

Health and Care Executive

Date: Thursday 9 March 2017
Time: 3.00 – 5.00pm
Location: Blackwell room, Education Centre, Hinchingbrooke Hospital, Huntingdon

Present:

Alex Gimson (AG) CAG Chair (Acting Chair)
Tracy Dowling (TD) Chief Officer, CCG
Stephen Graves (SG) Chief Executive, PSHFT
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

In attendance:

Mark Turner (MT) Director of Major Projects, Strategy and Transformation, CUHFT
Gemma McGeachie (GMcG) System Strategy, Planning & Development Director, SDU
Joel Harrison (JH) Finance, Analytics and Evaluation Director, SDU
Aimee Judge (AJ) Project Support Officer, SDU - *Minutes*

Apologies:

David Astley (DA) Independent Chair
Roland Sinker (RS) Chief Executive, CUHFT
Mark Millar (MM) FPPG Chair
Dave Fountain (DF) Chief Executive, EEAST
Laura Gaylor (LG) Programme Governance Manager, SDU
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC
Jeff Worrall (JW) Portfolio Director Midlands and East, NHSE

	Agenda	Action
1	<p>Items by exception:</p> <p>Minutes and actions from the last meeting</p> <p>The minutes from the last meeting were reviewed, AT asked for an amendment to be made on page 3, changing the word 'recruiting' to 'training'. This now reads; 'AT informs the group that CPFT will soon be training nurses that are qualified in both Mental and Physical health.'</p> <p>The action log was reviewed by exception and the following actions updated:</p> <ul style="list-style-type: none">• Action 528 – Will be completed by 24 March, JH and WO-W to meet and align investment plans due to some overlap, thematically.• Action 527 – Complete. TD sent draft letter to CEO's on 9 March. Happy for group to review and comment.• Action 529 – Ongoing• Action 543 – Rebasing currently occurring – ongoing.	

MT entered the meeting at 3.05pm

Review key programme risks and issues

The risk log was reviewed by exception and the following risks updated:

- R-15 – OD to be item at April meeting
- R-21 – To be downgraded to Green
- R-26 – GMcG to bring a revised Governance Framework to the meeting in April. The SDU will work through this with UEC and PCIN groups, as well as providers.

Action: GmcG to work with providers and delivery groups to assemble the revised Governance Framework and bring to meeting in April.

GMcG

SG entered meeting at 3.15pm

Update following FPPG

JH delivered update;

The FPPG were unable to reach conclusion of how to recurrent fund the schemes – all agreed the funding needs to be recurrent but there is uncertainty of how this will be achieved. The group are to replay the conversation at the FPPG on 15 March.

SG questioned whether the group are given criteria to talk against as otherwise this could be difficult to steer. JH acknowledged one had not been prepared for the previous meeting but would be built into future discussions. It was also noted due to absentees the right people for these discussions were not in the room on 1 March.

Update following CAG

The CAG discussed the following items at their meeting on 23 February;

- Workforce
- Elective Cardiology
- Strategic Clinical Networks
- Falls – this was agreed and is at Gateway 2, the business case does not need to return to CAG. The Falls scheme ties in with the Local Authority as Public Health will also be inputting money.
- Dementia – currently sitting at Gateway 1; needs further development, especially around numbers and finance. Will need to come back to CAG once it has been fully developed.
- Still awaiting an End of Life business case: it is sitting within PCIN but is yet to be started.
- GP representative – Dr David Roberts is stepping down from CAG. The CAG now have to identify a new GP representative (as a provider, not a commissioner).

SG questioned using term of End of Life, AG agreed 'managing people in the last year of life' may be more appropriate. TD acknowledged the scoping and defining of the project is important.

Status updates from Delivery Groups

Delivery Group updates were reviewed, AG asked the group if any of the AO's would like to speak to their delivery group specifically;

Planned Care (TD):

- The Planned Care Steering Group have been undergoing a restructure of leads/resources (appendix 4 to the HCE papers set this out). The idea was to carve group at two ends – CUHFT and PSHFT but for the work to be delivered on behalf of the system, not by organisation. The group agreed to this at the time but since then there are concerns some individuals are working for the benefit of their own organisation. MW asked if a framework had been set? People will remain to act on behalf of their organisation unless set a specific framework to work to.
- TD: There is a 'design – define – implement' 100 day cycle being used.
- GMcG: This sits in part of governance framework that is being rewritten. SH asked for input from HR, Finance, IT, all departments involved and not just AO's and SRO's.
- MW acknowledged this cannot be a rule-span process.
- TD: This structure is moving away from COO's delivering as they are too busy, this is focusing on project leads.

PCIN (AT):

- There is still a question in the PCIN business case around the overlap with UEC. GMcG clarified the task and finish groups are still ongoing and UEC have not finalised their business cases. Both the UEC and PCIN business cases will have an Exec Summary, which outlines the overlap and includes an action plan of next steps.
- AG explained the business cases only need to have enough in them to make a prioritised decision in two weeks time, they do not need to be perfect at this stage.
- MW made a plea to all; if your plan has workforce implications, please ensure the workforce leads are included in discussions.

Digital (Delivered by SH):

- A meeting has been held with Datalytics to discuss system-wide BI technology – this was a free offer from the DoH.
- SH assured group that unless we are all completely confident, we will not sign up, regardless of it being a free service for us to use.

The group **agreed** Datalytics update to be an item on April agenda once further discussions have been held in order for HCE to make informed decision.

2 Update on Shared Services Delivery Group

SH presented on slides 7 to 25 (attached). Purpose of the Delivery Group is to analyse why the profile spend looks as it does. SH directed the group to slide 11 which outlines the Estates area, explaining there is a large value attached to this which needs mapping out.

Slides 12-15 ask questions on Finance and HR – why is there such a disparity in costs across the system?

MW focused on slide 14: There appears to be a high-level cost % turnover. The running costs of the infrastructure look lean. Have we assigned a figure we cannot achieve? When will we know what we would like to aim for? SH explained an analysis below high-level numbers is needed and being worked on.

SG raised issues of merging organisations – in due course these questions will be asked. Are CCS and CPFT considering a merger for example? AT questioned the group's title; 'Shared Services' – what are we sharing? These slides outline per organisation, not as a system. He also added that a CCS/CPFT merger was not that simple, especially around the geographies that both organisations serve.

There is to be another Shared Services Delivery Group held on 15 March, these questions are to be raised there. JH reluctant to carry out any more high-level analysis. The need to move to specific actions now was keenly supported.

SG

Action: SG to write up questions for SH to take to Shared Services Delivery Group on 15 March.

The HCE **agreed** to focus on HR and Finance as first step of specific analysis. MW also asked whether it would be worth focusing on property lease costs as this could be a quick, significant saver. Our commitment to buying also needed focus.

It was **agreed** the Shared Services Delivery Group would bring back an update to the HCE in May.

3 Update on Operational Planning and Contracting

Update delivered by TD.

Currently no financial update from Jonathan Dunk, he is holding meetings with Bill Boa to resolve. Recently received a letter from Simon Stevens and Jim Mackey which states 30% of the STF entirely on A&E performance. Regarding risk-shares, MW questioned whether we still need permission to fine, does not make sense to run both systems? TD clarified CUHFT are unable to agree risk-share in same way as PSHFT and HHCT have.

4 Update on Investments

AG guided all to review slide 18, which summarised all of the projects currently in the pipeline accumulating to c.£37million. Slide 19 outlines the projects that have not yet begun.

Investment Committee update

Slides 17-30 summarise best points of each case brought to the Investment Committee on 1 March. SG admitted some confusion over where the money is to come from if it has not yet been agreed how the money turns into a recurrent fund?

PM asked if there is a forum for proven success? AT explained the King's Fund have agreed the only way to assess an avoided admission is through a panel review process.

LR entered the meeting at 4.15pm

AT raised concern over how the JET business case is being developed alongside the PCIN business case in terms of workforce. GmCG clarified this only covers 40 WTE UEC Intermediate Care Workers, another business case is being worked up with Ruth Derrett and Cath Mitchell which will cover the remaining ICW workforce requirements.

AG acknowledged need for timecheck on whether the scheme is working before investing in it for the remainder of 2017/18. MW questioned whether this would mean potential disinvestment in 2019? TD clarified this would not be the case, we will not wait 12 months to assess, we must review constantly. AT asked that should any of the schemes not work, could we have system-wide help in dismantling it?

The HCE **agreed** to sign off the Extended JET business case.

TD brought back comments on the Stroke ESD proposal;

- Concerns over low numbers of workforce – only 5 intermediate care workers. GmCG explained the rest are in the rest of the Intermediate Care business cases currently being drafted. There is a big dependency here, not enough workforce on its own should the Intermediate Care remaining cases not be signed-off.
- Another concern surrounding the two-year savings. These need working through.

TD did not want to take this back to the Clinical Executive Committee but instead asked for agreement from HCE.

The HCE **agreed** to sign off the Stroke business case.

The Mental Health First Response Service case did not meet the £1 for £1 return on investment, though it has been recognised it is already in place. The quality of data was considered weak, though TD explained the service has only been fully implemented since September 2016 so it has not had long enough to prove itself. AT told group the Department of Health have been impressed with the service run across Cambridgeshire and Peterborough and would like to roll this out across the country. TD explained the service has been budgeted in MRET for 12 months but would still like system sign-off.

The HCE **agreed** to sign off the MH FRS business case.

GmCG left the meeting at 4.30pm

AG directed group to view slide 20 as it outlines the four main points of focus going forward; primary prevention, elective pathways redesign, inappropriate admissions prevention and facilitating discharge. AT believed the slide to be misleading due to numbers attached, SH asked for group not to focus on numbers but to focus on the headings. MW acknowledged there is a lot of risk here but believes it is worth it.

AG reminded group not to forget the other projects in the pipeline. MT raised concern on the interdependencies – the list of what we should invest in will dwarf £12million. LR: The list is a culmination of projects we should have already been delivering, this looks like a catch-up list.

ALL

TD: We have been contacted by NHS Improvement to discuss our STP at the NEDs event as they have asked for good-quality STPs to attend. JH also explained NHS Improvement have asked to attend the next HCE on 23 March.

Action: All to review list of investments and bring comments back for final decision at the next HCE on 23 March.

5 Life Sciences

To be discussed at next meeting.

AJ

Action: to be added to 23rd March agenda

6 Strategic Clinical Networks

AG explained the Strategic Clinical Networks would be set up to sit away from CAG, purely as advisory groups reporting into CAG. The networks will have a strong clinical base. Networks agreed amongst members of the CAG so far;

- Cardiovascular
- Diabetes
- Respiratory Medicine
- Stroke
- MSK and Orthopaedics

MW is supportive of the idea but suggested it might be helpful to have a co-morbidity clinical group to be run by Primary Care. MW also asked for the new Maternity network to be aligned within this remit.

AG acknowledged more clinical and public engagement is needed. MW also asked for social care involvement; perhaps change name from 'Clinical' to 'Care'.

7 Agree agendas for the next HCE meetings

The HCE reviewed and **agreed** the draft agenda for the next HCE meeting on 23 March, with an update from RS/MT on Life Sciences.

8 AOB

- HCE Terms of Reference have been circulated amongst group. SH asked group for final comments by 23 March.

Action: All to feedback comments on HCE Terms of Reference by 20 March.

ALL

- AT asked for group to begin considering the need for management of long-term conditions out of hospitals. It was **agreed** this would be brought as an agenda item at the meeting in May.
- GH asked for group to consider inviting a GP representative to the next meeting. SG agreed it would be beneficial to hear from GPs. TD will circulate latest version of the CCG's GP Forward View submission.

- JH: Subject to final confirmation, we have been awarded funding for our Diabetes national bid. Originally bid for £1.8 million and will be awarded £1.3million.

The meeting closed at 5.04pm

Next Meeting: Thursday 23 March 2017,

Author: Aimee Judge, Project Support Officer, March 2017