

Health and Care Executive

Date: Thursday 12th January 2017
Time: 3:30 – 5:30pm
Location: The Boardroom, Elizabeth House, Fulbourn

Present:

David Astley (DA) Independent Chair
Tracy Dowling (TD) Chief Officer, CCG
Lance McCarthy (LM) Chief Executive, HHCT
Stephen Graves (SG) Chief Executive, PSHFT
Stephen Posey (SP) Chief Executive, Papworth
Aidan Thomas (AT) Chief Executive, CPFT
Matthew Winn (MW) Chief Executive, CCS
Mark Turner (MT) Director of Major Projects, Strategy and Transformation, CUHFT
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC
Jonathan Dunk (JD) Chief Finance Officer, CCG
Gary Howsam (GH) Clinical Chair, CCG
Alex Gimson (AG) CAG Chair
Mark Millar (MM) FPPG Chair
Scott Haldane (SH) Interim Programme Director, SDU
Joel Harrison (JH) Finance, Analytics & Evaluation Director, SDU
Gemma McGeachie (GMcG) System Strategy, Planning & Development Director, SDU

In attendance:

Paul Marshall (PM) Business Development Manager, EEAST
Cathy Walsh (CW) CPFT
Sara Howlett (SH) NHSI
Aidan Fallon (AF) Senior Communications and Engagement Manager, SDU
Marek Zamborsky (MZ) Head of Contracting & Commissioning Adult MH, Children & Adult LD, CCG
Laura Gaylor (LG) Programme Governance Manager (SDU) - *Minutes*

Apologies:

David Roberts (DR) Clinical Chair, SGP
Dave Fountain (DF) Chief Executive, EEAST
Roland Sinker (RS) Chief Executive, CUHFT
Jess Bawden (JB) Director of Corporate Affairs, CCG
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough

- | | Agenda | Action |
|---|---|---------------|
| 1 | <p>Update on Digital Delivery Group: Local Digital Roadmap (LDR)
SP provided an update from the Digital Delivery Group (DDG) to the HCE. The DDG have received initial feedback from the LDR submission on 18 November which has 'met expectations' of NHS England.</p> <p>To date there have been no expressions of interest for the role of CCIO, SP highlighted that this could be potentially due to the role being advertised as one session a week only. Keith McNeil (Chief</p> | |

Clinical Information Officer, NHS England) is working with SP to make progress on recruitment.

A number of issues were highlighted due to restricted resource capability, capacity and sources of funding as the process for bidding is still unclear. WO-W confirmed a number of names who would link into the DDG on behalf of the Local Authority.

There is a national requirement for the LDR to be published on 13 January. SH confirmed this was in hand.

The HCE raised concerns around analytics in the short term and the need for this to be a system-wide priority to ensure delivery. Further discussions are to take place with Keith McNeil around resource.

(SG entered the meeting at 3.50pm)

PM confirmed EEAST oversees Digital at a regional level, therefore may not be represented at the DDG however are engaged with the STP. SP agreed to ensure EEAST were involved in future DDG meetings.

SDU

(MZ entered the meeting at 3.55pm)

2 Minutes and actions from the last meeting

The minutes from the last meeting were **agreed** as a true reflection of the discussion. The action log was reviewed by exception and the following actions updated:

- 481: TD confirmed the CCG's Audit Committee review is not required for the test beds proposal. Action now closed.
- 485/487: AG has met with AT to review the PCIN report. Action now closed.
- 486: SH has discussed with Ruth Derrett. Action now closed.

3 Review key programme risk and issues

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

- R-20: To be updated working forwards for 2017/18.
- R-25: MW raised a concern around conflicting opinions at a recent meeting between individual organisations around orthopaedics.

Action: TD and MW to discuss orthopaedics further outside of the HCE. CBo to link in with OD & QI proposal.

**TD/MW
CBo**

4 Status updates from Delivery Groups

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

- PCIN: Further work is needed on allocating resources to execute all work required in Primary Care. SRO's are currently discussing and ensuring the overlap between PCIN/UEC improvement areas are working well.
- UEC: There are a number of individual workstreams which are more developed (e.g. stroke) which need adequate resource.

CUH are currently looking internally for additional resource. There are a number of delivery mechanisms which aren't in place yet. The HCE discussed the need for more resource not only from project management support, but also from finance and clinicians. AG confirmed CAG will be moved from a Monday to a Thursday afternoon to ensure there is greater engagement from clinicians. TD **agreed** to raise the issue around resource with Simon Stevens at a planned meeting at the end of January, as resource is never covered under bids and it is imperative to implement the STP.

Action: TD to discuss resource for delivery further with Simon Stevens.

TD

- Elective: The Delivery Group is now attended by a patient representative. A small task and finish group is being organised to bring together the CCG demand management work with the clinical hub to review how this is completed effectively and at pace. There are concerns with attendance at the endoscopy working group which is impacting the delivery.
- Women & Children: MW raised concerns of pace of maternity projects since the CWG has stopped, there is a potential clinical risk due in regards to perinatal health which the Delivery Group is currently reviewing.
- Workforce: The Health Scrutiny committee would like to complete an in-depth review in Primary Care and workforce. MW confirmed that CUH can offer more placements for university graduates.
- Area Executive Partnerships (AEP): GMcG is currently reviewing the roles of the AEPs as more clarity is needed on progress of the meetings and remit.
- Shared Services: SG provided a brief update on TPP. A Back office workshop is planned in the next couple of weeks.

5 **Update on operational planning and contracting round**

Headline contracts have been signed between the CCG and each provider in the system. Specific details with the CUHFT contract are still to be agreed. Once this has been completed the CCG will engage with PSHFT and HHCT to ensure there is consistency across all contracts.

It was **agreed** for lessons learned from contract discussions to be reviewed at the next Financial Performance & Planning Group (FPPG) and then brought back to HCE.

It was **noted** that the HRG4+ impact had been offered as per allocation adjustment pending national resolution. CCG revised offer to reflect full impact of HRG4+ prior to contract agreement. CCG plan has now deteriorated by £5m as a consequence with no further national resolution likely.

6 **Review of national bids**

Draft bids have been prepared for each of the four transformation areas announced by NHS England in December. The four

transformation areas are Mental Health, Cancer, Diabetes and Learning Disabilities. The Cancer transformation bid is being led by the East of England clinical network.

The bids are due to be submitted on 18 January and, due to the tight timescales, the SDU are working closely with each bid co-ordinator ahead of the submission date. A brief summary of each bid was presented to the HCE for initial comments.

CW presented the Mental Health bid. Two cases are being proposed, one for each A&E Delivery Board in Cambridge and Peterborough. As HHCT is not near Core 24 standards it is not eligible for the transformation bid, however it will be noted in the bid about how HHCE is part of the C&P STP alignment. Estimated savings are under review and are based on a number of key assumptions. MT queried what core assumptions had been made and to ensure there is consistency throughout.

Action: MT and CW to discuss core assumptions with regards to the Mental Health bid to ensure there is consistency.

MT/CW

Further work is required on the Diabetes bid, as currently the investment and savings expectations aren't coming through. Monies will not be recurrent until 2020/21. Fiona Head is working closely with the bid co-ordinator to review quality outcomes.

(MW left the meeting at 5pm)

The HCE **agreed** to delegate authority to the STP Accountable Officer and Programme Director for approval of the final submissions. It was **agreed** that further work is needed to ensure each bid is financially sustainable.

7 Prioritisation of locally funded initiatives

To approve local bids made to the system investment pot a gateway-driven governance approach has been developed, with a significant role in approval being vested in an Investment Committee. JH provided a step-by-step process of this gateway to the HCE. The Investment Committee will make recommendations to HCE for final approval. The Investment Committee will comprise of clinical, operational and financial expertise from across the system and be representative of all partner organisations. The first meeting is diarised for 1 February where terms of references will be considered.

Prior to the HCE meeting a master list of investments was circulated for the HCE to consider. JH reiterated that this was an initial list and there may be further investment opportunities that were missing. The HCE were asked to share this with each Delivery Group and SROs.

Action: CEOs to review master investments list in each Delivery Group and feedback to JH.

CEOs

At this stage the SDU have identified investments from local funding of £13.1m to deliver QIPP and DTOC, but would require an additional £14.2m to support other system savings schemes. JH presented a

number of proposals for priority schemes for the HCE to consider, and for work to begin on business cases for the Investment Committee to review. TD suggested priority for Ambulatory Care Sensitive Conditions and Community Respiratory.

PCIN are currently working up one business case for a number of schemes due to being one model of care and choosing a bigger level of scale.

It was **noted** that capacity is needed to deliver on business case schemes and this needs to be considered in each delivery group when working up each business case.

It was **agreed** to review the list ahead of CAG and review finances at FPPG for the next week.

Action: SDU to review list of investments following feedback and present to CAG and FPPG w/c 16 January.

SDU

System partners committed to contributing to a minimum system wide investment of £6m with an expectation that this will likely increase to £12m.

8 SDU update

This agenda item was not discussed, due to earlier discussions.

9 Update on GPFV Strategy

The GPFV strategy was submitted to NHS England (NHSE) on 23 December after extensive consultation with GPs and other stakeholders. NHSE are currently reviewing the submission and providing feedback. Further iterations of the GPFV strategy will be submitted as required.

(MZ left the meeting at 5.30pm)

10 Update on Stroke Pathway

AG provided a brief update on the Stroke Pathway. A joint meeting has taken place between PCH and CUH to discuss further and more detail will be provided around Early Supported Discharge at the HCE meeting on 26 January.

11 Agree agendas for the next HCE meetings

It was **agreed** to focus on PCIN at the next HCE meeting, followed by a focus on Elective and UEC.

12 AOB

- SH is awaiting clarification from Andrew Pike on the future timetable of Bipartite meetings.
- JH updated the HCE on the Best Possible Value Framework bid which the SDU has been successful in obtaining and there is free support being offered for the system to 'train the trainers'.
- TD has received an invitation to a 'Delivering new care models: a learning set for health system leaders' which is taking place on 22nd February.

Action: TD to circulate further information and representation to be agreed to include Local Authority, Acute, Community and clinical colleagues if possible. **TD**

- It was **noted** that papers should be circulated earlier in smaller sections to ensure there is adequate time to circulate and discuss with colleagues. **SDU**

The meeting closed at 5.40pm

13 Next Meeting: Thursday 26th January, The Boardroom, Peterborough City Hospital.

Author: Laura Gaylor, Programme Governance Manager, January 2017