

**Health and Care Executive**

**Date:** Thursday 9 February 2017  
**Time:** 3.00 – 4:30pm  
**Location:** The Boardroom, Addenbrookes Hospital, Cambridge

**Present:**

David Astley (DA) Independent Chair  
Tracy Dowling (TD) Chief Officer, CCG  
Stephen Graves (SG) Chief Executive, PSHFT  
Roland Sinker (RS) Chief Executive, CUHFT  
Stephen Posey (SP) Chief Executive, Papworth  
Lance McCarthy (LM) Chief Executive, HHCT  
Aidan Thomas (AT) Chief Executive, CPFT  
Matthew Winn (MW) Chief Executive, CCS  
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough  
Gary Howsam (GH) Clinical Chair, CCG  
Paul Marshall (PM) Business Development Manager, EEAST  
Scott Haldane (SH) Interim Programme Director, SDU  
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC – *Dial in*

**In attendance:**

Mark Turner (MT) Director of Major Projects, Strategy and Transformation, CUHFT  
Jeff Worrall (JW) Portfolio Director Midlands and East, NHSE  
Gemma McGeachie (GMcG) System Strategy, Planning & Development Director, SDU  
Joel Harrison (JH) Finance, Analytics and Evaluation Director, SDU  
Laura Gaylor (LG) Programme Governance Manager, SDU - *Minutes*

**Apologies:**

Alex Gimson (AG) CAG Chair  
Mark Millar (MM) FPPG Chair  
Dave Fountain (DF) Chief Executive, EEAST  
Jess Bawden (JB) Director of Corporate Affairs, CCG

<b>Agenda</b>	<b>Action</b>
<p><b>1 Minutes and actions from the last meeting</b> The minutes from the last meeting were <b>agreed</b> as a true reflection of the discussion. The action log was reviewed by exception and the following actions updated:</p> <ul style="list-style-type: none"><li>• Action 516: Discussed later in the meeting.</li><li>• Action 518: Due to be discussed at HCE on 23 February.</li><li>• Action 520: Complete.</li><li>• Action 522: Discussed later in the meeting.</li></ul>	
<p><b>2 Update following FPPG</b> JH provided a brief update from the Financial Performance and Planning Group meeting which took place on 1 February. At the next meeting revised financial projections for the STP for the next two years will be reviewed in anticipation of an NHSE submission. JW confirmed there will be a refresh of plans however it is not clear if this will be some or all STP footprints.</p>	

*TD, GH & LR entered the meeting at 3.10pm*

Following the preparation of the revised financial projects, JH confirmed these would be subsequently presented at HCE at system and scheme level. These would assist with conversations around shadow control totals and help to track what is driving demand and cost within the system. Priority is to understand QIPP, CIP and solution plans with a focus on urgent care.

### **3 Review key programme risks and issues**

The HCE reviewed the risk and issues log by exception and the following was discussed:

- R-20: TD confirmed the CCG restructure has been completed, and LCG's have been disbanded.
- R-15: Concerns were raised around the mitigation of the communications and OD/QI strategy addressing clinical engagement. CAG are currently reviewing this following on from the discussion at HCE on 26 January.

*DA entered the meeting at 3.15pm*

The HCE discussed the current funding model, concerns were raised around the formula which is used to allocate funding. The HCE **agreed** to send a formal letter from DA on behalf of the system to NHSE outlining these concerns and cross-refer the work which has been complete on the Market Forces Factor. It was **noted** that AT has also drafted a letter regarding the National Bids funding.

**Action:** TD to draft a letter with the systems concerns around the current funding model and circulate to the HCE for comment, taking into consideration ATs letter.

**TD**

### **4 Status updates from Delivery Groups**

Each AO provided a brief update from their Delivery Group. Highlights discussed were:

- UEC: Governance for the delivery of UEC still needs to be worked through. TD circulated slides from the STP Leaders Event to the HCE prior to the meeting which mentioned a refreshed UEC strategy which has been postponed until March 2017. The strategy includes seven pillars which may not fit into UEC Delivery Group and may need to be reflected in other Delivery Groups.

*SG entered the meeting at 3.25pm.*

WO-W made reference to the Council's Innovation and Investment fund which could be accessed by the STP.

**Action:** WO-W to discuss what 'pots' of funding are available with FPPG.

**WO-W**

- Women & Children's: Clarity is required on portfolios. National guidelines need to be reviewed within Maternity and this will

need to be worked through collaboratively with PSHFT and CUHFT. SG confirmed by the end of Q1 clinical direction and lead midwives would have been identified. There is a separate piece of work to align policies and guidance. Within the next week there will be a focus on understanding what standards need to be met.

- Digital: The Delivery Group met on 8 February 2017, which was well attended and representative of the system. SP met with Anthony Upshall, Digital Transformation Lead for NHSE around a bidding process which is due in March 2017. Funding is needed for a central PMO to manage this process. Progress to recruit to the vacant CCIO role has been made.

*AT entered the meeting at 3.40pm.*

The HCE discussed the relationship with CUHP which needs to be strengthened in line with the Digital Delivery Group. There is also system wide BI support required to review population data which is currently not available within the system. It was **agreed** this would be followed up by SP and SH.

**Action:** SH & SP to review system wide BI support required for the STP.

**SP/SH**

*LM entered the meeting at 3.45pm.*

An STP Innovation Exchange Event for Digital is planned for the 29 March 2017, an invitations has been circulated.

**Action:** SH to share the invitation with all members of the HCE.

**SH**

- Workforce: MW gave an update of the Work Stream. HEE have further funding which is being mapped against the respective Apprenticeship Levies. ARU are not concerned around the reduced numbers applying for nursing as it is still in excess of placements available for September. HEE are also leading on the strategy for Primary Care workforce. The HCE discussed workforce in relation to each Delivery Group, each one has an assigned HRD who should link back to the workforce DG. A CCC Health Scrutiny is taking place on 16 February where workforce is on the agenda. It was **agreed** to discuss Workforce in detail in April.

**Action:** Workforce update to be presented in April HCE meeting. LG to add to HCE agenda planner.

**MW  
LG**



*RS and WO-W left the meeting at 4.15pm.*

- AEPs: On the 23 February 2017 there will be a joint Cambridgeshire Public Service Board and HCE prior to the scheduled HCE meeting. A full attendance from HCE members was requested for this meeting. On a different matter, the Terms of Reference for the AEPs is currently being reviewed as the remit of these groups wasn't being captured correctly at the moment. These are also being reviewed with the Local Health & Wellbeing Partnerships by Cath Mitchell and Catherine Boaden.
- A&E Delivery Boards: It was **agreed** to remove A&E Delivery Board updates from the main status updates and include as an Annex for information.

## 5 **Updates on Elective Care Delivery Group**

TD presented a focused update on the Elective Care Delivery Group. The group are currently focused on five priorities which are; demand management, standardised pathways, resourcing, governance and structural reconfigurations. The work on standardising the pathway for MSK isn't quite complete. Provider resource is required to support delivery and implementation.

The forecast savings for 17/18 as per the CCG QIPP plans have changed slightly to £13.2m, there is still a slight variance compared to the £13.3m 17/18 indicative savings target as per the STP.

The current Planned Care Programme Components were outlined, TD confirmed referrals back to Primary Care can still happen at any stage.

Currently the Planned Care workstream structure has a CCG and a Provider Lead for each workstream. Going forward there is a need to rebalance the resourcing of the delivery groups to ensure there is correct clinical input for pathway design and Provider input for CIP and implementation. TD raised concerns with resourcing and support for SROs to define what is needed in terms of resource in their aligned workstream.

TD provided an example of orthopaedic implementation which has been delayed due to organisations refusing implementation as they suggest the people representing their organisations are not in the position to agree changes. The HCE discussed ensuring there is the correct representation at each group to inform decisions.

Demand management is one of the biggest areas of focus in Planned Care and an investment case is currently being worked on how to implement Advice and Guidance at scale. The referral process is also being reviewed to look at 'virtual' hubs, which will more effectively manage demand and supply to deliver a positive ROI and activity reductions across the STP.

**Action:** TD to present an update at the next HCE with clear actions for TD the investment bids.

## 6 **Update on Investments**

The newly formed Investment Committee held its first meeting on 1 February. The meeting considered the Terms of Reference, the Investment Evaluation Criteria, and consideration of PC&IN Phase I business case.

The Terms of Reference and Investment Evaluation Criteria were circulated prior to the HCE meeting. The HCE were asked for comments on the two documents.

*MW left the meeting at 5pm.*

The HCE **approved** the Investment Committee's Terms of Reference.

The group discussed the outcome of the PC&IN Phase I Business Case which the Investment Committee reviewed and recommended that further work was required. The bid will be resubmitted on 1 March following feedback received. The HCE **agreed** that there is a need to scrutinise and evaluate each bid to ensure there is a robust business case ready for implementation.

It was **agreed** to amend the Investment Evaluation Criteria to outline that each investment must provide a £1 for £1 return over 12 months. LR suggested a criteria around evidence base for the intervention was included in the Criteria. The HCE **approved** the Investment Evaluation Criteria following these amendments and review with feedback from the first meeting.

**Action: JH** to review and amend the Investment Evaluation Criteria following the discussion at HCE. **JH**

The HCE were asked to review the outcomes of the first Investment Committee in further detail in preparation for future bids.

It was **agreed** to keep the Investment Committee planned for 15 February to review the proposed use of 2017/18 MRET Funds and the Mental Health Crisis First Response bids.

It was confirmed that clinical evidence is ratified through CAG and not at the Investment Committee.

NHS England have provided an update on the available 'pots' of National transformation funding which were outlined in the HCE slide deck. GMcG provided an outline of each investment area and whether a C&P bid had been made. It was confirmed the C&P bids are often seeking funding support far more than under a 'fair shares' basis.

## 7 **Update on UEC and PC&IN review**

At the last HCE it was agreed to run a UEC and PC&IN review workshop which took place on 8 February. The workshop had very good attendance. GMcG provided a headline overview of the workshop where discussions around the system's key questions were reviewed.

The care model has been defined for some time and links to the UnitingCare model however it has become clear that further work is required on the operational, workforce and financial models.

A list of actions following the workshop will be circulated within the next 24 hours.

**8 Feedback from STP Leaders' Development Day**

Prior to the HCE meeting TD circulated initial feedback from the STP Leaders' Development Day. Headlines from the meeting were discussed, there is a clear priority on demand management, detailed delivery plan over the next 12 months, workforce plan.

**9 Agree agendas for the next HCE meetings**

The HCE reviewed and **agreed** the draft agenda for the next HCE meeting on 23 February, with a further update from TD on Planned Care.

**10 AOB**

- SG queried whether there were strategic opportunities being reviewed in light of 'healthy new towns' (e.g. Northstowe) and growth in population and capacity conflicts. TD confirmed this is being joined up within Primary Care with Alice Benton from the CCG.

**The meeting closed at 5.40pm**

**Next Meeting: Thursday 23 February 2017,**

**Author: Laura Gaylor, Programme Governance Manager, February 2017**