# Minutes BaNES CCG Board Meeting held in public

**Thursday 10 November 2016**  
1030 – 1330 hrs  
**Somerdale Pavilion, Keynsham**

## Members Present

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Dr Ian Orpen (Chair)</td>
<td>Clinical Chair, BaNES CCG</td>
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<tr>
<td>Tracey Cox (TC)</td>
<td>Chief Officer, Banes CCG</td>
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<td>Sarah James (SJ)</td>
<td>Chief Financial Officer, BaNES CCG</td>
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<td>Dawn Clarke (DC)</td>
<td>Director of Nursing &amp; Quality, BaNES CCG</td>
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<td>John Holden (JSH)</td>
<td>Lay Member, Audit &amp; Governance &amp; Vice Chair, BaNES CCG</td>
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<td>Suzannah Power (SP)</td>
<td>Lay Member, Patient &amp; Public Involvement, BaNES CCG</td>
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<td>Dr Jim Hampton (JH)</td>
<td>GP Board Member, BaNES CCG</td>
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<td>Dr Elizabeth Hersch (EH)</td>
<td>GP Board Member, BaNES CCG</td>
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<td>Dr Jonathan Osborn (JO)</td>
<td>GP Board Member, BaNES CCG</td>
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<td>Helen Harris (HH)</td>
<td>Practice Manager, Board Member BaNES CCG</td>
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## In Attendance

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<tr>
<th>Name</th>
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<tr>
<td>Julie-Anne Wales (JAW)</td>
<td>Head of Corporate Governance &amp; Planning, BaNES CCG</td>
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<td>Corinne Edwards (CE)</td>
<td>Head of Commissioning Development, BaNES CCG</td>
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<td>Bruce Laurence (BL)</td>
<td>Director of Public Health, B&amp;NES Council</td>
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<td>Mike Bowden (MB)</td>
<td>Strategic Director People &amp; Communities, B&amp;NES Council</td>
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<td>Jane Shayler (JAS)</td>
<td>Director Adult Care &amp; Health Commissioning, BaNES CCG and B&amp;NES Council</td>
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<td>Katie Hall (KH)</td>
<td>Associate Lay Member, BaNES CCG</td>
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<td>Sue Blackman (SB)</td>
<td>Project Manager <em>(Present for agenda item 2.4, 2.5 &amp; 2.6)</em></td>
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<tr>
<td>Michael Pingstone (MP)</td>
<td>Associate Director of Procurement, NHS South, Central and West Commissioning Support Unit <em>(Present for agenda item 2.2)</em></td>
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<td>Caroline Coles (CC)</td>
<td>Board Secretary, BaNES CCG – Minute taker</td>
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## Apologies

- Dr Daisy Curling (DCurl) | GP Board Member, BaNES CCG

### Item 1. Opening Business

1.1 **Chair Welcome and Apologies**

The Chair welcomed all to the BaNES CCG Board meeting held in public particularly to the members of the public and acknowledged that this was a momentous occasion in that the CCG Board would make a significant decision...
on whether to award the community services contract to Virgin Care. This followed two years of extensive consultation with service users and various stakeholders. In light of this decision Katie Hall, Associate Lay member had been invited in attendance due to her experience in the local authority.

1.2 Declaration of Interests
With reference to business to be discussed at this meeting the following declaration of interest was noted:

- Dr Ian Orpen, Clinical Chair declared an indirect interest as a relative works for Sirona Care, the incumbent provider for community health services. This is already recorded on the CCG’s Declarations of interest and no further action was required.

There was no further declaration of interests received on any other issues arising at the meeting which might conflict with the business of BaNES CCG in addition to those already declared on the Declarations of Interest register.

The meeting was declared quorate.

1.3 Minutes of Meeting 8 September 2016
The minutes of 8 September 2016 were approved as a true and accurate record of the meeting.

1.4 Action List and Matters Arising
The action list was noted.

Matters Arising
Chief Officer’s Report – Interim Wiltshire Accountable Officer
John Holden, Lay member asked if interim capacity had been put into place at the CCG whilst the Chief Officer had taken on the additional responsibility of Accountable Officer for Wiltshire CCG. Tracey Cox, Chief Officer replied that a draft job description had been produced to create an additional role to bolster capacity.

1.5 Questions from the Public
One letter had been received from a member of public regarding the selection of Virgin Care as the preferred bidder to deliver community health and care services in Bath and North East Somerset. The Chair read out the letter and summarised the response from the CCG. The full correspondence can be found on the CCG’s website.

2. Overview Reports
2.1 Chair’s Report
Ian Orpen, Clinical Chair presented the report with no additional comments.

The Board noted the report.
2.2 Chief Officer’s Report

Tracey Cox, Chief Officer presented the report and highlighted:-

- The update on performance and although the four hour performance in A&E was challenged during the summer months performance had now improved. The newly constituted A&E Board was in place and focussed on the five nationally mandated actions to support on-going recovery of performance.
- The outcome of NHS England’s Q2 assurance review which relates predominantly to the difficulties in securing improvements in the delivery of the constitutional targets. The CCG’s improvement plan has been updated to include actions to improve the rating.
- The BaNES, Swindon and Wiltshire Sustainable and Transformation Plan (STP) submitted to NHSE on 21 October 2016. An abridged version is available from 9 November 2016 with an engagement plan under development for the New Year.
- The commencement of the procurement of the NHS 111 and GP Out of Hours services.
- The next iteration of the Local Digital Roadmap (LDR), submitted to NHSE on 30 October 2016.
- The successful uptake of the flu vaccination by CCG staff which exceeded the national target set for NHS organisations.
- The various national guidances published, in particular the NHS Operational Planning and Contracting Guidance for 2017/18.

John Holden, Lay member said that the NHSE’s assurance process did not demonstrate the good work that the CCG had undertaken. The Chief Officer agreed and added that the key national indicators on the NHS Choices website demonstrated the overall performance of the CCG being in the top quartile in terms of outcome measures. Suzannah Power, Lay member added that engagement with patients and carers was the focus at the CCG’s AGM this year and reflects the how the CCG takes its public duties in engaging with the public in a meaningful way, another example of achievement of good work.

The Board noted the report.

3. Strategy & Development

3.1 your care, your way (ycyw) Full Business Case

Sue Blackman, Project Manager and Michael Pingstone, Associate Director of Procurement, NHS South, Central and West Commissioning Support Unit joined the meeting for this agenda item.
The Director Adult Care & Health Commissioning, BaNES CCG and B&NES Council presented the Full Business Case (FBC) which sets out the case for BaNES CCG and B&NES Council to award the contract to Virgin Care to become the prime provider of community health and social care services from 1 April 2017.

It was recognised that the status quo was not sustainable and there was a requirement for change to protect the health and wellbeing of the population of B&NES and ensure those in need receive high quality and compassionate care. Following two years of extensive consultation with local people and professionals to understand their priorities for improving local health and care services, recruiting Community Champions to work alongside subject matter experts to score and evaluate the bids and following strict procurement regulations the prime bidder was identified as Virgin Care as the most capable organisation to deliver the transformation required to deliver the improvements the community has identified.

The Full Business Case was reviewed with acknowledgement to the contribution from the wide range and experience of the evaluation panel in developing the FBC. Two key areas were discussed in detail; the scope of the contract and next steps.

It was acknowledged that a letter had been received from the incumbent providers requesting the opportunity to raise their concern. This was considered earlier by the Board in confidential session, however on legal advice, the Board concluded that it was not appropriate to read the letter out in the public meeting as the process was still in procurement stage, however it was agreed to ensure all the key points would be covered in the meeting as part of the discussion which included:

*The incumbent providers would like to work with Virgin Care as a significant sub-contractor of services.* A significant part of the procurement was for bidders to propose which services they would provide directly in order to lead transformation to deliver the identified priorities. Therefore many of the services will move to Virgin rather than to a sub-contractor to allow Virgin to establish a system leader role across health and care.

*Concern around the transfer of services in such a tight timescale and the impact on the support and care of people.* As both nationally and locally the health system is under significant pressure therefore this is a legitimate concern however in appendix 5 of the business case there is a full mobilisation plan for the safe and smooth transfer of services. Virgin Care has considerable experience in safely transferring services and people over the past decade with a dedicated team to oversee the process, with a tried and tested methodology used elsewhere with a good track record.
Have all costs been accounted for in the transfer for example estates, IT, support services? The majority of the costs will be met by Virgin Care however the Council and CCG will incur some costs to fund specialist resources to support mobilisation and transition process and these would have been incurred regardless of the outcome of the procurement. All costs will be subject to the normal financial planning and control procedures processes.

Will the outcome lead to staff retention issues? B&NES has an experienced and skilled team of health and care professionals delivering community services and the majority of staff will transfer to Virgin Care with existing terms and conditions. Due diligence has confirmed that Virgin Care have an outstanding approach when dealing with a new workforce with an award-winning programme to nurture and train staff.

Katie Hall, Associate Lay member asked what assurance was there around data protection and a provider organisation outside the NHS having medical records. Sue Blackman, Project Manager replied that several workstreams have been set up in the programme to deal with this particular aspect to ensure safe transfer of data and discussions will continue with Virgin Care to ensure consent models are in place and that there is public understanding of their options.

Dr Jim Hampton, GP representative asked what will the new model look like in one or three years’ time. The Chief Officer replied it will take many years to secure the scale of transformation to be completed, however priorities for year 1 have been agreed with Virgin Care and include for example interoperability, relationships with providers particularly Primary Care and localities and the public. It is expected by year 3 alternative services in the community would have been implemented.

Dr Liz Hersch, GP representative asked what assurance is there that Virgin Care can deliver the new model of care. Sue Blackman, Project Manager responded that this was assessed as part of the bid by speaking to other commissioners and organisations and the response was consistently positive. A clear framework would be finalised at the next stage on how this has made a difference and publicly reported against in a timely manner.

Dr Jonathan Osborn, GP representative asked about the difference in the scores of the two bidders. Michael Pingstone, Associate Director of Procurement, NHS South, Central and West Commissioning Support Unit replied that there was a significant gap in terms of scoring however recognised that this was not a reflection of the current quality of provision but in delivery of services and transformation in the future. Virgin Care were in the low 70s whereas the local consortium were in the low 40s. The Chair added that there was also a consistency in the scoring between the Community Champions and subject matter experts.
The Chief Financial Officer asked Mike Pingstone, Associate Director of Procurement, NHS South, Central and West Commissioning Support Unit in his capacity as a procurement expert his views on the robustness of the procurement process. Mike Pingstone replied that the CCG had delivered on all of its key duties and that the procurement was extensive and impressive in terms of the engagement. In terms of the evaluation the key part to its robustness was the broad depth of the evaluation in all three stages and the breadth of evaluators which included Community Champions.

Suzannah Power, Lay member recognised that there had been extensive public engagement, however there had been a protest march and associated campaign activity and asked if the CCG/Council had engaged with this group of people and that they had been listened to. Sue Blackman, Project Manager replied that NHS Protect were met on two occasions to ensure that they were fully informed with the facts and all their statements were responded to.

Suzannah Power, Lay member commented that there was a lot of focus on technology and that we did not want to marginalise those people who do not have IT access or were unfamiliar with technology. Dr Jonathan Osborn, GP representative and Lead on IT responded that the use of technology is only part of the solution and there will be provision of many different ways in accessing services.

John Holden, Lay member asked what assurance can be given that Virgin Care will keep within the budget. Sue Blackman, Project Manager responded that although the full financial detail is not yet available, whilst in procurement there has been a significant amount of due diligence work completed with the available information to ensure Virgin Care can work within the financial envelope as there is no more money. This will be an important part of the contractual mechanism.

John Holden, Lay member asked what assurance can be given that the CCG will get value for money. Sue Blackman, Project Manager responded that there was clear evidence in other areas in terms of strong relationships and successful efficiencies. Virgin Care recognised the financial challenges and were identified as the most capable provider to spend public money in the most efficient way. The Chief Officer added that further measures will be put in place in terms of benchmarking, and peer review and would be a core component of the contract.

The Chair acknowledged the tremendous hard work that had been undertaken since the start of this procurement and thanked all those concerned for their great efforts to reach this point in the process.
The Chair reminded the Board that following the review of the full business case the Board must be confident that a robust and transparent process has taken place in order to be able to approve the recommendation as outlined.

The Board unanimously approved Virgin Care to be the Prime Provider of community health and social care services from 1 April 2017, subject to full Council approval.

3.2 Operational Planning 2017/18
The Head of Corporate Governance & Planning and the Chief Financial Officer gave a joint presentation which outlined the progress in the planning and contracting round for 2017-19.

The Operational Plan and Contracting process has been brought forward this year to ensure completion by 23 December 2016. The Operational Plan will be a staged assurance process by NHSE with a first draft to be submitted by 24 November 2016. The Plan will cover two years and reflect activity, workforce and performance and would be required to be aligned with the BSW Sustainability and Transformation Plan (STP).

A number of key features were highlighted which included the nine ‘must do’s’, performance trajectories, emerging financial position, risks, QIPP schemes and key dates.

Dr Jim Hampton, GP representative asked what the implications were for the CCG on NHS Property Services moving to market rent. The Chief Financial Officer replied that in theory the cost should be neutral however in reality the forecast cost is higher than anticipated which the CCG has challenged.

John Holden, Lay member commented that the QIPP for 2017/18 is not achievable and that a further debate was required at a Board Seminar on the organisation’s strategic approach. The Chief Officer replied that the CCG were required to state a balanced plan however the potential unmitigated financial gap indicates a potential shortfall and the CCG will need to work on further proposals to bridge this gap.

The Board noted the update.

3.3 Winter Resilience Plans 2016/17
Corinne Edwards, Head of Commissioning Development presented the summary of the A&E delivery and winter plans for 2016/17 to provide assurance that the whole system is prepared to meet expected demand during the winter months.
Apologies were noted in the lateness of circulating this document to Board members however this was due to timing issues and the deadline to submit to the A&E Delivery Board for sign off and then to NHSE on 4 November 2016.

Dr Jonathan Osborn, GP representative asked if this winter would be worse than the previous winter period. The Head of Commissioning Development replied that the system was under considerable pressure last year, however previous trends and activity are reviewed with a significant degree of scrutiny however there was a finite level of resource available.

It was noted that the Communications Leads across the STP footprint were developing a Communications Plan to link in with Public Health.

The Board noted the update.

4. Quality – Patient Safety, Effectiveness & Experience
   4.1 Child & Adult Safeguarding Annual Report
       Due to timing restraint this agenda item was deferred to the next meeting.

   4.2 Compliments Concerns & Complaints Annual Report
       The Director of Nursing & Quality presented the annual report on Complaints, Compliments and Patient and Advice and Liaison Service (PALS) for 2015/16.

       John Holden, Lay member questioned the number of staff employed to deal with such small numbers of complaints. The Director of Nursing & Quality replied that this did not equate to two full time employees; one is part time and the other full time with dual responsibilities, and therefore appropriately staffed.

       The Board noted the annual report.

   4.3 Your Health, Your Voice Report
       Suzannah Power, Lay member for Patient and Public Involvement and Chair of Your Health, Your Voice forum presented the summary of two meetings; 15 September and 27 October 2016.

       The key discussion points were your care, your way, Sustainable and Transformation Plan (STP) and financial challenges and choices.

       The Board noted the report.

5. Performance
   5.1 Finance & QIPP Report
       The Chief Financial Officer presented the CCG’s Finance Report for September 2016 and highlighted that the CCG is on plan for the year to date and is forecasting delivery of its target surplus for 2016/17 however the level of unmitigated risk significantly challenges this position.
John Holden, Lay member asked if the wording in the first sentence of the report could be changed to the CCG aims to achieve its target surplus. The Chief Financial Officer agreed to change the wording.

The Board noted the update.

5.2 Integrated Quality & Performance Report
The Chief Officer presented the Integrated Quality & Performance Report and highlighted:

- The CCG improvement and assessment framework is contradictory to that reported in the Chief Officer’s report.
- The report demonstrates some of the challenges the system is under, in particular the workforce turnover figures
- The adult safeguarding performance compliance measure. It was noted that this was to the implementation of a new IT system and the time lag in new reporting arrangement and cycle.

Bruce Laurence, Director of Public Health pointed out that the 77% of adults using mental health services were living independently but not in paid employment.

Dr Jim Hampton, GP representative pointed out that with regard to the Community MSK service it is an increase in physiotherapy capacity.

The Board noted the report.

6. Governance
6.1 Risk Register
The Chief Officer presented the risk register. It was noted that this is undergoing review and will be completed once the risk strategy has agreed.

The Board noted the register.

7. Sub-Board Committees
The sub-Board committee reports were presented with no further comments except for highlighting that the Joint Primary Care Co-commissioning Committee had supported the recommendation to submit an application for full primary care delegated commissioning, based on shared operational functions with other STP partners, to the Council of Members.

The Board noted each of the sub-Board Committee reports.
8. Closing Business
8.1 Any Other Business
There were no further items of business.

The next BaNES CCG Board meeting held in public will take place on
Thursday 12 January 2017
at the
Somerdale Conference Centre, Keynsham