NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

CCG REPORT COVER SHEET

Meeting Title:	**Governing Body in Public**				**Date: 3 September 2019**			
Report Title:	**Integrated Performance & Assurance Committee Overview Report**				**Agenda Item: 5.2**			
Chief Officer:	Jan Thomas, Chief Officer							
Lay Member	David Finlay, Chair of Committee							
Report Author:	Simon Barlow, Governance Support Manager							
Document Status:	Final							
Report Summary:	This Report provides a summary overview of the last meeting of the Integrated Performance and Assurance Committee held on 27 August 2019.							
Report Purpose:	**For Assurance**	**x**	**For Decision**		**For Approval**	**x**	**For Recommendation**	
Recommendation:	The Governing Body is asked to: • Endorse the work of the Committee. • Note the contents of the overview report. • Note the approved minutes of the meeting held on 30 July 2019 at **Appendix A** • Formally ratify the Mental Capacity Act (MCA) Policy at **Appendix B** *(published on website – see link below)* • Formally ratify the recommendations from the last Cambridgeshire and Peterborough Joint Prescribing Group attached at **Appendix C** • To formally ratify Information Governance Policy, Strategy and Annual Report documents at **Appendices D – E** *(published on website – link below)* https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body-meetings/							
Link to Corporate Objective:	**1 – Ensure clear patient voice in everything we do.**							**X**
	2 – Deliver improvements that make best use of the public pound and save system 'cost'							**X**
	3 – Use data and information to prove everything							**X**
	4 – Deliver the prioritised performance standards							**X**
	5 - Deliver the 6 transformation programmes							**X**
	6 – Deliver the CCG Financial Plan							**X**
CAF (Strategic Risk) Reference	**Description of Risk** *Pertinent risks include the following*							**Current Risk Score**
CAF 01	Risk to maintaining robust CCG Governance Arrangements							16 (R)
CAF 02	Failure to achieve the 2019/20 planned deficit of £75m as agreed with NHS England							20 (R)
CAF 05	Potential for poor quality, safety and patient experience in the services that the CCG commissions in acute care							16 (R)
CAF 06	Potential for poor quality, safety and patient experience in the services that the CCG commissions in primary, community and integrated care							16 (R)
NHSE CCG IAF Links	**IAF 1 Domain 1 - Better Health**				**X**			
	IAF 2 Domain 2 - Better Care				**X**			
	IAF 3 Domain 3 - Sustainability:				**X**			
	IAF 4 Domain 4 - Leadership				**X**			
Resource implications:	Not applicable - overview report							
Chief Officer/ SRO Sign Off:	Jan Thomas, Chief Officer							
Chief Finance Officer Sign Off: (if required)	N/A							
Legal implications including equality and diversity assessment:	Report links to Equality Delivery System Goals 1 (Better Health Outcomes for all) & 2 (Improved Patient Access and Experience) NHS Constitution							
Conflicts of Interest	Nil							
Report history:	Prepared for Governing Body following each IPAC meeting							
Next steps:	GB to review/discuss							

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MEETING: **GOVERNING BODY IN PUBLIC**

AGENDA ITEM: **5.2** **SECTION:** **OPERATIONS**

DATE: **3 SEPTEMBER 2019**

TITLE: **INTEGRATED PERFORMANCE & ASSURANCE COMMITTEE OVERVIEW REPORT**

FROM: **JAN THOMAS, CHIEF OFFICER & DAVID FINLAY, CCG LAY MEMBER & CHAIR OF COMMITTEE**

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1 ISSUE

1.1 This Report provides a summary overview of the last meeting of the Integrated Performance and Assurance Committee (IPAC) held on 27 August 2019. Due to unavailability the meeting was not quorate. Consequently, virtual approval of all informal decisions made was sought and obtained from the membership following the meeting.

1.2 IPAC was established by the Governing Body in January 2019. The Committee provides scrutiny of delivery and assurance processes for quality, finance, performance, and contract management including activity and will oversee delivery of the CCG Improvement and Assessment Framework. The Committee is also responsible for Operational Risk Management.

1.3 The approved minutes of the meeting held on 30 July 2019 are attached as **appendix A**

2 KEY POINTS

2.1. A short summary of the main matters discussed is set out below.

- ***Integrated Performance Report (IPR) -*** The IPR for August 2019 is presented elsewhere on the agenda (Agenda item 5.1 refers). This includes an executive summary that highlights specific areas of note or concern. Particular matters discussed by IPAC to bring to the attention of the Governing Body are briefly summarised below:
  - The financial position was reported as being off plan by £0.25m at Month 4 which equated to a year to date adverse position of £961k. The CCG was still forecasting delivery of the £75m deficit plan at year end, although an additional £5m of mitigations had been included in this position, of which £1.7m had still to be identified.
  - The main identified pressures reported was under delivery on QIPP, which was 23% (£7.6m) below plan and a continued overspend on the CHC budget.
  - The CCGs reported net risk position had increased from Month 3 £2m to £4.8m at month 4 with a worst case position of £8.8m.

- It was confirmed that the CCG was now in formal financial recovery mode and was in the process of developing a plan to identify £10.5m savings to offset the identified £1.7m risk mitigations gap and the worst case net risk position. The Regulator has been informed of the current position.
- The Chief Officer noted that various avenues were being explored with system partners to identify further savings for both the current year and future years including better clinical pathways and a possible lower level of spend on certain contracted services.
- A number of quality matters were drawn to IPAC's attention, including:
    - The number of Never Events reported at Cambridge University Hospitals NHS Foundation Trust (CUHFT)
    - An Increase in the number of pressure ulcer serious incidents reported at the Peterborough City Hospital site.
    - Continued delays in ambulance handovers reported at North West Anglia NHS Foundation Trust (NWAFT) and Queen Elizabeth Hospital NHS Trust (QEH) and the actions being put in place to try and address this.
    - The recent publication of the care Quality Commission (CQC) report on the East of England Ambulance Service NHS Trust (EEAST) in which the Trust had been rated as inadequate.
    - Assurance was received around the continued use of domiciliary care provider, MIDAS Care. The CCG was continuing to monitor the service daily in partnership with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).
    - An increase in the number of member practices rated by the CQC as inadequate or which Require Improvement; work was being progressed to understand whether there were any systematic factors contributing to this.
    - Concerns around a perceived deterioration in overall performance of patient quality at NWAFT. This would be followed up at Executive to Executive level with the Trust and through the contractual route where considered to be appropriate.
- Identified a need to allocate more time on children's services when reviewing the IPR at future meetings.

- **NHS England Transformation Bid/Investment in Adult Eating Disorders Services –** IPAC was informed that NHSE had invited the local system to submit an additional community mental health bid focused on Adult Eating Disorder Services as part of national transformation plans. Although a bid had already been made due to the timescales involved, it was noted that should the bid be successful, acceptance of any funding would be subject to CCG approval. It was a requirement of the bid for the CCG to confirm recurrent funding of Circa £1.1m for Year 3 (2021/22). The potential impact associated with this was highlighted and options discussed. The need to secure better understanding of how the proposed model would link in to a systemwide approach was raised. IPAC supported the need to explore potential for developing a more innovative model with wider involvement and engagement than was currently the case. IPAC has asked the Chief Officer Team to oversee this work and report back to the Governing Body in October 2019.

- **Mental Health Capacity Act**
  IPAC received a paper that outlined recent changes in law brought about by the Mental Capacity (Amendment) Act (2019), which replaces the

Deprivation of Liberty Safeguards (DOLs) with Liberty Protection Safeguards (LPS). The paper summarised the potential implications to CCGs that will be brought about by the changes, including the shared responsibility for authorising LPS arrangements for all patients who are Continuing Health Care funded, regardless of where they are being cared for. The change in law will effectively shift responsibility for DOLs authorisation and the associated costs to CCGs among other Responsible Bodies such as local authorities and NHS Hospitals.

The precise financial implications to the CCG of implementation will not become clear until the LPS Code of Practice is published and the actual numbers involved established. A steering group across the Nursing and Quality Team has been established to support the work in this area. The new legislation will come into effect on 1 October 2020.

IPAC also approved a new Mental Capacity Act (MCA) Policy. This policy sets out how the CCG should discharge its duties in ensuring that rights of the local community are recognised and respected in accordance with the Act. The Policy is presented as **Appendix B** for ratification by the Governing Body.

- **Cambridgeshire and Policies Group Recommendations -** IPAC approved a number of reviewed policies in line with its delegated authority. These are listed below for noting by the Governing Body.
  - Carpal Tunnel Syndrome Surgical Threshold Policy
  - Open/Upright MRI Lower Clinical Priority Policy; and
  - Post-Traumatic Stress Disorder Lower Clinical Priority Policy

- **Cambridgeshire and Peterborough Joint Prescribing Group Recommendations -** IPAC approved the recommendations from the Cambridgeshire and Peterborough Joint Prescribing Group (JPG) meeting that was held in July 2019. These are set out in **Appendix C** for Governing Body ratification**.**

- **CCG Corporate Assurance Framework & Risk Register**
  IPAC received and endorsed changes made to the Corporate Assurance Framework and Risk Register (CAF). The latest version of the CAF appears elsewhere on this agenda for Governing Body review and approval (Agenda Item 2.7 refers)

- **Emergency Planning Resilience and Response (EPRR) Core Standards – Outcome of Self-Assessment -** IPAC noted the summary of EPRR activities conducted by the CCG over the last quarter and the Work Plan for 2019/20. IPAC approved the CCG Outbreak Plan and CCG Flu Plan Version 2 as presented.

  IPAC also approved the EPRR core standards self-assessment as Full Compliance, acknowledging this was subject to peer review in September, and recommended this for formal ratification by the Governing Body.

  A separate report on EPRR Core Standards is presented elsewhere on this agenda (Agenda item 6.1 refers).

- **Information Governance, Business Intelligence and Information Communication Technology (IG, BI & ICT) Steering Group Overview Report -** IPAC received and endorsed the work of the IG, BI & ICT Steering Group for the last quarter. IPAC also approved the following Policy, Strategy and Annual Report documentation that is now presented to the Governing Body for formal ratification as follows:
  - Information Governance Strategy – **Appendix D**
  - Information Governance Policy and Management Framework – **Appendix E**
  - Confidentiality Code of Conduct for Employees Policy – **Appendix F**
  - Controlled Environment for Finance (CEfF) Policy – **Appendix G**
  - Information Governance Annual Report 2018/19 - (including Freedom of Information Annual Report) – **Appendix H**

  Appendices D – E: published on website – link below
  https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body-meetings/

  IPAC also endorsed the Steering Group's approval to sign-up to the updated Cambridgeshire and Peterborough information Sharing Framework. It also noted the Cyber Security Quarter 4 (2018/19) Cyber Security Report.

3 RECOMMENDATION

3.1 The Governing Body is asked to:

- Endorse the work of the Committee.
- Note the contents of the overview report.
- Note the approved minutes of the meeting held on 30 July 2019 at **Appendix A**
- *Formally ratify the Mental Capacity Act (MCA) Policy at **Appendix B** - *Published on website – see link below*
- Formally ratify the recommendations from the last Cambridgeshire and Peterborough Joint Prescribing Group attached at **Appendix C**
- *To formally ratify Information Governance Policy, Strategy and Annual Report documents at **Appendices D – E** *published on website – link below*

https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body-meetings/

**Note for Governing Body Members. These policies are also on Diligent Board (Click on Res. Centre – top right-hand corner of screen)*

Author

Simon Barlow,
Governance Support Manager
28 August 2019

Attachments

Appendix A	IPAC Minutes 30 July 2019
Appendix B	Mental Health Capacity Act (2006) Policy and Guidance
Appendix C	C&P Joint Prescribing Group Recommendations
Appendix D	Information Governance Strategy
Appendix E	Information Governance Policy and Management Framework
Appendix F	Confidentiality Code of Conduct for Employees Policy
Appendix G	Controlled Environment for Finance (CEfF) Policy
Appendix H	Information Governance Annual Report (including FOI Annual Report) 2018/19

Appendix A

Meeting: **Integrated Performance & Assurance Committee**
Date: **30 July 2019 at 1PM**
Venue: **Cedar Room, Lockton House, Cambridge**

MINUTES

Present:
David Finlay, Lay Member, Finance (Chair)
Brian Ashton
Dr Mark Brookes
Dr Jane Collyer
Dr Sri Pai
Dr Adnan Tariq
Dr Christopher Scrase – Secondary Care Doctor (Phone)
Louis Kamfer – Chief Finance Officer
Carol Anderson – Chief Nurse
Dr Mark Sanderson – Medical Director
Jan Thomas – Accountable Officer - *Telephone*
Dr Gary Howsam – Clinical Chair

In attendance:
Sandie Smith – Healthwatch
Sue Graham – SRO Performance & Delivery/Deputy COO
Dr Fiona Head – Associate Director Clinical Outcomes, Population Health Strategy and Hosted Research
Sharon Fox – Associate Director of Corporate Affairs (CCG Secretary)
Jeremy Lane – Associate Director of Business Intelligence
Jess Bawden – Director of External Affairs & Policy - *Items*
Rob Murphy – SRO Planned & Community Care - *Items*
Mandy Staples – Head of Clinical Services (Complex Cases)
Karen Handscomb – Deputy Chief Nurse
Simon Barlow – Governance Support Manager
Xolie Ncube – Observing

1. Apologies for Absence

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

2. Declarations of Interest

There were no other specific declarations raised other than those recorded on the CCGs Register of Interests

3. Notification of Any Other Business

Notification of the following items of additional business were noted as follows:

- EU Exit Update
- Eating Disorder Inquest
- CPFT Information Request – Contract

4. Minutes of Last meeting.

The Minutes of the meeting held on 25 June 2019 were approved as an accurate record. The minutes of the meeting held on 11 July 2019 were also approved subject to the following amendment.

Minute 4.1 – Decommissioning and Disinvestment – Update and Next Steps. Final paragraph on page five, delete reference to *16 January* 2019 and replace with *16 July 2019.*

5. Action Log and Matters Arising

The action log was updated and appended to the minutes.

6. Chair's Update

The Chair advised he had recently attended a contract meeting with Cambridgeshire University Hospitals NHS Foundation Trust (CUHFT) in an observing capacity. He commented that the CCG's preparation for the meeting had been very thorough and he had been pleased to note the positive mood of the meeting and the openness of dialogue between both parties. He observed that this had been an informative exercise and suggested that other Lay Members may also find it helpful to attend and observe a similar meeting in the future.

NHSE Objectives - In light of the CCG receiving an annual headline rating assessment for 2018/19 of *Requires Improvement*, having previously been rated as *Inadequate*, the Chair suggested it would be pertinent for IPAC to monitor progress on the key objectives identified by NHSE for the CCG. As part of this discussion Jan Thomas, Accountable Officer reminded IPAC that the CCG still remained under Legal directions which were issued in 2016, and as such clarification around what this meant in practice to the CCG, aligned with the objectives that had been set for 2019/20 would need to be sought from NHSE. Although it was felt it would not be appropriate to 'shape' future agenda around the NHSE objectives, IPAC agreed it would be helpful to review and discuss progress on a quarterly basis.

Benchmarking – The Chair acknowledged the good progress being made by the CCG in its collection and reporting of performance data, and in particular the adoption and ongoing development of an Integrated Performance Report (IPR). However, a need to look at further ways of securing additional and more timely benchmarking data to allow the CCG to measure its performance, where this would be of benefit, against our peers was highlighted. The need to understand the reasoning behind any variances identified from the existing benchmarking data being reported on was also raised. To date, specific focus had been given to the six-priority performance metric areas and where available local and national comparator data was being reported against these. The Chair noted that a paper providing more information on how our priorities performance areas compared with peer CCGs, which had been due this month, was not yet available. While recognising the importance of further developing our benchmarking intelligence it was recognised that securing suitable capacity to progress this work at the current time presented a challenge. Dr Fiona Head and Jeremy Lane were therefore asked to consider this matter and come back with a timeline to produce a future report for IPAC.
ACTION: Dr Fiona Head and Jeremy Lane.

It was noted that a paper on priority performance metrics was presented elsewhere on the agenda (minute 8.3 refers).

7. Operational Matters

7.1 Decommissioning and Disinvestment – Clinical Engagement Progress Report

Carol Anderson, Chief Nurse presented a paper that explained how the Cambridgeshire and Peterborough Joint Clinical Group (JCG), which was a meeting for all system partner Medical Directors and Chief Nurses, intended to support and lead clinical oversight of planned transformation programmes, service reviews and disinvestment recommendations. IPAC welcomed the approach agreed by the JCG to undertake an extensive clinical engagement programme across the system with the objective of increasing the awareness of front-line clinicians about existing transformation programmes; seeking further solutions for optimising pathways for patients by removing inefficiencies and duplication; and also sharing expertise.

Dr Christopher Scrase queried whether a process for engaging with trade union representative had also been considered. It was reported that this had been discussed and the intention was that Chief Nurses would look to meet with trade union representatives jointly.

IPAC **noted** the progress update.

7.2 Cancer Performance Deep Dive

Rob Murphy, Senior Responsible Officer Planned and Community Care and Siobhan Costello, Programme Manage attended for this and the following item.

IPAC received a 'deep-dive' presentation on cancer services, which in particular focused on wait times for referral and treatment; activity and performance trends, including benchmarking at a national, regional and local level; identified key actions and future plans. A key area discussed highlighted the pivotal role that diagnostic capacity versus demand had on overall cancer performance. In recognition of this, IPAC **supported** the suggestion that diagnostics should be included in the CCG's provisional 2020/21 Strategy list. It was also highlighted that diagnostics was an area the Cambridgeshire and Peterborough Sustainability, Transformation Programme (STP) Locality Group was looking at in more detail.

IPAC **noted** the Deep-dive presentation.

7.3 Cancer Alliance Funding

IPAC was informed that the CCG was the holder of funding from the Cancer Alliance on behalf of the STP. The CCG's cancer team had recently coordinated the submission of a successful STP bid for Cancer Funding for 2019/20 (1.5m) as well as the use of rolled over funding from 2018/19 not spent (£1M). In line with the areas designated by the Cancer Alliance for 2019/20, IPAC supported the use of the allocated funding as set out in the paper. This would focus on Time to Diagnosis (28 days) for Lung, Prostate

and Colorectal pathways; Timed pathway for Oesophago-gastric cancer; and personalised follow-up care for Breast, Prostate, Colorectal and other/cancers. It was confirmed that a signed Memorandum of Understanding (MoU) between the Cancer Alliance and the CCG to allow draw down of the available funding for 2019/20 was now in place.

IPAC **supported** the recommendation for the use of Cancer Alliance Funding as summarised above. IPAC also **noted** that an MoU had been signed by the CCG.

7.4 2019/20 Delivery - Additional Support

The Committee held a discussion around the potential need to secure short term support to allow the CCG to progress important areas of its 2019/20 savings programme. Chief Officers were asked to consider possible options further, which included seeking expertise from within the local health system, and to provide feedback at the next Governing Body (Part 2).

7.5 Financial Recovery Programme Board – Update

This item was covered as part of the Integrated Performance Report discussion item (minute 8.1 below refers).

7.6 Provision of Specialist Fertility Treatment Review

Further to the pause which had been instigated by the Governing Body on 2 July 2019, IPAC received a position update and again considered the original decision taken by the CCG in September 2017 to suspend specialist fertility services for financial reasons. IPAC was informed that if this service was re-instated, the additional cost pressure to the CCG would comprise a non-recurrent cost of £417-560k and recurrent costs of £700k per annum, plus population growth.

It was noted that to date clarification from NHS England around the status of the letter received from the Department of Health and Social care (DHSC) had not been received.

IPAC concluded that a decision to continue not to fund speciality fertility services at this time be **recommended** to the Governing Body on the basis that the CCG's financial position had not improved. In addition, the possibility of reinstating the service should also be considered at the point when the CCG achieves financial balance and returns to a sustainable financial surplus. It was noted that the Governing Body would make a decision on this matter at its meeting in public on 6 August 2019.

Dr Christopher Scrase left the meeting at 4PM.

8. Integrated Performance, Delivery and Transformation

8.1 Integrated Performance Report

The Committee received the July 2019 Integrated Performance Report (IPR) which provided a comprehensive suite of data including finance, contract, activity, complex cases, Project Management Office, population outcomes and other performance data into a single accessible source. In addition, the

IPR includes latest position on the six priority performance metrics that form part of the CCG Improvement and Assessment Framework. Specific points raised and discussed by IPAC were briefly noted as follows:

- A Care Quality Commission CQC Inspection report for the Queen Elizabeth Hospital, King's Lynn NHS Trust had been published on 24 July 2019, with the Trust rated as Inadequate. IPAC reived assurance that an action plan was in place to address all of the recommendations made and that the CCG would closely monitor progress alongside West Norfolk CCG, the lead Commissioner for this Trust.
- IPAC was advised of a possible patient safety issue which concerned the length of time taken to transfer cardiology patients to Royal Papworth Hospital. The issue had been raised with the Chief Nurse at Royal Papworth and assurance received around the safety of the service and that there was no evidence of individual patient harm.
- In terms of the financial position, it was recognised that the CCG was already under significant pressure at month 3. The year to date position reported a £663k adverse variance compared to the deficit control total at Month 3 of £18.75m. While the CCG was still forecasting it would achieve the £75m planned deficit, it was highlighted that the CCG's contingencies had already been factored into the year-end position.
- This worsening of position was in the main attributed to an increase in Continuing Health Care (CHC) costs. This budget was £1.6m overspent at month 3 and was forecasting a £5.0m overspend at year end. It was noted the forecast also assumed delivery of the QIPP programme.
- Increased focus was therefore being given to exploring and understanding the reasons for this ongoing increase in CHC costs and to assess the risk that it presented to the CCG's overall financial position. This included deep dives being carried out by the CHC Team and Finance Teams on the respective issues. The actions arising from this work would be overseen by the Chief Nurse who is the Senior Responsible Owner for this programme of work.
- IPAC also noted that an additional pressure was the outcome of a recent arbitration case that related to the ambulance service contract (EEAST). The outcome had not been positive for the CCG resulting in an additional £2m full-year cost pressure.
- In terms of risk, it was confirmed that a net risk position of £2M was presently being reported, although this would continue to be closely monitored and assessed.
- In respect of QIPP, the Year to Date performance was £1.6m behind plan due to the unsuccessful EEAST arbitration referenced above, non-delivery in CHC to date and slippage in other schemes. The anticipated level of savings from the first tranche of the Community Services Review had also not been fully realised.
- IPAC was informed that the weekly Financial Recovery Planning, Delivery and Monitoring meetings were continuing to look for and identify options to increase the forecasts of existing schemes, alongside identifying and scoping new schemes that could provide additional savings in 2019/20. New cases for change were being put forward, with ongoing work to understand options for delivery during 2019/20. The Financial Recovery Programme Board was meeting on a monthly basis to review progress.
- IPAC was pleased to note that CHC performance in the 28 day process continued to improve steadily, with 81% of Decision Support Tools

(DSTs) being completed within 28 days during June, which was above the national target of 80%. A slight decrease in referral reviews had however being seen. The Chair asked that the thanks of the Committee be passed on to the CHC Team for their work to date.

IPAC **noted** the July 2019 Integrated Performance report.

8.2 QIPP Update

This item was covered in the IPR discussion at minute 8.1 above.

8.3 Priority Performance Metrics – Options

Jeremy Lane, Associate Director Business Intelligence presented a paper which explained that the primary performance metrics included in the Integrated Performance Report were the key metrics that match-up to the six CCG key priority areas. The metrics were sourced predominantly from the CCG Improvement and Assessment Framework, which was a set of national metrics published on a quarterly basis. It was noted that because these metrics were nationally defined and collected across the whole of England it was possible to benchmark CCG performance against peers and also the national average. Not all metrics had clearly defined targets, so it was recognised that being able to benchmark them was key. A difficulty occurred in relation to the time it too to release the metrics and also the amount of time between each release – i.e. quarterly or annually.

This being the case IPAC **supported** the following approach:

- To continue to use the priority performance metrics as is, with individual metrics to be updated as often as possible; and
- To investigate and look at instigating 'Pulse priority metrics' in the six priority areas which would allow for monitoring performance against history. Such metrics would need to be locally defined and would allow for the monitoring of performance against a defined baseline. It was however emphasised that being locally defined would make it impossible to benchmark nationally, or against peers.

In terms of progressing this it was highlighted that it would be important not to misdirect resources and any metrics developed should be of relevance and have the potential to bring about beneficial change.

9. Other Matters

9.1 CCG Assurance Framework and Risk Register

The current CCG Assurance Framework and Assurance Register was received. This would be subject to further review and comment by the Chief Officer Team and relevant Committees in the next cycle of meetings and in advance of its presentation to the Governing Body at its September 2019 meeting.

The Chair observed that although a risk concerning the CCG failing to achieve the 2019/20 planned deficit of £75m was on the CAF, due consideration should also be given to adding a separate risk around the delivery of the

overall STP deficit position of £192.7m. The Committee supported this suggestion. **ACTION Lois Kamfer** to confirm and populate risk.

It was noted that the Audit Committee 16 July 2019 had asked for a review of the current 2019/20 target risk scores be carried out by the Chief Officer Team to ensure they were realistic.

IPAC **noted** the latest version of the CAF.

10. Any Other Business

EU Exit Update

Sharon Fox, Associate Director of Corporate Affairs reported that NHS England was now beginning to escalate preparations around the 31 October EU Exit deadline. NHSE had confirmed it expected all providers and commissioners to have full contingency plans in place to ensure safe services for patients could continue to be provided in the event of the UK leaving the EU without a deal.

The EU Exit Task and Finish Group would be re-established and updates on progress provided as necessary. It was anticipated the risk concerning EU Exit would also be escalated to the CCG Assurance Framework and Risk Register.

CPFT Contract – Information

Louis Kamfer, Chief Finance Officer reported that in line with a clause in the contract, CPFT had not as yet provided information to the CCG despite a number of requests. This being the case, the Committee supported the suggestion that the CCG should pursue the contractual route to obtain the information requested. The Chief Finance Officer advised he would again raise this matter with his equivalent at CPFT, before formally writing to the Trust.

Eating Disorder Inquest

Karen Handscomb, Deputy Nurse apprised the Committee about the forthcoming Eating Disorder death pre-inquiry and inquiry arrangements.

11. Date of Next Meeting

It was confirmed the next meeting would be held on Tuesday, 27 August 2019 at 1PM in the Cedar Room, Lockton House Cambridge.

Simon Barlow
Corporate Governance Manager
August 2019

APPENDIX B

Mental Health Capacity Act (2006) Policy and Guidance - CIRCULATED SEPARATELY

APPENDIX C

Cambridgeshire and Peterborough Joint Prescribing Recommendations (Endorsed by the Integrated Performance & Assurance Committee – 27.08.19).

Medication / Medical Device	Financial Impact to Primary Care (annual)	Comments
Aliskiren	**Cost saving:** Low value Medicines Part 3: CCG annual spend £7,070 per annum	Members supported the recommendation that prescribers in primary care should not initiate aliskiren for any new patient. Members supported that patients currently prescribed aliskiren should be reviewed and aliskiren deprescribed. **Members supported that this should be added to the formulary as BLACK – not suitable for prescribing in primary or secondary care.** CUHFT have withdrawn their current shared care guideline.
Emollient Bath and Shower Preparations	**Cost saving:** Low value Medicines Part 3: CCG annual spend £42,497 per annum	Members supported the recommendation that prescribers in primary care should not initiate bath and shower preparations for any new patient. Members supported that bath and shower preparations should be deprescribed and where clinically required substituted with a leave on emollient as a soap substitute (OTC where patient is willing and able) **Members supported that shower and bath preparations should be added to the formulary as BLACK – not suitable for prescribing in primary or secondary care.** A patient information leaflet is available to support prescribers.
Dronedarone	**Cost saving:** Low value Medicines Part 3: CCG annual spend £2,119 per annum	Members supported the recommendation that prescribers in primary care should not initiate dronedarone for any new patient. Members supported that patients currently prescribed dronedarone should be reviewed and dronedarone deprescribed. Prescribing should only continue under exceptional circumstances after MDT recommendation, but a shared care arrangement would be required. **Members supported that this should be added to the formulary as BLACK – not suitable for prescribing in primary or secondary care.**
Minocycline for acne	**Cost saving:** Low value Medicines Part 3: CCG annual spend £10,914 per annum	Members supported the recommendation that prescribers in primary care should not initiate minocycline for any new patient with acne. Members supported that patients currently prescribed minocycline for acne should be reviewed and minocycline deprescribed. **Members supported that this should be added to the formulary as HOSPITAL ONLY – not suitable for prescribing in secondary care for non-acne indications** in line with local antimicrobial recommendations.
Silk Garments	**Cost saving:** Low value Medicines Part 3: CCG annual spend £3,739 per annum	Members supported the recommendation that prescribers in primary care should not initiate silk garments for any new patient. Members supported that patients currently prescribed silk garments should be reviewed and silk garments deprescribed.

Medication / Medical Device	Financial Impact to Primary Care (annual)	Comments
		Members supported that this should be added to the formulary as BLACK – not suitable for prescribing in primary or secondary care.
Dry Eye Treatment Pathway update	**Cost neutral:** Cost of additional eye drops are comparable to those on the formulary (all are also suitable for self-care where the patient is willing and able)	Four new eye preparations were agreed to be added to the formulary: o 0.4% sodium hyaluronate preservative free (Clinitas) – **Recommended to be added as GREEN+** o Thealoz Duo preservative free, VisuXL preservative free, and Systane Balance – Recommended to be added as **SPECIALIST INITATION** (can also be purchased OTC where patient is willing and able)
Relvar Ellipta for asthma	**Cost neutral:** No financial impact is expected as all drugs within class are similar cost. May lead to reduction in admissions or outpatient appointments where asthma control is improved.	Members supported the recommendation – **SPECIALIST INITATION** (not shared care) **prescribable in primary care after specialist initiation** for patients (paeds and adults within medication licence) who have poorly controlled asthma, deemed poorly compliant / concordant to their current regimen.
Semaglutide and GLP-1 analogue formulary choices	**Cost neutral:** No financial impact is expected as all drugs within class are similar cost. **Cost savings** may be made due to deprescribing where patients do not meet NICE criteria for continuation. Additional savings possible where patients on Exenatide and Liraglutide 1.8mg dose are reviewed – more costly than comparative drugs.	Based on the evidence presented, including cost effectiveness, weight loss effect and safety, members supported the following formulary recommendation: 1st line: Semaglutide 2nd line: Liraglutide (1.2mg dose only) and Dulaglutide **GREEN** - **prescribable in primary care and secondary care i**n-line with NICE guidance, NG28. Where a GLP-1 analogue is prescribed alongside insulin members supported this as **SPECIALIST INITIATION –** prescribing to remain with the secondary care or community diabetes specialist until the patient is stable. Members also supported this recommendation for liraglutide 1.8mg dose as use should be as exceptional. Members supported the recommendation for Lixisenatide and Exenatide: **BLACK – not prescribable in primary or secondary care** (new initiations) Members supported that current prescribing should be reviewed and where the patient does not meet NICE criteria for continuation, deprescribing should be considered.
DEKA (adults and paediatrics) for cystic fibrosis patients	**Cost saving:** By moving all prescribing of vitamins and minerals for CF patients (adults and paeds) to DEKA range cost saving per patient of £1600 per annum.	Members supported the recommendation – **SPECIALIST INITATION** (not shared care) **prescribable in primary care after specialist initiation** for cystic fibrosis patients (paeds and adults) who require daily supplementation with fat soluble vitamins and minerals and where self-care / diet alone is not sufficient. Members noted that CCGs are responsible for meeting the costs of long-term nutritional supplementation for example vitamin supplements for this cohort of patients.
Etoricoxib for spondylo-arthritis	**Cost neutral:** No financial impact is expected as all drugs within class are similar cost.	Members supported the recommendation – **SPECIALIST INITATION** (not shared care) **prescribable in primary care after specialist initiation** for patients with Spondyloarthritis who are unable to take formulary choice NSAIDs. Members supported the recommendation **BLACK – not prescribable in primary or secondary care** for all other indications.

Medication / Medical Device	Financial Impact to Primary Care (annual)	Comments
		Members noted the requirement to monitor BP under the license of the medication. **Cost saving:** Members agreed to review current prescribing and system formulary position of naproxen which due to long-term shortages has seen a significant price increase to £10+ per patient per month compared to alternative NSAIDs / COX-2 inhibitors which are <£2 per month.
Oral contraceptives – Formulary update	**Cost neutral:** No financial impact is expected as all drugs within class are similar cost.	Members reviewed the oral contraceptive formulary recommendations due to system alignment and significant stock shortages / product discontinuations relating to contraceptive choices over the last 6 months. Members supported the updated formulary recommendations which included cost effective brands. Assurance relating to continued supply of brands included has been obtained by the CCG MOT. Members supported the recommendation that multiphasic oral contraceptives are **BLACK – not prescribable in primary or secondary care** due to the lack of evidence and higher cost compared to monophasic.
Olopatadine 1mg/1ml eye drops and Ketotifen 25mcg per 1ml preservative free eye drops For allergic conjunctivitis	**Cost neutral:** Olopatadine £4.68 vs Ketotifen £6.95 vs. Lodoxamide £5.21 per comparative volume based on dosing.	Members supported the recommendation **GREEN** - **prescribable in primary care and secondary care** where OTC medication is ineffective or contraindicated. Members supported that ketotifen (Ketofall) should be restricted to patients who clinically require a preservative free formulation. Members supported the recommendation that Olopatadine / Ketotifien should replace Lodoxamide on the formulary due to lower comparative cost and dual action (mast cell stabiliser and antihistamine) Lodoxamide is currently prescribed in primary care for allergic conjunctivitis and therefore patient numbers should remain stable.
Activon Honey Tube Formulary Review	**Cost saving:** £1.85 per tube via NHS Supply chain vs. £2.59 when prescribed on FP10. Addition of Activon Honey Tube to the formulary would also release savings against use of Activon Tulle Dressing (already on formulary) and other currently prescribed brands of honey dressings (i.e. Medihoney)	Members supported the recommendation **GREEN** - **prescribable in primary care and secondary care** via NHS Supply Chain. Members noted the Woundcare Steering Group recommendation to review Activon Tulle dressings for continued inclusion in the formulary after a 6-month system wide audit, to see if these can be removed from the formulary going forwards.
Hydventia (hydrocortisone 10mg and 20mg tablets)	**Cost saving:** £137,224 if all prescribing is switched	The Medicines Optimisation Team (MOT) supported the recommendation to switch all current prescribing of hydrocortisone 10mg and 20mg tablets to the cost-effective brand Hydventia. MOT have received assurances relating to bioequivalence, stock availability, and continued pricing structure.

- **Shared Care Guidelines / Prescribing Support Guidance Approved**
    - Hydroxycarbamide Shared Care Guideline - update

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

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

Drug & Indication	NICE TA	Publication date	Excluded from tariff	Financial Impact	Comments
Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes	TA583	June 19	No	None	To be added to the C&P formulary in line with other drugs within class. **GREEN - recommended to be prescribed in primary and secondary care)** No financial impact is expected as all drugs within class are similar cost.
Risankizumab for treating moderate to severe plaque psoriasis	ID1398	Expected 21st August 19	YES	None (30-day implementation)	To be added to the C&P formulary in line with other drugs within class – **HOSPITAL ONLY**. No financial impact is expected as all drugs within class are similar cost.

- **Other Items for Noting:**

    - **Pathway for the management of wAMD (Anti-VEGF agents):** Members supported the updated pathway including place in therapy of ranibizumab and aflibercept (aligned to NICE TAs)

    - **Regional Medicines Optimisation Committee:**
        - **Updated Liothyronine Guidance** – Members noted the guidance and agreed that additional conversations were needed with local endocrinologists to review all local patients prescribed liothyronine irrelevant of where the patient was initiated.
        - **Rarely Used and Urgent Medicines List** – Members noted the RMOC recommendations. These will be reviewed internally by local Trusts.
        - **Updates 2019, Issue 5:** Members noted the RMOC update. Freestyle Libre: Locally 323 patients have been approved for Freestyle Libre against NHS England position since 1st April 2019 (local funding from NHS England restricted to 814 patient – FYE).

    - **NHS England Guidance on Gender Identity Services for Adults (Appendix J and K):** Members noted the updated guidance relating to patient transfer across the interface and shared care responsibilities in relation to monitoring and prescribing

    - **Stock Shortages**: Members reviewed the current stock shortages. Concern was raised that the number of critical medicines in short supply is rising and is becoming a serious risk (antiepileptic, antidepressants, oral contraceptives, hormone replacement therapy, antihypertensives, tuberculosis treatments). Stock shortages and actions being taken are being addressed as a system.

    - **Wound care formulary – addition of smaller size dressings.** Members supported the recommendation from the Woundcare Steering Group to add smaller size dressings to the formulary (brands already included) to support use in paediatric patients. Currently larger dressings are being used and cut to size, increasing waste.