

**MEETING:** Huntingdon District Council – Overview and Scrutiny Panel

**AGENDA ITEM:**

**DATE:** 12 OCTOBER 2016, SPECIAL MEETING

**TITLE:** CCG PERFORMANCE REPORT

**FROM:** NAME: TRACY DOWLING, CHIEF OFFICER;  
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ORGANISATION: CAMBRIDGESHIRE AND PETERBOROUGH  
CLINICAL COMMISSIONING GROUP

**FOR:** INFORMATION AND DISCUSSION

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## **1 ISSUE**

This performance report sets out the current position of the Clinical Commissioning Group (CCG), as requested by the Panel. It specifically addresses the CCG's recent Assessment Rating from NHS England, also requested by the Panel, and steps taken in response.

## **2 KEY POINTS**

### **CCG Governance Update**

As the Panel may now be aware, there have been several changes to the CCG's Governance Structure.

In January 2016, Dr Neil Modha announced that he intended to step down from the Accountable Officer role. This led to the CCG reviewing its Constitution to provide the flexibility to appoint either a Clinician or Manager as Accountable Officer. Following the recruitment process, the CCG now has a Manager as its Accountable Officer and a GP as its Clinical Chair. This means that Maureen Donnelly has also now stepped down from her role as Governing Body Lay Chair.

Tracy Dowling has been appointed as the Accountable Officer and will be known as 'Chief Officer'. Tracy has also been confirmed as the system lead for the Cambridgeshire and Peterborough System Transformation Programme (STP). Her appointment has also been ratified by NHS England. Tracy was previously the CCG's Chief Operating Officer.

Dr Gary Howsam has been appointed as the Chief Clinical Officer for the organisation and Chair of the Governing Body. Gary was previously the Chair of the Greater Peterborough LCG and has stepped down from this role to take up his new position.

In summary, the changes to the CCG's Governing Body are:

- Tracy Dowling has been appointed as Chief Officer (Accountable Officer)
- Dr Gary Howsam has been appointed as the GP Chair and Chief Clinical Officer
- Dr Neil Modha has stepped down from his role as Chief Clinical Officer
- Maureen Donnelly has stepped down as Lay Chair

### **CCG Assessment Rating**

2015/16 was a very difficult year for the CCG as we have dealt with a number of significant financial and contractual issues. The CCG has made many changes to the way it works over recent months and is working hard with staff and the Governing Body to deliver the quality improvements and financial rigour that we need, but there is still a lot more for us to do to address our underlying recurrent deficit.

We welcome the fact that NHS England has recognised the work we have done around our integrated NHS 111/GP out of hours service and some of the other areas that have improved patient care.

However, looking forward, the current and future financial challenges facing the Cambridgeshire and Peterborough health and care system are of an unprecedented scale, as we experience an exceptional rise in demand for health services.

With our partners across the Cambridgeshire and Peterborough health and care system we are developing our Sustainability and Transformation plan which has a focus on improving the clinical outcomes for our patients, but also addressing our system wide financial deficit over the next five years.

In order to address this deficit position the CCG is going to face a period whereby difficult decisions are going to be required. We will involve our member practices, partners and our population as part of this work.

A breakdown of ratings for all CCGs (including Cambridgeshire and Peterborough CCG) can be found at: [www.england.nhs.uk/commissioning/ccg-auth/](http://www.england.nhs.uk/commissioning/ccg-auth/). If you have any questions or wish to discuss the rating or our next steps further, please do contact us via [capccg.contact@nhs.net](mailto:capccg.contact@nhs.net).

### **CCG Directions 2016**

Following on from the above, the CCG has been rated Inadequate under the CCG Assurance Framework following the annual review of 2015-16. NHS England has used its power of intervention under the NHS Act (as amended by the Health and Social Act 2012). The CCG met with NHS England on 22 September to review both the Financial Recovery Plan and CCG Improvement Plan which will set out how the CCG will address the concerns that led to the Inadequate rating.

An additional Governing Body meeting in public has been arranged by the CCG for 4 October, due to the number of decisions that will be required linked to the CCG Improvement Plan. Details will be published on the CCG website,

## **Financial Recovery, Improvement and Sustainability Support**

To support the CCG with its Financial Recovery, Improvement and Sustainability, a business case has been approved to secure external support, to work with the CCG to deliver the improvements required to move from the Inadequate CCG Assurance rating, and most specifically to secure delivery of the Financial Recovery Plan.

A contract is being finalised for McKinsey and Company to complete the work, as the CCG's preferred bidder with support from NHS England. The contract has clear terms for performance delivery.

## **CCG's Financial Position**

At Month 4, the CCG is reporting a year to date deficit of £6.5m. In line with NHS England guidance, the CCG is still formally forecasting to achieve its £3m deficit control total. However, in order to achieve this it needs to deliver QIPP of £39m plus a further recovery plan of £14.1m at Month 4.

The formal forecast position is currently under review with NHS England, and due to the current position, the CCG's External Auditors have written to the Secretary of State under S30 of the Local Audit and Accountability Act to report that the CCG would not meet its statutory duty to break even, having agreed a deficit budget control figure for 2016/17.

## **Performance**

The CCG continues to face a number of significant performance challenges including A&E, Diagnostic Waits and Ambulance Standards. Key actions are in place to address the issues with the emergency services, including the high 'delayed transfer of care' rates.

## **Quality**

The CCG remains very concerned regarding the impact on quality and patient experience in light of poor performance in A&E and Ambulance Standards. These issues are monitored closely by the Patient Quality and Safety Committee which reports to the CCG's Governing Body. However the CCG is pleased to note that Hinchingsbrooke Health Care Trust received a CQC rating of 'Good' in August 2016, and as such it was recommended that the Trust be taken out of Special Measures. The CCG has congratulated the Trust on this achievement which is due to the hard work of many staff within the hospital.

## **Sustainability and Transformation Plan**

The CCG's draft Sustainability and Transformation Plan (STP) was submitted to NHS England on 30 June 2016. The document is currently in draft and is for later publication, subject to final review and comments from NHS England. The summary document

regarding the CCG's draft, system-wide STP, and further information, is available to read at [www.fitfortuture.org.uk](http://www.fitfortuture.org.uk)

David Astley has also been appointed as the Independent Chair for the Cambridgeshire and Peterborough STP. David has had a long career as an NHS Chief Executive and was awarded an O.B.E. in 2006 for his services to the NHS.

The next version of the STP is due to be submitted to NHS England on 22 October 2016.

### **Local Digital Roadmap**

Digital transformation has been identified as an integral part of the delivery of future health services. To that end, each local community is required to describe how it will take forward this digital transformation. The document and process used to describe this is the Local Digital Roadmap (LDR) 2016-2020. The CCG's LDR has to be linked to and reflect the STP ambitions for digital transformation. It also has to describe how local community will progress with achieving the national aspirations for Paper Free at Point of Care (by 2020), and more immediately deliver the Universal Capabilities by 2018. The CCG's LDR document follows a prescribed structure and was submitted to NHS England on 30 June 2016. It is anticipated that, following feedback, it will be agreed locally and published in Autumn 2016.

### **Minor Injury and Outpatient Services in East Cambs and Fenland**

We are currently inviting local residents in East Cambridgeshire and Fenland to come and speak to us about Minor Injury and Outpatient services. As part of our Vanguard work, the CCG has reviewed all its urgent and emergency care facilities, including the Minor Injury Units (MIUs). The review highlighted that the three MIUs in the Cambridgeshire Fens (Doddington, Ely and Wisbech) do not currently meet draft national quality standards. We have assured stakeholders including the public, local MPs and Councillors that no decisions have been made about the future of these services and we are looking at a number of options for urgent and minor injury services in the area.

Until very recently, the CCG was also looking for a new provider to take on Outpatient Services and radiology in the area from April 2017. However the CCG is pleased to announce that Peterborough and Stamford Hospitals Foundation Trust (PSHFT) has agreed to work with us to provide outpatient clinics at the Princess of Wales Hospital in Ely and at Doddington Hospital in Fenland from September 2017. Until September 2017, Cambridgeshire Community Services (CCS) will continue to provide Outpatient services at the two hospitals.

Whilst there is still much work to do to agree the finer details, this is an excellent example of our local NHS working together as one system to deliver the important services our patients need.

In the meantime, a series of public engagement meetings were held during August and further meetings are taking place throughout September. Once the CCG has more detail on the emerging options with regards to the MIUs, we will engage more widely on the ideas being considered.

If any significant changes are considered necessary as a result of these discussions then there would be a public consultation before any decisions were made.

### **Older People's and Adult Community Services (OPACS)**

The National Audit Office published its report on the collapse of the UnitingCare Partnership contract on July 14, available on their website:

<https://www.nao.org.uk/report/investigation-into-the-collapse-of-the-unitingcare-partnership-contract-in-cambridgeshire-and-peterborough/>

The CCG welcomes the thorough work that the National Audit Office has undertaken in its review of the collapse of the UnitingCare contract. The CCG accepts the findings of the report in full and the suggestions it makes for the CCG and the wider health system. We will be reviewing the recommendations, and we welcome the opportunity for further learning by us and by the wider NHS.

In common with the CCG's review conducted by its internal auditors and the NHS England report, the NAO report notes the wide disparity between the CCG's contract expectations and UnitingCare's expectations of income. The CCG recognises that there were too many outstanding issues at contract signature and that there were also gaps in the procurement advice the CCG has received. There is much to learn, and where the CCG has been able to, changes have already been made.

We continue to support the model of care that is now being delivered by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) locally and we are working closely with all our health and care partners to ensure that patients receive good outcomes from the care they receive within the resources available to the health and care system as a whole.

A Public Accounts Committee (PAC) hearing took place on 14 September 2016. The Committee had some important questions for the CCG and other representatives from the NHS locally and nationally. There is clearly a lot for the CCG to learn from the collapse of the UnitingCare contract and the organisation is already demonstrating significant changes through its new governance structure and forward planning with the support of NHS England.

NHS England published part two of their report into the UC contract collapse on 23 September 2016, which was undertaken externally by PricewaterhouseCoopers LLP. Part one was published by NHS England in April and both reports are available here: <https://www.england.nhs.uk/mids-east/our-work/uniting-care/>. The CCG welcomes this latest report and is working to address the issues raised.

The CCG is confident that the model of care in place of our Older People's and Community Services remains the best solution for patients.

### **Non Emergency Patient Transport Services (NEPTS)**

The new NEPTS service began on 1 September 2016, and is provided by East of England Ambulance NHS Foundation Trust (EEAST). A new fleet of vehicles is being used and patients now benefit from being able to book their own transport using EEAST's central call centre.

There were a number of issues during the first days of service commencement, related to the change in booking processes. However the CCG and EEAST are working together to manage this and any further issues which might arise.

### **Hinchingbrooke Health Care Trust (HHCT) and Peterborough and Stamford Hospitals Foundation Trust (PSHFT) merger**

As the Panel is aware, and to be discussed in further detail during this meeting, the HHCT and PSHFT Boards are now recommending a full merger. This is planned to take effect from 1 April, 2017.

The Trusts have now jointly published the Full Business Case, which sets out in more details the proposal for a merger. The documents can be downloaded from the following webpage <https://www.peterboroughandstamford.nhs.uk/about-us/trust-news/hospital-trusts-publish-full-business-case-for-proposed-merger/> and the Case will be discussed separately by the two hospital trust boards in public in meetings in late September.

Both Trusts are fully committed to engaging with staff and members of the public, which will continue in the coming weeks and months.

### **3 RECOMMENDATION**

The Panel is asked to note and comment upon the contents of this update.