

Health & Care Executive

Date : Monday 6th June 2016

Time : 4.00-6.00pm

Venue : Board Room, Floor 4, Management Suite, Peterborough City Hospital, PE3 9GZ

MINUTES

Present :

Tracy Dowling (TD) Accountable Officer, CCG - Chair

Aidan Thomas (AT) Chief Executive, CPFT

Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough

Gareth Jones (GJ) Head of Strategy, NHSE

David Roberts (DR), Clinical Chair, SPC

Adrian Loades (AL) Executive Director of Social Care, CCC

Jose Rudman (JR) Director of Nursing, Papworth

Dial in:

Lance McCarthy (LM) Chief Executive, HHCT

Stephen Graves (SG) Chief Executive, PSHFT

Roland Sinker (RS) Chief Executive, CUH

Matthew Winn (MW) Chief Executive, CCS

In Attendance:

Simon Wood (SW) Provider Sustainability Director, NHSI

Catherine Pollard (CP) Solutions Director, NHSI

Jessica Bawden (JB) Director of Corporate Affairs, CCG

Jonathan Dunk (JD) Chief Finance Officer, CCG

Ed Smith (ES) Director of Commissioning, CUH

Roy Clarke (RC) Finance Director, Papworth

Roy Jackson (RJ) Finance Director, HHCT

Jo Fallon (JF) Workstream Support Manager, STP

Laura Gaylor (LG) Governance Manager, STP – Mins

Apologies:

Claire Tripp (CT) Chief Executive, Papworth

Alex Gimson (AG) CAG Chair, STP

Agenda

1. Review full STP draft

CP updated the HCE on the latest version of the STP draft which has recently been shared with CCS, CUH and CCG for their respective Board meetings next week. Comments are currently coming through from LAs. The feedback from the completed Provider Boards so far has been generally positive and questions have been on known weakness (e.g. implementation, Primary and community care) which are being strengthened.

The FD Forum will be reviewing the STP draft at their next meeting on Wednesday 8th June and feeding back comments to CP.

Action: Any further comments on the STP plan to be sent to CP by Thursday 9th June. **JD**

Actions

2. STP Financial Template Submission – review draft

JD provided headline messages to the HCE on the STP Financial Template which is currently being populated. The financial modelling, key expenditure and phasing for the next 5 years have been completed and are clear. Modelling still needs to be completed on temporary (investment) costs, capital costs and workforce. Further information on BCF will be included this week. GJ confirmed there is no interim submission to NHSE. The £10million generic pressure for additional costs to meet new quality standards (like 7 day services) isn't granular yet, so more work is needed. JD confirmed other STPs won't have this information also.

SG questioned the consistency between the provider and commissioners assumptions with QIPP & CIP as there needs to be assurance there is no inconsistency or double costing. JD confirmed that there will need to be some further work to ensure there is no overlap. At the FD Forum on Wednesday 8th June there will be a review of QIPPs & CIPs to look at this further.

Action: Outstanding CIPs to be submitted by HHCT & PSHFT for the FD Forum meeting.

SG&LM

Currently there isn't the level of detail required to populate the 'Workforce Summary' tab by staffing group type. Workforce savings in the modelling have been based on activity growth as a proxy for growth in the size of the workforce but have not considered this by type. CP confirmed workforce is on the agenda at the CWG to CWG on Thursday 16th June to discuss this further. The HCE noted that this could potentially be a big gap and will need to be captured in the narrative within the submission.

Action: JD to contact Health Education England Lucy Dennis for current information.

JD

The HCE will have sight of the STP Financial Template Submission at the HCE on Monday 20th June, and will be signed off at the FD Forum taking place on Wednesday 22nd June. JD confirmed that meeting will need to have a representative from all organisations to complete sign off.

ES queried whether the expenditure needs to be split out by each Trust.

JD

Action: JD to confirm totality by Trusts on the submission.

NHSE have confirmed that specialist commissioning position needs to be included within the plan. No formal discussion has taken place at the moment; however SW has looked at indicative numbers on scale of pressure within the waterfall chart. No plans have been received from Specialist commissioning on closing the gap.

Discussions are also taking place with Social Services to identify solutions and pressures.

3. Implementation resourcing time-table & handover plans

The Implementation resourcing time-table and handover plans slides were presented by CP in AGs absence. Paul Watson has requested to upscale resource owned locally in preparation for the NHSI handover. Slide 5 outlines the areas of work which need to be completed. It was **agreed** further discussions around definition of the implementation would take place at a HCE away day proposed to take place at the end of July.

Slide 6 outlines the indicative timetable if the recruitment plan is week ending 17th June this could mean there is a full compliment of staff in Sept/Oct.

A recommendation was made to the HCE to make progress on recruitment the host organisation would need to lead on recruitment. CUHFT have volunteered for this; however it was confirmed any employment rights are managed across the system. It was **agreed** for CUH Workforce Director David Wherrett (DW) to lead on recruitment. Due to the time constraints it was **agreed** to start recruitment plans for the senior posts where there is currently a gap i.e. Programme Director, BI roles. It was **noted** that CPFT have also volunteered to be the host organisation and CCS have volunteered to provide office space if required.

It was also **agreed** in parallel to collate a map of current resource within the CCG and Providers who are already working on improvement/transformation activities and/or might want to. AT raised concerns as current programme managers who are currently working on CIP which is linked to the STP, therefore this exercise won't produce new resource and there are concerns there won't be any further capacity.

Action: CEOs to provide CP/AG with their current improvement and transformation personnel as part of the mapping exercise of the current STP. **CEOs**

Transformation money may not be available until 2020/21 and there is a lot of focus on resource, it was **agreed** that this needs to be included in the plan and identify what resource is needed. This can be put against the transformation fund but there is no confirmation that the system will be allocated this funding, which will be crucial to invest for the plan to be implemented.

Action: JB to liaise with David Wherrett around senior recruitment plans. **JB**
Action: Work on JDs for known gaps and parallel HR Directors to start mapping exercise to current STPs. **HR D**

Slide 7 within the slide deck was reviewed which outlines the NHSI work so far, the offer until September and the deliverables for handover. The HCE were asked to comment if this was in line with their expectations. AT highlighted that information analytics to support delivery was missing in the NHSI offer until September. MW confirmed he would email comments on this following the meeting.

HCE
CP

Action: HCE to send any further comments to CP.
Action: CP to provide further details on NHSI project plan of programme work for next meeting on 20th June.

4. **Outstanding Clinical Design Issues**

Outcome from Stroke Review (HASU)

SW updated the HCE on the recent Stroke meeting where a review of the options and took place; the group have been tasked with scoring each option by COP Tuesday 7th June. SG raised concerns around the data which was presented within the slide deck and concerns around; PSHFT consultants travelling across sites; limited space at Addenbrookes to pick up the extra work and a lack of an integrated service in Cambridge. It was **agreed** to review the outcome following the process with CWGs and the outcome of the group scoring. It was **agreed** to communicate Stroke outcomes outside of this meeting. It was confirmed that within the clinical model and the plan there is more focus on rehab at home.

The HCE were asked to make any observations on the options and/or the process. Further analysis of travel times and financial impact of the options were provided within the Annex. Travel times are important and it was highlighted that further engagement is needed with EEAST to support the Stroke review. AT and TD have previously escalated this with EEAST and **agreed** to take this forward as an **action**.

TD/AT

PCP & SPC emerging asks for transformational investment

CP confirmed that PCP and SPC CWGs are currently working through transformational investments and this will be bought back to the HCE on Monday 20th June.

Process and timing of the review MIUs & community beds

It was **agreed** that the Community beds review should come under the UEC/PCP CWGs jointly. Recommendations will be made at the CAG on 11th July.

It was **agreed** that the MIU review should come under the UEC CWG. The CAG will undertake scoring of the options on the 27th June.

It was **agreed** that although the St Neots WiC isn't commissioned by the CCG it still comes under remit of work and should link in with SPC CWG and not the MIU discussions. Should be included in the Primary care workstream.

It was **noted** that there is currently a lack of hospice capacity in the Fens.

5. Matters Arising

Oversight of prioritised system improvement changes to reduce non-elective demand – admissions avoidance & discharges

TD presented the HCE with the UEC CWGs existing schemes which are aimed to reduce NEL admissions for this financial year.

Business case to support delayed transfers of care

The new schemes which are being explored to alleviate immediate pressures at CUH, costing £1.47 million were also presented. CUH confirmed this could be solely funded by them, however as this is to support the system it was **agreed** to split this based on turnover between CPFT, CUHFT, CCG and the Local Authority. DR raised concerns on the potential implications to primary care these schemes may have, and it was **agreed** to include any additional costs associated with this.

AT raised concerns on current funding arrangements of NHS Continuing Care and discussions which are currently taking place between the CCG and the Local Authority. TD confirmed there is an issue and TD and AL are currently working through this and are unable to commit to a time frame until the solutions have been worked through.

TD/AL

Action: Teleconference for Thursday to be arranged, TD/AL to discuss continuing care funding further.

Papworth and CPFT have currently not accepted the revised control total set by Monitor. HHCT and PSPHFT have accepted. CUHFT will be able to confirm towards the end of June.

6. Choice hub/referral management proposal

CP presented an update on work undertaken by the Elective CWG around Patient Choice Hub. Slide 19 outlined the three options which are currently being explored; Deliberative Hub, Informative Choice Hub and Status Quo. Concerns were raised regarding challenges with the NHS Constitution; the steer from NHSE is that the options can be innovative and flexible.

TD raised concerns around the patient being offered a choice of private versus NHS as part of the Deliberative Hub description, but not necessarily which of the three NHS sites, and asked for this to be removed as this goes against what the system is trying to change. TD suggested that we steer more towards the Informative Choice Hub and utilise work E EAST have completed on intelligent conveyancing.

Action: Elective CWGs to provide GP referrals rate by speciality and travel time data to support discussions. **SW/AG**

The HCE discussed the complications if a patient is referred into one Trust and Acute clinicians cross refer.

AT highlighted IAPTs capacity to take on more referrals.

Action: AT to supply CP and Anna Dijkstra two names in CPFT to discuss predictive scoring and provide an introduction to Peter Bradbury and John Haig. **AT**

7. **Actions from last meeting**

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

- UID 211 – MW has asked the 3 Acutes and is awaiting feedback.
- UID 232 – CP to follow up with AG following leave.

8. **Update on spend against pooled budgets**

As there is a projected underspend on the budget allocated until July 2016 (£155k) planned contingency, it was **agreed** to roll forward this funding to cover expected costs to extend current staff to the end of September 2016 with no requirement to go through CCG ECF panel. This means that organisations can rebadge their component of the £550k for the SIU which should be up and running from October 2016. It was **agreed** that should there be any budget surplus after Sep 2016, this is allocated to the SIU.

Action: CCG to complete relative forms to extend current staff. **JB**

9. **Comms update**

Comms strategy refresh

The refreshed Communications and Engagement Strategy was reviewed and the HCE were asked for any comments. JB has updated the strategy to include more emphasis on engagement and only specify which areas will need consultations.

Action: JB to review the diagram on page 2 to be clearer and to include a clear link between engagement and change management with more focus on staff engagement and match the text within the strategy **JB**

Programme governance/Stakeholder group

JB updated the HCE that the separate Stakeholder Group would no longer be needed as the work will be through current established groups. The HCE **agreed** to this approach with key organisations' representatives.

10. **Review status of key deliverables**

The HCE reviewed the C&P System key deliverables by exception. It was **agreed** that the dates around consultations will need to be revisited as well as the dates for the HHCT/PSHFT Business Case.

11. **Review key programme risks and issues**

The HCE reviewed the key programme risks and issues by exception. The risks will be reduced following the Tripartite meeting on 17th June.

12. **Agree agendas for the next HCE meetings and Tripartite meeting**

The agendas for the following meetings were reviewed and **agreed**:

- Bi-partite agenda – 17th June
- HCE – 20th June;

- HCE – 4th July

13. AOB

It was agreed to take forward discussions on contracting for the system differently for 2017/18 to the Chief Executive Away day planned for end of July.

Action: JD to liaise with Keith Spencer on the Manchester model via the FD Forum.
CP to add to agenda for the Chief Exec away day at the end of July.

JD
CP

It was **agreed** to ensure there is senior executive representation at Health and Well Being Boards to ensure there is a consistent message across from the STP. The Partnership Board away day on the morning of 14th July was **noted**.

The meeting closed at 6.30pm.

Date of next meeting: Monday 20th June, 4-6pm, Cochrane Room, Hinchingsbrooke Hospital, Hinchingsbrooke Park, Huntingdon PE29 6NT

Author: Laura Gaylor, Governance Manager, June 2016