

## Health & Care Executive

**Date :** Tuesday 11<sup>th</sup> October 2016  
**Time :** 3.00-4.30pm  
**Venue:** Boardroom, Addenbrookes

### MINUTES

#### Present :

Tracy Dowling (TD) Accountable Officer, CCG – Chair  
Aidan Thomas (AT) Chief Executive, CPFT  
Matthew Winn (MW) Chief Executive, CCS  
Stephen Graves (SG) Chief Executive, PSHFT  
Roland Sinker (RS) Chief Executive, CUH  
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough  
Jonathan Dunk (JD) Chief Finance Officer, CCG  
Lance McCarthy (LM) Chief Executive, HHCT  
Claire Tripp (CT) Chief Executive, Papworth

#### In Attendance:

Catherine Pollard (CP) Solutions Director, NHSI  
Joel Harrison (JH) NHSI  
Jessica Bawden (JB) Director of Corporate Affairs, CCG  
Scott Haldane (SH) Finance Director, CPFT  
Catherine Boaden (CB) Programme Manager, STP  
Laura Gaylor (LG) Governance Manager, STP – Mins

#### Apologies:

David Astley (DA) Independent Chair, STP  
Alex Gimson (AG) CAG Chair, STP  
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC  
Joanna Yellon (JY) Locality Director Cambridgeshire and Norfolk, NHSE  
David Roberts (DR) Clinical Chair, SPC

#### Agenda

##### 1. STP Submission – the narrative

The HCE reviewed a list of the changes which will be included in the STP submission on 21<sup>st</sup> October. MW said that updates to the women's and children's narrative would be required. CB agreed to contact MW to agree the changes. CP confirmed the STP submission is a strategic view and the STP Delivery Plan will need to be updated with the details of the projects with and updates from the Women's and Children's Delivery Group.

**Action:** CB to liaise with MW to update the maternity text.

**Action:** STP Delivery slides to be circulated to the HCE.

#### Actions

**CB/MW**  
**LG**

It was **agreed** that the updated STP would be circulated to HCE members virtually on Friday 14<sup>th</sup> October with changes made at that point and that HCE members would send any comments to CP and CB by Monday 17<sup>th</sup> October. It was noted that further changes to the STP would be made after 17<sup>th</sup> October, in particular to the finance information (which will be updated following a meeting between finance directors). The

HCE also **agreed** to delegate sign off of the final STP to the Programme Director and STP Accountable Officer prior to submission on 21<sup>st</sup> October.

**Action:** CB to circulate the STP submission to the HCE on Friday 14<sup>th</sup> October.

**Action:** HCE to send any comments to CP & CB by Monday 17<sup>th</sup> October.

**CB**  
**HCE**

## 2. **STP Finance Submission**

All organisations have been asked to review base cases by COP 11 October. JH presented estimated figures for the October submission based on initial discussions and available modelling at an organisational level. JH confirmed that the estimated figures do not include any external funding and an assumption has been made that all of the system will deliver on recurrent CIPs/QIPPs in year. The estimated position for October includes an increased pressure from EofE Ambulance.

Slide 7 outlined that with current estimates the system will be a substantial distance from the control totals for 17/18 and 18/19. The CCG's control total is yet to be released and the figures used are based on discussions with NHS England. JH confirmed investment figures are included within these estimates.

**Action:** JH to circulate updated slides following calls with FD forum on 12 October, following returns received from each organisation.

**JH**

JH provided a brief outline of the system position, which would result in a year on year deterioration from 16/17 to 17/18. It also assumes that the investment pot is funded through delivery of in year CIP/QIPP solutions and any required pump priming is found from within the system. JD queried whether any analysis has been completed on the quality of investments if these were not funded.

**Action:** JH to provide analysis of the investment.

**JH**

Discussions took place around working through the gap between expected deficits and control totals by organisation to scope what is needed to deliver and feasibility of delivery. It was **agreed** to discuss this further on the 27<sup>th</sup> October.

In response to the CCGs expected financial position, TD confirmed that the CCG has launched a process whereby GPs are peer reviewing all GP referrals into secondary care. In week 1 it was found that 16% of referrals could have been followed up outside of the Acutes. In addition, JD raised concerns around the price per unit of activity, which is increasing, and the work needed to review what's driving this.

For the September STP return five year capital estimates were collected from each organisation and a summary of the system estimate was provided in slide 9 of the slide deck. This included c. £200m of capital to be funded through 'DH Loans – still to be approved'.

Organisations have been asked to review the returns ahead of the October submission; currently this doesn't include any capital expenditure associated with Doddington and St Ives.

The HCE **agreed** they were comfortable with additions outlined on slide 9 of the slide deck and completeness of the capital return, as long as narrative includes how this will be funded.

The HCE **agreed** to not include capital expenditure from Doddington due to this being funded elsewhere and St Ives capital expenditure would be dependent on what is specified in estates strategy. MW confirmed there was confidence a plan for primary care redevelopment would be included in the estates strategy.

The timetable ahead of the 21 October submission was reviewed. The HCE **noted** the outlined timeline. JH confirmed the organisation returns will be based on organisational forecasts. The narrative will highlight structural pieces and mitigating the 17/18 position.

**Action:** HCE to review updated slides following the FD forum call on 12 October ahead of bi-partite meeting on 14 October.

**HCE**

**Action:** CP/JH to provide an agreed narrative for bi-partite meeting on 14 October.

**CP/JH**

### 3. **STP Investment Submission**

CP & JH provided an update on the investment submission. AD is currently working through what investments fall outside of the national priorities. A table outlining the revenue investment gap between 17/18 and 20/21 was reviewed in slide 16 of the slide deck.

An investment workshop took place and the slides reflect that there is currently not a good enough grasp on what the system will be investing in and what gains should result.

CP also confirmed the investment ask for 7 day services was based on the nationally defined formulae.

The HCE were asked to consider 3 proposals on how to address the gap between available and proposed investment to be included in the October submission and **agreed** to include the 3<sup>rd</sup> proposal on addressing the gap for a 'middle ground' request to the system for investment funding. CP proposed that the 'middle ground' investment needs for 17/18 were more likely to be circa £30m than £20m.

The HCE **agreed** with the plan outlined on slide 20 of the slide pack for an improved process/governance for investments going forward to next year. CP informed the HCE that Val Moore has suggested including patients in the prioritisation of the investments.

### 4. **STP Workforce Submission**

MW provided a brief update on the workforce submission. The workforce projections for Cambridgeshire and Peterborough were outlined in the chart on slide 23 of the slide deck. The projections are broadly flat lines from 2017 onwards, unless HR directors have indicated specific changes to any workforce groups. Ros Nerio (NHSI) has been liaising with each HRGs individually to discuss. The HCE **agreed** with the flat lining of the workforce projections from 2017 onwards.

### 5. **System Control/ 17/18 Contracts**

The HCE reviewed the timeline for financial approaches workstream, the HCE **agreed** to a joint session with HCE & FPPF on 27<sup>th</sup> October to establish a shared understanding of direction of travel for contracting, operational planning and control totals. Contract leads and improvement directors will attend a separate workshop on the 24<sup>th</sup> October. CP confirmed that, subject to approval, NHSI would be continuing to support the investments discussion however the contract discussions will need to be led by the CCG & Providers.

### 6. **Shared Services**

SG presented an update on shared services. SG briefly updated the HCE on pathology services and a potential conflict between what is in the best interests of CUHFT versus what is in the best interests of the system. JD and SG will be working on this going forward. The HCE **noted** this tension and discussed whether there is enough resource to work on this. JH confirmed the proposed group will be meeting

next week and will review resource.

**Action:** JD to report back to the HCE on 27<sup>th</sup> October to confirm whether additional resource is required. **JD**

*(RS and CB left the meeting at 4.30pm).*

An update on estates was provided; SG confirmed the estates strategy will not yet be able to include a view on fully integrating operationally mental health, community and Primary Care across the system. NHSI are currently taking responsibility for drafting the estates strategy submission whilst Mark Cammies is on leave, along with all other STP related returns.

The HCE **agreed** to ensure the requirements are appropriately cascaded and understood by finance and estates colleagues to ensure the strategy is reflective of individual plans and aligns with the financial submission.

The HCE **agreed** to delegate authority for final sign off of the October submission to SG and SH on 20<sup>th</sup> October.

#### **7. Delivery Plan/ToR Sign off**

CP provided key updates on the Delivery Plan and ToR sign off. CP highlighted that further capacity is required from each Organisation for the STP and ownership is required from AO and SRO for the Delivery Groups. The HCE were asked how this would be mitigated as this may be a potential risk.

*(SG and LM left the meeting at 4.45pm)*

The HCE **agreed** to for each AO to provide 1 slide update for the meeting on the 27<sup>th</sup> October. This update for each Delivery Group will outline current situation, gaps and next steps.

**Action:** AO to provide one slide update, using a prepared template, on their Delivery Group for the HCE on the 27<sup>th</sup> October. PDO to organise a mini HCE prior to the joint session with FPPG. **HCE  
LG**

#### **8. What's next for service changes**

The HCE **noted** the feedback following the Clinical Senate which was provided for information.

#### **9. Delivering the Mental Health Strategy**

AT provided a brief update on the Mental Health Strategy, which included mapping of what is needed to deliver the MH strategy for C&P included governance and improvement schemes. The group will require admin support and CP confirmed that the SDU will not be providing secretariat for the strategy or delivery groups.

*(CT left the meeting at 4.50pm)*

#### **10 GP Involvement in STP Proposal**

TD updated the HCE on the current work the CCG are completing on GP involvement in the STP proposal. The proposal which is currently being costed after the initial meeting was shared. TD confirmed there will need to be a further two meetings to finalise and then engage with lead GPs to finalise.

CP has been advised the CCIO will need to be a clinician; however there is a need for a senior manager who is not clinical also. The CCIO clinical lead could be the lead for digital developments as outlined by TD working for the system.

Resourcing for the Testbeds was discussed; the CCG has been able to identify enough resources to run two testbeds. CUHFT will be resourcing one. AT confirmed he has outlined some resource within CPFT to support one more testbed.

**Action:** AT to confirm names for the testbeds and liaise with Anna Dijkstra.

**AT**

**11 JSNA (Diverse Communities)**

The Peterborough Ethnic and Diverse Communities JSNA Executive Summary and the Cambridgeshire Migrant JSNA Executive Summary were circulated prior to the HCE. LR provided a brief update on the wealth of data which has provided information on diverse ethnic populations, which may not always be exploited to inform how we design and deliver public services. The HCE **agreed** to share this information via the CAG to ensure clinical leads are aware of this information.

**Action:** LG to add to the CAG agenda for Monday 17<sup>th</sup> October, including the slide and attachments.

**LG**

**12 Actions from the last meeting**

This agenda item was not discussed.

**13 Review status of key deliverables**

This agenda item was not discussed.

**14 Review key programme risks and issues**

This agenda item was not discussed.

**Action:** TD to review risk log following the HCE meeting and liaise with CP.

**TD**

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

This agenda item was not discussed.

**The meeting closed at 5pm.**

**Date of next meeting:** Thursday 27<sup>th</sup> October, 2.30-4.30pm, Henderson Room. HHCT

**Author:** Laura Gaylor, Governance Manager, October 2016