

Health & Care Executive

Date : Thursday 10th November 2016
Time : 3.00-4.30pm
Venue: Boardroom, Elizabeth House, Fulbourn Hospital, Cambridge

MINUTES

Present :

David Astley (DA) Independent Chair, STP - Chair
Tracy Dowling (TD) Accountable Officer, CCG
Matthew Winn (MW) Chief Executive, CCS
Stephen Graves (SG) Chief Executive, PSHFT
Lance McCarthy (LM) Chief Executive, HHCT
Roland Sinker (RS) Chief Executive, CUH
Aidan Thomas (AT) Chief Executive, CPFT
Claire Tripp (CT) Chief Executive, Papworth
Jonathan Dunk (JD) Chief Finance Officer, CCG
Alex Gimson (AG) CAG Chair, STP
Dave Fountain (DF) Deputy Director of Emergency Operations, EEAST
Gary Howsam (GH) Clinical Chair, CCG
David Roberts (DR) Clinical Chair, SPC
Scott Haldane (SH) Interim Programme Director, SDU/Finance Director, CPFT

In Attendance:

Simon Wood (SW) NHSI
Joel Harrison (JH) Finance, Analytics and Evaluation Director, SDU
Ann McHugh (AMH) Communications Specialist, STP
Fiona Head (FH) Consultant Public Health Medicine Improving Outcomes, CCG
Paul Dinkin (PD) McKinsey
Will Taylor (WT) McKinsey
Catherine Boaden (CB) Head of System Strategy and Leadership, SDU
Laura Gaylor (LG) Programme Governance Manager, SDU – Mins

Apologies:

Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC
Jessica Bawden (JB) Director of Corporate Affairs, CCG
Joanna Yellon (JY) Locality Director Cambridgeshire and Norfolk, NHSE

Agenda	Actions
<p>1. Work Plan for 17/18 and 18/19 contracting approach PD from McKinsey attended the HCE to present on the work plan for 17/18 & 18/19 contracting approach following on from the HCE/FPPG workshop which took place on 27 October. AG highlighted the need for clinicians to be involved with these discussions and to ensure they engage early in the process. It was agreed to share the presentation with CAG and FPPG next week.</p>	
<p>Action: SW & AG to discuss 17/18 and 18/19 contracting approach with CAG and FPPG next week.</p>	SW/AG

Highlights from the presentation were:

- PD discussed the current targets in relation to the STP. The CCG Financial Plan and, by association the STP Plan, has currently identified £27m of QIPP and was still targeting to get to £53m. This work continued to assume £18m of 'fair share' investment. This equates to £35m pure QIPP plus 1:1 return on £18m investment. The HCE discussed the need for sensible plans to ensure there is a significant return on any potential investments.
- The announcement of control totals late last month has created a significant challenge for the Cambridgeshire and Peterborough system. This context of challenge for the system was outlined on slide 9 of the contracting approach slides in particular. As demonstrated in initial contract offers, the CCG's control total implies a level of demand management for the next two years that is considerably beyond that signalled in our STP. Any intention to accept the challenging targets that have been set by NHS England, with an associated assessment of risk, plans to mitigate those risks, and an agreement about how to deal with the impact of the risks of non-delivery, will require detailed and co-ordinated planning.
- In order to achieve its 17/18 control total, the CCG's QIPP requirement is £53m. There are currently plans in place for £35m for QIPP and there is a remaining gap of £17.7m to meet the control total.
- Triangulation of internal and external benchmarking suggests a range of potential opportunities in non-elective, elective and non-acute services.
- Compared to benchmarking, there is an additional £56m - £71m opportunities that need to be explored if C&P CCG is to reach the top quartile performance.
- An example of bed days per 1,000 population (over 65) was highlighted to show the scale of improvement differs between adopting a 'turnaround' or 'transformation' approach.
- There are a series of actions the system can take to begin to address these challenges which include; aligning incentives, investing to 'pump prime' initiatives, building organisational capability, changing clinical and staff behaviours, and changing patient behaviours.
- The HCE discussed the need to address Primary Care resilience and start to define what Primary Care is. It was highlighted that there is no Primary Care 'voice' other than that of the CCG Primary Care clinicians that sit on the HCE.
- There is a range of potential demand management scenarios in 2017/18 with implications on the required savings from non-acute spend

FH joined the meeting at 4.10pm

- The split between acute and non-acute demand management has been reviewed since the previous workshop to a 60:40 split.

The HCE **agreed** for McKinsey colleagues to review the 60:40 split and come back with a target level of activity for next year to discuss further. The HCE **committed** to looking at opportunity of investments. This would need to be practical and assurances will be needed on investments and disinvestments and take in to account the points made re ROI. It was also **agreed** that more extensive engagement with Primary Care was required going forward.

Action: LG to circulate additional presentation slides to HCE.

LG

AT joined the meeting at 4.25pm.

2. Update on Improvement Areas

Pathology

SG provided an update on the current provision of pathology services. Discussions are currently taking place with all stakeholders around the future of pathology across

Cambridgeshire and Peterborough since CUHFT has served notice on the current hosting arrangement of tPP. An options paper is currently being drafted. RS confirmed a draft letter will be sent to DA and SG for review outlining progress of work and models.

SG left the meeting at 4.30pm.

The HCE **endorsed** this approach towards pathology as there is a need for a joint resolution and clear accountability.





JD left the meeting at 4.35pm.

3. Communications and Stakeholder Engagement Update

AMH presented an update on the publication of the Cambridgeshire and Peterborough STP. Due to a number of STP footprints publishing this week, the steer from NHS England is that the face-to-face launch planned for the 13 December is too late. Due to the PSHFT/HHCT Transformation Board meetings taking place on the 24 & 29 November an electronic publication of the STP plan is now scheduled for 21 November. To date, there has been no feedback received from the 21 October submission. However, NHSE are likely to approve the go-ahead to launch the current Plan following their internal discussion on Wednesday 16 November. The publication will still be considered a 'work in progress' document.

The timing of the electronic launch was discussed; key stakeholders will be informed of the publication on Friday 18 November. The HCE discussed engagement with local MPs and following the Bi-partite meeting on 11 November appropriate discussions with MPs should be arranged.

The financial template will not be published. However the financial narrative needs to be reviewed and AMH has flagged this will need JH/JD to be clear there is consistency with previous submissions.

4. 




DF, FH & CB left the meeting at 4.50pm

5. Update on Improvement areas
Sustainable Primary Care

TD provided an update on Sustainable Primary Care. The CCG is currently in the midst of a consultation with staff to restructure and create three teams to support primary care in line with the AEBs. Susan Watkinson, Director of Transformation and Delivery for planned care started on the 10 November and will be supporting Primary Care in the interim. The Primary Care team resource will support the 2-3 testbeds and support the demand management activity. A brief discussion took place on the selection process for the testbed sites as there is a risk with rural areas and the lack of a possible 'Plan B' for practices that may be 'struggling' at present.

MW left the meeting at 5pm.

The CCG need to scope with clinical leads the extent of support and further resource for the additional testbeds from across the system. In regards to the timeline for testbeds there is a meeting taking place at the start of the week with Susan Watkinson, Alice Benton, DR, TD and Anna Dijkstra to discuss next steps. AT confirmed there are named resources within CPFT who will be able to support. The LMC has also helped with engagement with Primary Care around the testbeds.

Draft Stroke Service Review

Cambridgeshire and Peterborough CCG is underperforming against national Stroke SSNAP benchmarks. AG presented a draft paper on Stroke Pathway Review which outlined six recommendations for the medium term plan to improve service provision.

AT raised concerns around the Early Supported Discharge recommendation already being implemented, which was subsequently having a direct impact on CPFT services. AT confirmed CPFT are supportive of the pathway however further engagement is needed with all key stakeholders.

AG confirmed EEAST Ambulance Service is already engaged with the Stoke Service review.

The HCE **agreed** to support the recommendations of further work on business cases to support the implementation subject to CAG recommendation.

Local Digital Roadmap

CT provided a brief update on the Local Digital Roadmap (LDR) to the HCE. Additional resource has been secured to support the LDR refresh submission for 19 November.

The first Digital Delivery Group meeting took place on 10 November where discussions took place on appointing to the CCIO role. It was confirmed by HCE that someone with a clinical background was essential in this role.

Final sign off of the LDR will need to be completed by TD as Accountable Officer for the STP (the LDR is technically 'owned' by the CCG). TD confirmed CT/AG to endorse prior to TD reviewing.

Orthopaedics

This item was not discussed.

6. Actions from the last meeting

This item was not discussed.

7. Review status of key deliverables

This item was not discussed.

8. Review key programme risks and issues

This item was not discussed.

9. Agree agendas for the next HCE meetings

This item was not discussed.

10. AOB

- The interview panel was not successful in appointing to the Executive Programme Director (EPD) position, TD confirmed the recruitment process will start again in January 2017. SH will continue in the interim as EPD.
- It was formally **noted** that any future presentations external to the HCE should be circulated prior the meeting to ensure there is time to review and be able to comment on the presentation.
- TD provided an update on the first Elective Delivery Group meeting which was positive. Further discussions are needed on orthopaedic discussions.
- At the next HCE meeting (21 November) there will be discussions on a proposal for the reporting cycle. It was suggested LM to be part of the discussions as AO for the SDU Delivery Group.

The meeting closed at 5.30pm.

Date of next meeting: Monday 21st November, 2.30-4.30pm, Room 4, Peterborough Hospital, Edith Cavell, Bretton Gate, Peterborough

Author: Laura Gaylor, Programme Governance Manager, November 2016

