could not be added to the recommendations of this paper, but suggested it was discussed outside of the meeting.

GB19/111 Questions from the Public – Specialist Fertility Services

The Clinical Chair took the opportunity to take questions from the public on the Specialist Fertility Services item only.

Val Shaw, Healthwatch commented on value for money. She welcomed the commitment to reconsider the decision if the CCG's financial position improved. Val Shaw said it was important to think about decisions going forward and the evidence to support, such as using NICE guidance. Jan Thomas thanked Val Shaw for her helpful comments and said NICE guidance was taken seriously. She said the Healthwatch team sat on a lot of the CCG's meetings and thanked them for their involvement. Jan Thomas said when the CCG reached a position of financial sustainability, the CCG would need to review NICE guidance and look at value, this would be an important exercise and she could not wait to do it.

Jo Rust, Unison, commented on financial sustainability. She said IVF was at the bottom of the list and asked how much money the CCG would have to have in the bank to reintroduce IVF. Jan Thomas said the decision could only be reconsidered once the CCG did not have to rely on others to help its financial position. There were other difficult decisions to be made and colleagues in other CCGs were having to make similar decisions. This was about living within our means. The Clinical Chair said the CCG was moving into a position where all services would be reviewed, and the CCG was looking at where it could get the best value to serve its patients and public.

The Clinical Chair thanked the members of the public for their questions on this item.

GB19/112 Decommissioning and Disinvestment Clinical Engagement Progress Report

The Governing Body received a paper on Decommissioning and Disinvestment Clinical Engagement. This paper linked to all the CCG's Corporate Objectives. The paper also linked to the following risks on the CCG Assurance Framework and Risk Register: CAF01, Risk to maintaining robust CCG governance arrangements (currently rated as 16 Red); and CAF02, Failure to achieve the 2019/20 planned deficit of £75m agreed with NHS England (currently rated as 20 Red).

Carol Anderson presented the paper which updated the Governing Body on how the Cambridgeshire and Peterborough Joint Clinical Group could support and lead clinical oversight of the transformation programmes, service reviews and disinvestment recommendations. It also provided an update on the plans for an extensive clinical engagement programme across the system. Carol Anderson advised the Governing Body that this work had maintained momentum and was being clinically led. There were a number of programmes running, including ophthalmology and a plan was in place going forward. Carol Anderson advised that some of the dates included in the paper had changed to the first week in September 2019, but all Medical Directors and Chief Nurses were signed up to this work. Carol Anderson said there was a great conversation at the Joint Clinical Group led by Dr Mark Sanderson. Jan Thomas commented that this sounded like an easy task but was really taking accountability in getting system partners talking together in one room. She

added that the delay in starting this was another marker that all clinicians were keen to be involved.

Dr Mark Brookes commented that primary care was not mentioned in the paper. Carol Anderson said primary care should be mentioned and advised that primary care colleagues were already involved. The Clinical Chair commented on the time and energy behind the Primary Care Networks and that this work was looking at transformational whole pathway changes.

David Finlay commented on the pressure to achieve substantial savings whilst continuing to deliver the current level of clinical activity. He asked how the CCG could demonstrate to the public that it was working as efficiently as possible. The Clinical Chair commented that there was still a lot done to patients that was not needed. He said a reduction in activity should not be a bad thing and there needed to be appropriate activity. The CCG was pushed financially, contractually and clinically so it was not looking at processes and this work needed to be done.

Jan Thomas said there had been lots of discussion where diagnostics was the issue and if the CCG could get better access to GPs and Artificial Intelligence it could improve things. This was the mindset that was needed in future as well as looking at other CCGs/areas.

The Governing Body **noted** the Report.

Agenda Item 4 – Operations

GB19/113 Integrated Performance Report

The Governing Body received the Integrated Performance Report.

Carol Anderson took the report as read and gave an update on the Quality elements. She highlighted that QEH had already been discussed but asked Governing Body members to ensure they read the Care Quality Commission Report following their recent Inspection. This was about the fundamental ability to deliver care and weekend mortality continued to flag as an issue in terms of mortality reviews, there was a need to ensure all medical reviews were in place to understand what was driving this. It was noted that NWAFT was in a similar position four months ago and had been able to improve their position within relative risk. Turning to Midas Care, this provider also provided services for the Local Authority who had flagged significant concerns. The CCG had not seen the same issues and was trying to understand this. It was important to identify the risk here as the CCG could not have a provider delivering well for us and not for partners. It could have an impact on delays out of hospital. Carol Anderson advised that the Royal College report on the eating disorders pathway was expected in the next two weeks. This would be reported the next Governing Body. She advised the Governing Body that there would be a pre-inquest hearing in September following the death of two patients with eating disorders. Carol Anderson advised the Governing Body that two services had had their registration temporarily suspended and the CCG was working with practices and registrants on the issues.

Louis Kamfer gave an update on finance and that the CCG's year to date position was £660k off track. However, the full year forecast was on track with

an unmitigated risk of circa £2m. As the CCG finalised its Month 4 position, this was an important time for discussions on the full year assessment which would take place at the next Integrated Performance and Assurance Committee.

Dr Mark Brookes commented on the good news story around MRSA and that there had been a big improvement to be proud of. It was noted that Healthwatch had been working with the Local Authority and charities on supporting the homeless population in Cambridge.

Brian Ashton commented on waiting times for colonoscopy at NWAFT and asked if this reflected the way in which the two hospitals were generally operating. He added that he would be surprised if patients would not travel for diagnostics. Jan Thomas said these were the things that needed to be looked at. It was important to have equity for patients and the benefits needed to be clear when moving services.

The Governing Body **noted** the Report.

GB19/114 Integrated Performance & Assurance Committee Overview Report

The Governing Body received the Integrated Performance & Assurance Committee Overview Report. This paper linked to all the CCG's Corporate Objectives. It also linked to the following risks on the CCG Assurance Framework and Risk Register: CAF01, Risk to maintaining robust CCG Governance Arrangements (currently rated as 16 Red); CAF 02, Failure to achieve the 2019/20 planned deficit of £75m as agreed with NHS England (currently rated as 20 Red); CAF 03, Failure to deliver QIPP Plan (currently rated as 20 Red); CAF 05, Potential for poor quality, safety and patient experience in the services that the CCG commissions in acute care (currently rated as 16 Red); and CAF06, Potential for poor quality, safety and patient experience in the services that the CCG commissions in primary, community and integrated care (currently rated as16 Red).

David Finlay presented the paper and commented that the Governing Body had been promised a report on the CCG's six priority areas of performance looking at why the CCG was ranked low compared to other CCGs and the actions that could be taken. He said he was disappointed this had not yet been delivered. The Clinical Chair said this was scheduled for the October 2019 Integrated Performance and Assurance Committee meeting.

The Governing Body **endorsed** the work of the Committee and **noted** the contents of the report.

Agenda Item 5 - Governance

GB19/115 CCG Constitution

The Governing Body received a paper on the CCG Constitution. This paper linked to all the CCG's Corporate Objectives. It also linked to the following Risk on the CCG Assurance Framework and Risk Register: CAF01, Risk to maintaining robust CCG Governance arrangements (currently rated as 16 Red). Sharon Fox presented the paper outlining that although there was low turnout of Member Practices involved in the consultation, those that had responded had supported the Governing Body's recommendations to amend the Constitution in

a number of areas and to submit a formal request to NHS England to vary the CCG Constitution. It was noted the Local Medical Committee had said the CCG had followed a fair process.

Sharon Fox advised that following the CCG Audit Committee, there were no fundamental changes, but some presentational issues and there were some changes suggested to the Governance Handbook. During their informal review, NHSE had also provided some helpful suggestions

Jan Thomas commented that linking back to the Financial Plan and the STP, this was helpful in terms of moving forward. She said she did not expect this to be the last change to the Constitution in terms of upcoming work with providers and working towards becoming an Integrated Care Network. Dr Julian Huppert agreed and said some legislative change would be needed in future. He thanked Sharon Fox and her team for her hard work to make the changes to the Constitution. Jan Thomas commented that as Cambridgeshire and Peterborough was coterminous already and was already a large CCG it had already done the work others were currently doing to merge smaller CCGs.

Dr Jane Collyer commented on the consultation with Member Practices and that the low turnout was very disappointing. She said as work increased with Member Practices, she hoped this would improve in future. Jan Thomas commented that the Primary Care Networks was a good opportunity to improve this and a programme would be launched soon with the Judge Business School with infrastructure to support it.

The Governing Body **noted** the outcomes of the Member Practices consultation. The Governing Body **approved** the new Constitution and Governance Handbook. The Governing Body **formally requested** NHS England to vary the Constitution in line with statutory guidance. The Governing Body **delegated approval** of any minor amendments requested by NHSE to the Clinical Chair, Accountable Officer and Lay Member Governance. Any significant changes requested by NHSE would be brought back to the Governing Body for formal ratification.

The Clinical Chair commented that the paper did not reflect the hard work done by Sharon Fox and Simon Barlow to get to this point and he formally expressed his thanks on behalf of the Governing Body.

GB19/116 Audit Committee Overview Report

The Governing Body received the Audit Committee Overview Report. This paper linked to Corporate Objective 3, Use data and information to prove everything. It also linked to the following risk on the CCG Assurance Framework and Risk Register: CAF01, Risk to maintaining robust CCG governance arrangements (currently rated as 16 Red).

Dr Julian Huppert presented the paper and advised that it provided an update on the current Internal Audit Reports. He highlighted that the CCG had achieved Substantial Assurance on the Commissioning and Contracting Internal Audit Report. The Audit Committee noted the rating for the report on the STP Framework, which was partial assurance as the CCG had refused to sign an inadequate governance agreement. Turning to External Audit, the Audit Committee received confirmation that the 2018/19 Annual Accounts and Annual

Report process had been successfully concluded with the signed accounts submitted by the required deadline. The Audit Committee also received notification of the commencement of an audit requested by NHS England to seek assurance around the requirement for all CCGs to publish a statement that confirmed compliance with the Mental Health Investment Standards (MHIS) had been delayed. It was noted that this matter was currently subject to ongoing discussion between NHSE and the National Audit Office concerning the scope of the audit to be carried out. The Chief Finance Officer would liaise directly with the CCG's External Auditor around any subsequent action to be taken. Dr Julian Huppert advised the Governing Body that the Committee had also discussed the CCG Constitution and counter fraud. The Clinical Chair noted all the hard work that happened behind the scenes on Audit and thanked Dr Julian Huppert, the Finance and Corporate Governance Teams for this.

The Governing Body **noted** the overview report of the Audit Committee held on 16 July 2019 and **noted** the approved minutes of the meetings held on 19 March, 9 April and 21 May 2019.

GB19/117 Agenda Item 3 - Questions from the Public

A number of questions were received from members of the public. Members of the public who were in attendance at the meeting and asked a question, are able to comment on the accuracy of the relevant minute below prior to their approval at the meeting on 3 September 2019. Please contact Sharon Fox, CCG Secretary with any amendments which will be considered by the Clinical Chair. Please email sharon.fox3@nhs.net.

Jo Rust, Unison commented on Primary Care Networks and asked when they would have the impact on financial sustainability as intended. Jan Thomas said it was helpful bringing together primary care and it could be used as the basis to make services more local than they are now. The Primary Care Networks (PCNs) brought new territory and new leaders and it was important to invest the time and space for them to form together. Jan Thomas said she was conscious that the PCNs were being seen as the solution to all problems. She said there was also the integrated neighbourhood work to look at the whole population. The PCNs could not be given a timescale as they needed time to embed properly. Dr Mark Sanderson said there were 21 PCNs and commented that practices did already work together but this was a new arrangement and would be a long journey.

Jan Thomas referred to the Patient Story (video) at the beginning of the meeting and highlighted the End of Life Care work going on as part of the CCG's Delivery Plan. She said the CCG was working with Arthur Rank Hospice Colleagues on this and a workshop was also planned in September. The Clinical Chair said it was so important to get this right as there was only one chance to do so for each individual and he was aware that many around the table had been moved by the video at the beginning of the meeting.

GB19/118 Date of the Next meeting

The Clinical Chair confirmed the date of the next meeting as Tuesday 3 September 2019 in the Council Chamber, East Cambridgeshire District Council, The Grange, Nutholt Lane, Ely, Cambridgeshire, CB7 4EE.

The Clinical Chair of the Governing Body thanked all for attending. The meeting closed at 17:25.

Special Resolution

"That representatives of the press, and other members of the public, be excluded from the 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 & Social Care 2012 Act.

Gemma Keats
Corporate Governance Administrator
6 August 2019