

Agenda Item: 4.0

**NHS Bedfordshire Clinical Commissioning Group**

**MINUTES**

**Minutes of the meeting of the NHS Bedfordshire Clinical Commissioning Group Governing Body held in public on 6 July 2017, at the Incuba Centre, 1 Brewers Hill, Dunstable, LU6 1AA commencing at 14.00 and concluding at 16.15.**

**Members Present**

Dr Alvin Low*	Clinical Chair	AL
Dr Chris Marshall*	Locality Chair – Leighton Buzzard	CM
Emma Barter*	Locality Chair – West Mid Beds	EB
Dr William Hollington*	Locality Chair - Ivel Valley	WH
Dr David Howard*	Locality Chair – Bedford Locality	DH
Dr Ratan Das	Deputy Locality Chair – Bedford Locality	RD
Roland Ginn*	Lay Member – Finance and Performance	RG
Saqhib Ali	Lay Member – Audit & Governance	SA
Heather Moulder*	Registered Nurse	HM
Donna Derby*	Acting Interim Accountable Officer	DD
Ben Jay*	Chief Finance Officer	BJ
Ian Brown*	Assistant Director of Public Health	IB

\*voting member

**Others in attendance**

Clare Steward	Director of Strategy and Transformation (Interim)	CS
Jane Meggitt	Director of Communications and Corporate Affairs	JM
Anne Murray	Director of Quality & Nursing	AM
Jill Hall	Head of Corporate Governance (Interim) <i>Minutes</i>	JH

<b>1.</b>	<b>Welcome and Introductions</b> The Chairman welcomed everyone to the meeting.
<b>2.</b>	<b>Apologies for absence</b> There were received from Alison Borrett, Lay Member, Dr Sanjay Sharma, Locality Chair and Dr Robert Sherwin, Secondary Care Doctor.
<b>3.</b>	<b>Declarations of Interest and Conflicts of Interest Register</b> There were no declarations of interest. The contents of the Register were noted.
<b>4.</b>	<b>Minutes of the meeting</b> of the Governing Body held on 4 May 2017 were agreed as an accurate record subject to the following amendment: <ul style="list-style-type: none"> <li>• Add Saqhib Ali and Dr David Howard as members present.</li> <li>• Page 6 – C-Difficile – amend sentence to read ....achieved ‘good’ performance and was below the trajectory.</li> <li>• Page 8, paragraph 4, amend sentence to read ... initial health assessment for ‘looked after children’...</li> <li>• Page 10 – Action: Q1 QIPP results to be presented to September Meeting</li> </ul>
<b>5.</b>	<b>Action tracker</b> All actions had been completed or were on the agenda.

6.	<p><b>Report of the Chairman</b></p> <p>The Governing Body received the regular report of the Chairman which provided an update on activities the Chairman had undertaken since the last meeting in March 2017. In particular the Chair thanked Donna Derby for acting up into the role of Accountable Officer. The Chair reported that Legal Directions had now been lifted and, thanked Executive colleagues for the work they and staff had done.</p>
7.	<p><b>Report of the Acting Accountable Officer</b></p> <p>The Governing Body received the report of the Acting Accountable Officer which provided an update on key pieces of work and activities that the CCG's Executive Team had been involved with since the meeting in May. In particular highlighting the development of the Cauldwell Medical Centre and Victoria Road Surgery to bring the services together and the staff survey. The Governing Body were asked to sign up to Call for Action on tackling bullying and harassment action plan.</p>
8.	<p><b>Integrated Quality, Safety and Performance Report</b></p> <p>The Governing Body received the regular report which set out the latest position against a number of national and local targets. In particular the following was highlighted:</p> <p><b>PERFORMANCE</b></p> <p><b>Cancer</b></p> <p>It was noted that progress was being made on all cancer pathways. All breaches were followed up to ensure there was no harm to patients. The diagnostic target was being met, achieving 99%.</p> <p><b>A&amp;E 4 hour Target</b></p> <p>It was noted that this was a target that achieved well as the Luton and Dunstable Hospital consistently achieved over 98% and Bedford Hospital 95%.</p> <p><b>Mental Health</b></p> <p>It was noted that Dr Jayalath was attending the meeting to present on Dementia and IAPT.</p> <p>During discussion SA asked if the deteriorating Ambulance performance was due to any new issues, as Red 1 performance was near to the threshold and CAT A performance was below target. In response DD reported that whilst the Trust had been concentrating on achieving CAT A, the Red 1 target had suffered. The Governing Body was reminded that performance was based on the East of England Ambulance Service and that performance for Bedfordshire population was above the national targets.</p> <p>AL asked if A&amp;E in Hertfordshire was an issue, in response DD reported that there were issues with volumes of traffic at Watford General and The Lister as well as capacity issues to deal with ambulances.</p> <p>HM referred to RTT and particularly neurology as no recovery date was being reported, and how confident the CCG was on the ophthalmology September recovery date. HM also questioned other underperformance including cardio thoracic surgery that had no recovery dates and if recovery trajectories for all of these had been set. In response DD reminded the Board that the data they were viewing was from April and confirmed that May data showed there was improvement in ophthalmology and more recent unconfirmed data showed continued improvement which gave confidence. It was noted there were problems with urology due to a shortage of specialist staff and lack of consultants, it was noted that the RTT working group reviewed performance regularly. DD suggested that a report be presented to ICQC. HM highlighted the need to see mitigating actions on those not performing together with potential recovery dates.</p> <p style="text-align: right;"><b>Action: DD to submit paper to ICQC on RTT recovery trajectories</b></p>
	<p><b>QUALITY</b></p> <p><b>Infection Control</b></p> <p>It was noted there had been one MRSA case reported at Watford General Hospital. C-Diff position remained just at threshold and on trajectory. AM reported that future infection control reporting would include E-Coli and</p>

that a report was being presented to the Executive Team Meeting (EMT) detailing the plan to deliver a 10% reduction and will be reported to the Governing Body via this report.

#### **Milton Park**

AM updated the Governing Body on progress at Milton Park, in particular it was noted that the CEO had attended the Safeguarding Adults Board and demonstrated openness and transparency. A new local manager had also been recruited – good progress was being made.

HM raised emergency admissions aged 75 with zero length of stay which was going off plan and highlighted this was a good indicator of pathways and people going into A&E, in response it was noted and acknowledged that there was an increase due to patients going through the ambulatory care pathway.

#### **RESOLVED**

**That the Governing Body NOTED and DISCUSSED the report.**

#### **Presentation on Mental Health – Improving Access to Psychological Therapies (IAPT) and Dementia Diagnosis Rates**

##### **Dr Roshan Jayalath**

The Governing Body welcomed Dr Roshan Jayalath to the meeting. Dr Jayalath presented an overview of the dementia and IAPT targets and explained the work to address the current underperformance to put the CCG in a positive position to achieve the national targets.

The presentation outlined issues identified which stopped people from accessing services, including:

- ❖ Waiting times which were 7-8 weeks
- ❖ Low referral rates from GPs
- ❖ Inappropriate referral
- ❖ Diagnosis of mild cognitive impairment (MCI).

Activities and recommendation being taken were also explained:

- ❖ Reducing waiting times – increase number of specialised memory clinic nurses Psychiatrist psychologist
- ❖ Improve GP referral rates
- ❖ Reduce inappropriate referrals
- ❖ MCI – proposal that the memory clinic reassess patients within a year without discharging from the service
- ❖ New memory clinic referral form

Following a comment it was noted that information would be made available in GP practices. HM highlighted resource implications with the proposed changes and if it was already within the service cost envelope and if the model had been adjusted with the proposal to reassess patients after 12 months particularly as Doctors indicated there was no capacity to see patients.

In response to a comment regarding elderly patients and those with alcohol issues and the link to public health, IB reported that both GPs and the Memory Clinic could both refer direct into the Lifestyle Hub.

In response to a comment on patients not feeling they were seen quickly and if patients didn't consider the telephone call as being seen, Dr Jayalath confirmed that the 1 hour telephone call was a first treatment. DH asked if this included dementia patients, it was noted this was only IAPT.

RD raised a concern that patients had reported they did not receive any feedback, Dr Jayalath agreed to take this away and look into the concern.

The Governing Body thanked Dr Jayalath for attending the meeting.

9.	<p><b>Quality Accounts</b></p> <p>The Director of Nursing and Quality presented the report which set out the Quality Accounts that provider organisations are required to produce and submit to Commissioners annually. It was noted that quality accounts were an important measure which reported improvements in services based on three measures: patient safety, effectiveness of treatments and feedback on care provided. It was noted that the paper had been submitted to the Governing Body for information and that the Integrated Commissioning and Quality Committee had received the full accounts for discussion and comment. Any areas that the CCG did not feel were transparent were challenged with the relevant provider.</p> <p><b>RESOLVED</b>  <b>That the Governing Body RECEIVED and NOTED the report.</b></p>
10.	<p><b>Bedfordshire, Luton and Milton Keynes Committees in Common</b></p> <p>The Director of Strategy and Transformation presented the report which set out the Terms of Reference for the formation of Committees in Common. CS reminded members this was not a joint committee and that each CCG would remain a statutory body with its own statutory duties, but as part of the evolving STP the three CCGs had discussed and decided to work collaboratively together. How Committees in Common would work was described and particularly that it would be held in public with the first meeting held in September. CS reiterated that this was a forum for collective decision making.</p> <p>The Governing Body asked for clarification on the process and particularly decisions (14.2 of the Terms of Reference) CS explained that a lot of preparation work would need to be done by each Governing Body prior to a meeting of the Committees, it was noted that the Committees in Common would be sub-committees of the Governing Body with delegated authority. CS also reported that there would be workshop run for nominated members of the Committee in September.</p> <p>It was agreed the CS would circulate a paper on the working mechanisms of Committees in Common.  <b>Action: CS to circulate a procedure and process document</b></p> <p><b>RESOLVED</b>  <b>That the Governing Body:</b></p> <ol style="list-style-type: none"> <li>1. <b>DISCUSSED and APPROVED the Terms of Reference; and,</b></li> <li>2. <b>REQUESTED a paper explaining the process of a Committees in Common.</b></li> </ol>
11.	<p><b>Bedfordshire, Luton and Milton Keynes (BLMK) STP: “ What We’ve Heard So Far” report</b></p> <p>The Director of Communications and Corporate Affairs introduced the report which summarised the work that was undertaken between February and March 2017 on the early thinking of changes to hospitals and out of hospital care, it was noted that the general election and purdah had held up its publication. It was further noted that the report supported the Case for Change.</p> <p>Dr RD asked about the involvement of local councils in the STP, referring to Luton CCG and Luton Council and if the same or similar arrangements would be with Bedford and Milton Keynes Councils respectively. In response CS explained that all local authority Chief Executives met weekly with CCG Accountable Officers and had developed good working relationships. CS explained that the challenge was engagement with their elected Members, noting that Luton CCG were ahead with the integration agenda. It was noted that discussions were taking place at the Transformation Board which was looking to Luton on how integration worked.</p> <p>SA highlighted the rate of respondents and in terms of nationality and age split and commented that it appeared that not all communities had been accessed. In response it was noted that this was an early piece of work and an early stage consultation which had been guided by Community Leaders and Healthwatch. JM recognised that there was still work to do to ensure better engagement. JM highlighted the Events in Luton where the engagement response had been wide. Lessons learnt from the events would be used for future engagement and as part of the case for change.</p>

	<p><b>RESOLVED</b> That the Governing Body <b>DISCUSSED</b> and <b>NOTED</b> the report.</p>
12.	<p><b>Locality Update – GP Forward View (GPFV)</b> CS gave an overview of the GPFV, the key deliverables of primary care home model of care; extended access, workforce development and infrastructure developments, and how it was planned to be delivered including GP collaborative working. Each GP Locality gave an update on work they were doing:</p> <p><b>Bedford delivery progress</b> DH provided an update highlighting that Bedford Locality had been divided into 2 sub- localities and had 40% of the CCG population. DH explained how the locality had built resilience following the closure of 2 practices.</p> <p><b>Chiltern Vale delivery progress</b> EB provided an update particularly highlighting workforce developments that the locality had been involved in including the review of Practice Matron's, a clinical pharmacist and physician's assistant, the spoke at Caddington was also highlighted.</p> <p><b>West Mid Beds delivery progress</b> The following was highlighted:</p> <ul style="list-style-type: none"> <li>• The locality was made up of six practices that had been working together for a long period of time.</li> <li>• Two bids had been submitted for the Joint Resilience fund and Transformation Fund to enable collaborative working and support development of shared home visiting service</li> <li>• Workforce developments including GP Future Leaders working on gastroenterology.</li> <li>• Hub and Spoke development secured funding to scope work for a hub at Ampthill and Flitwick.</li> </ul> <p><b>Ivel Valley delivery progress</b> WH provided an update, in particular noting there were nine practices in the Locality, three of which were vulnerable:</p> <ul style="list-style-type: none"> <li>• The Locality was looking at ways of working differently and training staff.</li> <li>• The locality had an established frail and elderly service.</li> <li>• Community Service teams were working well in an MDT approach, some of the team had moved on site</li> <li>• Joint Transformation Fund bid had been submitted by practices to develop a multi-disciplinary care home visiting service</li> </ul> <p><b>Leighton Buzzard delivery progress</b> CM provided an update, in particular highlighting the following:</p> <ul style="list-style-type: none"> <li>• Practices work collaboratively with the same goal and as a team with the patient in mind</li> <li>• It is a small locality of 50k patients and is moving to a primary care at home model</li> <li>• Moving closer to link with social service colleagues</li> </ul> <p>CS thanked the Locality Chairs for their updates and outlined the work that needed to be undertaken across the clusters which included the completion to the two Out of Hospital Strategies which had been written in collaboration with social care.</p> <p>RG thanked the Locality Chairs for their presentations highlighting the need to ensure governance processes were clear and what should be seen at the Joint Co-Commissioning Committee as there were a number of big schemes that required an understanding at committee level.</p>
13.	<p><b>Finance Report as at May 2017 (Month 2)</b> The Governing Body received the regular report from the Chief Finance Officer which set out the financial position for Month 2 to the end of May and activity data to the end of April 2017. In particular the following was highlighted and discussed:</p>

- The Governing Body were reminded that the CCG was required to deliver an £11m surplus, 1% based on the business rules (£5.5m) and 1% as in line with the national deficit recovery policy (£5.5m).
- The challenge to deliver the £11m control total was at risk particularly in relation to the reliance of delivering a QIPP target of £25.4m ( 4.6% of turnover);
- At month 2 performance showed a risk adjusted gap of £3.2m and QIPP risk of £3.9m. It was noted there was a further risk of up to £2m from unsettled matters relating to the last financial year (2016/17) that had not been resolved at the point of closing the accounts, which would mean a potential risk of £5.9m short of the £11m control total and below the business rules. The risk mitigation was explained which included developing and delivering pipeline schemes. A menu of opportunities was being worked on with NHS England and a number of other savings opportunities were being looked at.
- Future reports would be submitted to both Finance and Performance Committee (F&P) and Governing Body to provide assurance that risks were being managed.
- There was adverse year to date performance against plan in month 2, BJ explained that there had been technical changes to the way the tariff had been applied between the calculations of cost as it was applied in the last financial year. Work was being undertaken to understand the extent these changes were having.
- BJ referred to an issue with data from Bedford Hospital which had now been resolved, however there was an unresolved data issue, due to the malware issues, with East and North Herts which should be resolved by month 3.
- An identified overspend in month 1 at the Luton and Dunstable Hospital, work was ongoing to understand if this was a data or activity issue and what could be done to resolve it. BJ explained that 2017/18 would be a difficult year as all three acute trusts had challenging financial positions.
- It was noted that the QIPP plan had slipped and was £387k lower than plan.
- BJ highlighted that future reporting to Governing Body would be more detailed, it was noted that the Finance and Performance Committee did receive detailed reports on QIPP delivery

HM asked when changes to the tariff had been notified to the CCG and if had or should have already been factored into the costing and what was expected in terms of budgeting. HM felt that reporting to the Governing Body had lost something in the detail of what was being presented. As well as the scrutiny at Finance & Performance Committee (F&P), she felt that, in the relation of activity, she had no knowledge and if it was over activity, elective, non-elective or which speciality it was in, and added that she had no confidence that the contracting team were on top of the discussions they needed to be having with the acute trusts. What came to Governing Body needed to be thought through, she highlighted that she did not feel she could do her job in terms of that level of scrutiny, this included the detail on QIPP, but appreciated this was presented to F&P but, particularly when saying the run rate was already out of kilter and given some of the pressures, including the £2m from last year and the already over activity, HM reiterated that the Governing Body had to be clear how loaded the QIPP plan was, when the QIPP savings would start to make a difference to the run rate and asked 'how assured can the Governing Body be about your end view of achieving the £11m or not?' HM appreciated that the data was from month one but stressed the need to ensure reporting to Governing Body was more detailed.

In response BJ welcomed the comments and said work would be done with colleagues to ensure the level of detail and transparency on QIPP and contract performance to the Governing Body. In terms of the tariff changes BJ commented that this was not an additional problem but was causing some concern and cost pressures were being monitored. HM responded that the reporting of the tariff change had come across as a cost pressure that was not expected. BJ reported that the CCG had been in contact with NHSE and that as this was a new risk additional funding had been received and the risk was being tracked

AL summed up reiterating the need for more detailed reporting on the QIPP and contract performance be presented to the Governing Body.

RG, Chair of F&P added that the Committee did receive reports on contract challenges and they were looking and understanding acute volumes and how it related into overspends, NHSE had requested the same information. This was being worked through at F&P so everyone was sighted on the same document. He added

that a summarised document could be submitted to the Governing Body. RG added that a very good cylinder report on QIPP had been carried out in 2016/17 and this had been requested again by NHSE. RG reported that this was a clear way to present QIPP progress.

RG commented on the size of the £25m challenge and highlighted that £2m would need adding due to year end flow through and due to slippage, he added that F&P needed to see at least £30m in the pipeline. DD was asked to bring a presentation to the next F&P outlining a £30m pipeline. DD agreed.

**Action: DD to report to next F&P on delivery of £30m QIPP pipeline**

SA highlighted that Internal Audit had identified the need to have early warnings to prevent surprises for the Governing Body, this should include the numbers presented with the challenges and opportunities.

#### **RESOLVED**

##### **That the Governing Body**

1. **NOTED and DISCUSSED the financial position for month 2 and the risks identified, and NOTED the risks to delivering the target year-end financial position and the mitigations required to ensure the CCG achieved the target surplus;**
2. **NOTED the summary 'Dashboard' of financial indicators supplied to provide a quick overview of financial performance;**
3. **REQUESTED that more detailed reports on QIPP and contract performance be submitted to the Governing Body; and,**
4. **REQUESTED that a report be presented at the next Finance and Performance Committee on delivery of a £30m QIPP pipeline**

14.

#### **Report of the Sub-Committees**

##### **Audit and Governance Committee**

The Chair of the Audit and Governance Committee provided an update on the work of the committee, in particular the following was highlighted:

- Robust discussion had been had on forecasting and the importance of forecasting accurately;
- The Internal Auditors, TIAA had presented a progress report on forecasting and had been working with the Deputy CFO to finalise it;
- Grant Thornton the new External Auditors had come into post as of 1 April and attended their first Audit meeting.

##### **Finance and Performance Committee**

The Chair of the Finance and Performance Committee (F&P) reported he had nothing further to add but highlighted the need to ensure the right balance of reporting information to F&P and Governing Body. He added that the forecasting report had now been received and needed embedding into the business.

AL asked how confident the committee was on the mitigations put in place to deliver the QIPP target. In response RG highlighted that the QIPP gap was around £4 – 6m and he was nervous.

DD agreed around the nervousness and highlighted the report on the QIPP pipeline to be submitted to the next F&P and also work with Trusts and STP on understanding pressures.

##### **Integrated Commissioning and Quality Committee (ICQC)**

The Chair of the ICQC gave an update on the work of the committee:

- There had been an improving position on TIA performance, ICQC would monitor to ensure it was sustainable
- An update on the performance of HUC was given noting that HUC and Bedford Council had been working with the CCG to provide assurance. It was noted that HUC provide a service to a number of CCGs with NHS oversight. Mitigation plans were in place and teams were on top of the work;

	<ul style="list-style-type: none"> <li>PAS was a concern and there had been complaints from the public particularly diabetic and renal patients. The contracts team had been asked to provide a report to the next ICQC with confirmation on who was the lead contract holder.</li> </ul> <p>AL asked for confirmation on the involvement of NHSE over HUC, in response it was noted that both AM and DD had close oversight and NHSE chaired the meeting. DD reported that by raising concerns to NHSE had given the issues additional attention, in particular the concerns GPs had on the additional cost of MDU insurance cover, NHSE were raising this to the Department of Health. A full report would be submitted to the meeting in August.</p> <p>Dr RD reported on the National Urgent Care Lead Meeting he had recently attended. He reported that a number of other areas were experiencing similar problems to the CCG with out of hours, primarily due to a shortfall in Doctors. He added that Indemnity was also discussed, a representative from the Department of Health had indicated a proposal was on the table to extend this to bring in line with secondary care Doctors. Other learning was around attracting doctors to provide urgent care and what could be done to attract them, including remuneration, support and IT. In response DD explained the status of Indemnity and the difference between working in a hospital, who pays a significant levy to the national pot for indemnity, and as a self-employed person, at a national level there needs to be done something different.</p>
15.	<p><b>Use of the Seal Annual Report</b></p> <p>The Chief Finance Officer presented the report which informed the Governing Body on the use of the company seal. It was noted that the Seal had been used once in 2016/17 to seal the lease document for Wrest Park.</p> <p><b>RESOLVED</b>  <b>That the report on the use of the seal was NOTED.</b></p>
16.	<p><b>Any other business</b></p> <p>There were none.</p>
17.	<p><b>Questions from the public</b></p> <p><b>Q1</b></p> <p>Alan Flook (AF) – asked the following questions:</p> <ol style="list-style-type: none"> <li>AF had attended all the STP meetings and asked questions but never received answers, for example, how does the Circle MSK fit into the new agenda, Circle is a private company that has caused havoc in Bedford because it is underperforming. AF explained his own experience, feeling that because the MSK did not have its own x-ray machine that it was taking money out of the NHS for itself.</li> <li>Horizon Health Choices which recently went into voluntary liquidation, asking how much money was lost?</li> <li>The recovery from being put in special measures due to the CCGs financial incompetency dealing with funds, you are now out of that and all I see is self-gratification things on how well we did, you didn't do well as you put the CCG in that situation, and in the recovery you've reduced the budget and now have a surplus, how have and what have patients missed out because of your incompetence?</li> <li>The STP, there are no strategic transformation plans and was concerned about cancer treatment, which he felt was an area that needed to be strategically dealt with due to Bedford reliance on hospitals not in the STP and that there had been no strategic planning.</li> </ol> <p><b>Response:</b></p> <ol style="list-style-type: none"> <li>Circle MSK – about attendance with a broken foot and the service they provide is not for injuries. AL also explained that they have a specific service they provide and injuries was not part of this, that's why they referred you to the hospital.  AF asked why a musculoskeletal service did not have an x-ray?</li> </ol>

AL agree but when the service was first set up it was very new and very innovative and they focussed on the planned care of MSK treatment and not injuries. AF explained his situation and his feeling was that the CCG was taking it out of the health service.

DD referred to the paper at the last meeting on Circle MSK and that the contact had been awarded following the proper procurement process run through the national policy. DD further reported that the satisfaction rates were high, complaints were low however there are always exceptions. AF referred to the CQC, he attended the meeting and they didn't know about the hospital and as it was private they didn't have a remit. In response AM advised that Circle MSK were not a hospital and they are a service that works with all the hospitals and that is why CQC did not know who they were. AL asked AF to meet outside the meeting to take forward the concerns.

2. In response to the question on Horizon Health Choices, CS reported that they did put themselves into voluntary liquidation, no money was lost, the CCG had been notified and began to manage the issue to ensure that anything where patients were going to be put at risk, as you are suggesting, were mitigated quickly, services were transferred quickly to another provider. One of the most important things was to retain those staff who were stuck in the middle of a difficult position, The CCG can't comment on Horizon Health Choices, but we didn't waste any money, the CCG kept patients safe which can be clearly demonstrated. The CCGs responsibility was to its patients, and monitoring the commissioning process and how services were delivered. No additional money had been lost and services had been transferred to alternative providers so the services could continue and staff were transferred appropriately so they retained their jobs.
3. Financial recovery – AL commented that the Board were not congratulating themselves, but AL, had said thank you to colleagues for getting the organisation out of Legal Direction. The CCG had a huge challenge this year and that's why the Board were very focussed on the money.
4. Cancer care – DD responded that cancer commissioning was done through specialist commissioning and the cancer networks decide where cancer services are located and they tend to be in large tertiary centres. Whilst there is an element of cancer services delivered locally, for other technical elements these could be delivered in different centres. It isn't an STP decision where cancer care is delivered it's a broader network who comprise of a number of eminent professors and people who understand aspects of cancer treatment. There are unlikely to be changes and there will be a reliance on specialist centres.
5. STP strategic plans – CS explained that STP continued to evolve, the challenges were how the 17 partners come together, the transformation plan was about being clear what the aspiration of the STP is, bringing all the organisations together is challenging, as a fast track ACS status and we need to be clear how we transact business, address the financial challenges and be clear about what we are aiming for and aspiring to be and the difference we can make to patients. CS explained how the partners are working together collaboratively with Richard Carr, CEO, at Bedford Council heading up the BLMK STP.

**Jennifer Foley – Healthwatch Bedford Borough**

Q1 - Who is delegating authority to the Committee in Common, as it appears that the Accountable Officer will be making decisions for the CIC

**Response**

CS explained that the delegation would be from the CCG Board to a sub-committee of this board to take decisions on behalf of this board, noting that decision will be made in public

Q2 – STP strand on system redesign is technical, is demographic footprint with different make-up of communities.

**Response**

	In response IB highlighted that although he was not directly involved in P5 he could provide assurance that demographic modelling does take account of the four localities.
18.	<b>To Exclude the press and public RESOLVED</b> That, pursuant to the provisions of section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, the press and public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted.