

Health & Care Executive

Date : Monday 1st August 2016

Time : 4.00-6.00pm

Venue : Board Room, Addenbrookes Hospital, Hills Road, Cambridge.

MINUTES

Present :

Tracy Dowling (TD) Accountable Officer, CCG – Chair
Stephen Graves (SG) Chief Executive, PSHFT (*from 4.30pm*)
Matthew Winn (MW) Chief Executive, CCS
Lance McCarthy (LM) Chief Executive, HHCT
Jonathan Dunk (JD) Chief Finance Officer, CCG
Alex Gimson (AG) CAG Chair, STP
Evelyn Barker (EB) COO, CUH
Joanna Yellon (JY) Locality Director Cambridgeshire and Norfolk, NHSE
Roy Clarke (RC) Finance Director, Papworth
Scott Haldane (SH) Finance Director, CPFT
Emma De Zoete (EDZ) Consultant in Public Health, PCC & CCC

In Attendance:

Catherine Pollard (CP) Solutions Director, NHSI
Catherine Boaden (CBo) Programme Manager, STP
Laura Gaylor (LG) Governance Manager, STP – Mins
Anna Dijkstra (AD) Senior Manager, NHSI
Leigh O'Conner (LO) Senior Manager, NHSI

Apologies:

Roland Sinker (RS) Chief Executive, CUH
Claire Tripp (CT) Chief Executive, Papworth
Aidan Thomas (AT) Chief Executive, CPFT
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC
Adrian Loades (AL) Executive Director of Social Care, CCC
David Roberts (DR) Clinical Chair, SPC
Jessica Bawden (JB) Director of Corporate Affairs, CCG

Agenda

Actions

1. Implementation Resourcing

CP provided an update on the System Delivery Unit which will be a smaller team than previously discussed. The focus of the team will be coordinating the system wide planning and assurance, with the bulk of the 'doing' being led by aligned resource which already exists. AG & CP will be meeting with each organisation over the next few weeks to discuss alignment of current staff and review the draft MOU between partner organisations.

The proposed staffing costs were reviewed, however further updates are needed to reflect further comms support. Costs are based on mid-point salaries and so the final figures will differ slightly to those presented. JD highlighted that the costs for 16/17 are already planned in, although provision is needed for each organisation to include projections for 17/18.

The HCE discussed the proposed staffing for the SDU and what the SDU will need to deliver on. It was **agreed** that the SDU is based on the experience of the current staffing support provided by NHSI and there is a need to replace and enhance this in order to deliver and provide assurance of the plan.

The risk of duplication, especially with PMO functions across the organisations, was discussed. There will be a need to ensure unnecessary duplication is prevented. The HCE discussed the need for some parallels and double running to ensure there is a smooth transfer of information across the teams.

EDZ expressed how it was good to see a Public Health specialist within the SDU, although raised concerns the Local Authority will not be able to provide a candidate for that post due to current capacity demands.

It was confirmed the £1.8m of funding will be split between organisations using the same methodology as previously used for STP funding. The HCE **agreed** to the overall budget of circa £2m annual to fund the SDU. It was **agreed** to recirculate this to the group.

Action: JD/CP to circulate the % split used previously for STP funding.

JD/CP

The Independent Chair interviews will be taking place on 26th August, MW, TD, CP and Rob Hughes will be on the interview panel. All other roles will be live on NHS Jobs soon with interviews taking place in September. The roles will be three year fixed term contracts or secondments based in Cambridge.

TD updated the HCE on three director posts for the CCG which are currently out for advert. These roles cover Planned, Urgent and Primary Care.

(SG joined the meeting at 4.30pm)

2. Review the Delivery Plan

AG presented the Delivery Plan to the HCE; slide 10 of the slide pack provided an overview of the current proposal to balance locality and system wide arrangements. Currently there is a Locality Executive Partnership which is well established within Peterborough and the proposal is to reflect this for Cambridge and Huntingdon. The Clinical Advisory Group has been renamed as the Care Advisory Group to ensure language used is reflective of Local Authority. Further patient/public representation on the group is needed also.

The seven programme delivery groups were introduced and slide 11 of the slide pack details the portfolio of projects which each one would be responsible for. AG confirmed this is not an exhaustive list and not all of the groups have been established yet. Each group will have an Accountable Officer & Finance Director. It was **agreed** to add a GP clinical lead to each group also.

Concerns were raised around provision of Primary Care being missing from the architectural structure, although it is important in the STP. It was **agreed** to increase the visibility within the structure; there is a need for the current work being completed within the CCG at locality level to be more visible as well.

The HCE meetings have been moved away from a Monday to ensure Dr Gary Howsam is able to attend to increase GP representation to the group.

Each Programme Delivery Group's projects were reviewed on slide 13 – 34 of the slide pack which provided further prioritisation and indicative cumulative saving

opportunities. Prioritisation was highlighted by financial impact, operational impact, quality & safety impact and ease of implantation.

EDZ raised concerns about being asked to comment on the savings projections without details of the investments needed to generate these, particularly for those attached specifically to the Councils.

Action: EDZ to discuss this further with Bruno Desormiere.

EDZ

It was **agreed** that each project lead must produce a savings realisation trajectory, to be agreed by the FD Forum, as part of the project initiation document. The Finance template will need to be resubmitted at the end of October to NHSE. JY confirmed further information was being circulated today to outline the four milestones which need to be completed for every STP footprint by the end of October.

The HCE **agreed** a named Accountable Officer is needed for each Delivery Group. Discussions around the remit of work and who this will be will be discussed at the individual MOU discussions with the CEOs over the next couple of weeks.

JD confirmed the FD Forum will need visibility on all LTFMs being developed by CUH, PSHFT & HHC and reflections on the STP activity scenario will need to be sensitive to these.

Action: HCE to provide any further comments to CP on the Delivery Plan by the end of the week, with emphasis on each individual organisations project list outlined in slide 30-34.

HCE

Action: Updated Delivery Plan to be presented at the next HCE on 16th August.

CP

3. **Proposed milestones for consultation**

The HCE reviewed the draft paper SW provided on the Options for Consultation and Implications of Pre Consultation Business Case and the status of PCBC deliverables on slide 36 of the slide deck.

Due to CUH and HHC currently being in special measures the NHS Assurance process will not only be completed regionally but also nationally. This will add significant delays to the timeline of up to 3 months. This was queried by members of the HCE in regards to Stroke Rehab and MIUs, JY **agreed** to take this back to NHSE and challenge.

Action: JY to query the need for National NHSE Assurance with NHSE and update the HCE accordingly.

JY

TD discussed the need for wider STP engagement and to build on what has been currently completed with the public facing document, to ensure the context of the discussions have been shared prior to consultation.

SG & LM raised concerns around the timing of the PSHFT & HHC merger and public consultations and the need to be clear on the consequences of the merger are different from the consequences of the system working together to make services clinically and financially sustainable. It was **agreed** to present jointly at the OSC taking place in October, with AG presenting the STP update. It was **agreed** for AG and JB to liaise with OSCs for a pre-engagement piece with the OSC.

Action: JB and AG to liaise with the OSC prior to the meeting in October and AG to present the STP update alongside the PDHFT & HHC merger discussions.

JB/AG

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4. Update on CUH UEC work

EB & TD provided an update on the work that has been undertaken to address high levels of demand on CUH urgent and emergency care. EB outlined the operational improvements, risk areas and what has been needed to accelerate impact. A daily command and control has been established and the Trust has been 'green' since last week. Going forward each individual area will undertake bed reviews. EB will continue to review A&E performance. EB is meeting with all COOs across the system next week to share what has worked well.

5. Update on Estates

MW provided a brief update on Estates and outlined what work is currently being undertaken A fully aligned and integrated Estates strategy across the system is being worked on to provide significant quality and financial benefits.

6. Review actions & minutes from the last meeting

The action log was reviewed by exception and the following updates were provided:

- UID 310 – is now complete.
- UID 313 – 315 are currently in progress.

7. Review status of key deliverables

The HCE reviewed the C&P System key deliverables by exception and the following was noted:

- SGP – Additional resource for is currently being scoped and a list of names will be provided.

Action: TD to share the list of names to support SPG improvement areas.

TD

- FD Forum/Shared Services – the action has been completed and there are concerns around resource for this piece of work.

8. Review key programme risks and issues

The current risks and issues were reviewed by exception and the following was **actions** were agreed:

- CCG to provide an update on the financial recovery plan for the next HCE meeting on 16th August.
- Include a new risk on Shared Services resource
- Include a new risk on the interface between the FBC and the STP
- Include a new risk on the mass consultation
- Ensure there is a mechanism for draft papers for circulation to the HCE are business sensitive.

TD/JD

**LG
LG
LG
LG**

9. Agree agendas for the next HCE meetings

The draft agenda for the HCE taking place on 16th August was reviewed and the following was **noted**:

- Include two new agenda items; 'New Proposal for Primary Care and Integrated Neighbourhood Teams' and 'CCG Financial Recovery Plan'
- Delay Mental Health Strategy as AT is currently on leave, the strategy is being reviewed at CAG on the 11th August and will also need signing off at CCG CMET. MW raised concerns that the MOU will need to be explicit on what the role of the HCE is and role of signing off strategies.

10. AOB

The paper entitled 'Transforming Children & Young People Health & Wellbeing Services' was circulated prior to the meeting. MW provided a brief overview of the paper which outlines there are currently two groups working on children and young people health and wellbeing services. The HCE **agreed** to support bringing together the work established by the Joint Commissioning Group and the STP to ensure children and young person health and wellbeing services can be planned as a system.

Concerns were raised regarding vertical integration and whether this is engaging or informing.

Action: MW to pick up reflections on language and discuss alignment with WO-W.

MW

The meeting closed at 6.40pm.

Date of next meeting: Tuesday 16th August, 2-3pm, Teleconference - TBC

Author: Laura Gaylor, Governance Manager, August 2016

