Fit for the Future
Working together to keep people well

Health & Care Executive

Date : Monday 16th May 2016
Time : 5.15-7.50pm
Venue : Hexagon Room, Frank Lee Centre, Addenbrookes Hospital, Hills Rd, Cambridge CB2 0SN

MINUTES

Present :
Tracy Dowling (TD) Accountable Officer, CCG - Chair
Aidan Thomas (AT) Chief Executive, CPFT
Stephen Graves (SG) Chief Executive, PSHFT
Claire Tripp (CT) Chief Executive, Papworth
Matthew Winn (MW) Chief Executive, CCS
Roland Sinker (RS) Chief Executive, CUH
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough
Lance McCarthy (LM) Chief Executive, HHCT
Adrian Loades (AL) Executive Director, CCC
Gareth Jones (GJ) Head of Strategy, NHSE
Alex Gimson (AG) CAG Chair, STP

In Attendance:
Simon Wood (SW) Provider Sustainability Director, NHSI
Catherine Pollard (CP) Solutions Director, NHSI
Jessica Bawden (JB) Director of Corporate Affairs, CCG
Jonathan Dunk (JD) Chief Finance Officer, CCG
Catherine Boaden (CB) Programme Manager, STP
Jo Fallon (JF) Workstream Support Manager, STP
Laura Gaylor (LG) Governance Manager, STP – Mins

Apologies: None received.

	Agenda	Actions
1.	**Implementation options (resources required and phasing plan)**	

AG presented an update on the implementation options for second half of the year. Paul Watson needs to be assured that there is a clear plan of how the organisations will be working together as a partnership going forward into the next phase. The supporting slide pack helped to summarise different approaches to system working have been implemented across the NHS. A number of potential items that could be included in a 'Heads of Terms' were presented for the HCE to agree to, which will work alongside the Governance Framework. Highlights discussed were:

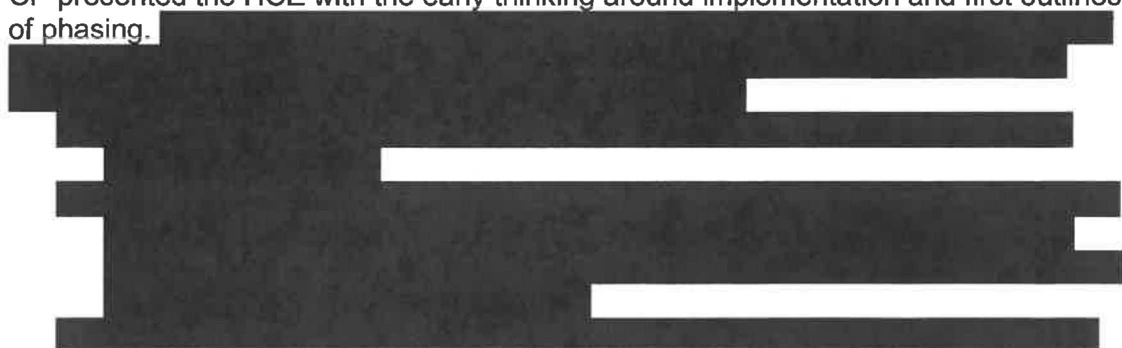
- Concerns were raised around there being two parts of the collaboration, the first is to 'collaborate to implement' and the second is to 'collaborate financially' which MW raised concerns as these are two very different things. AG confirmed that all organisations need to be able to deliver and everyone to sign up to the STP.
- Due to the different priorities within year 1 and 2 of implementation there will be a change of resource to help support the different ways of implementing change. This will require a central resource and to ensure that internally every organisation has resource aligned to support.
- It was agreed to continue to have a pooled system with a senior programme

leader, similar to CP's current support. Discussions took place that this role will require the right skills and expertise at Exec level for the next stage of the plan.

- SG shared learning from the PSHFT/HHCT collaboration. He advised internal resources tended to make faster progress, rather than using external resource.
- Reflections took place regarding what current support is received from NHSI, which is light touch in certain aspects (e.g. estates and HR) however NHSI are driving forward discussions around finance and system modelling. CWGs work is currently shared between CCG and providers and this will need translating into a new central resource and supervised effectively.
- MW raised concerns around current differences between contracts and the new care model designs.
- TD updated the HCE on potentially restructuring the Senior CCG team, by not replacing TDs vacant role of COO, instead spreading the portfolio across CCG Exec directors.
- Discussions took place around who would host the implementation. TD confirmed the CCG wouldn't object to continuing to host however as this is a system piece of work this may sit better within a provider as there is a risk the system will take this for granted. The HCE agreed that for implementation to be different from the past the hosting needs to change. The AHSN feel conflicted due to covering more than one CCG; however they do want to develop skills. SW confirmed there are big risks as the AHSN only have two years of income. LR raised concerns for the Local Authority being the host and the **action agreed** for **LR** to assess extent of concerns held by the Local Authority about potentially being the host of the Implementation Unit by asking Councillors for their view. **LR**
- The idea of doing something different was welcomed by the HCE, creating longer term posts would help with full time positions.
- The potential of an independent chair was discussed, as they would be able to hold all parties to account and have an outside view. It was agreed that this individual would need the right skill mix, be aware of the political view and be working at an Executive level. It was **agreed** to appoint two senior posts – a senior programme manager and an independent chair. **Action: AG agreed** to develop the Job Descriptions. It was noted that the timescales should allow a handover with CP. When phase 1 is clear, it will help to determine the resource needed. **Action:** CP **agreed** to work up detail of what team is needed for the next 6 months and work through the numbers for the next HCE meeting on the 6th June. **AG** **CP**
- MW advised CCS owned offices at Brookfield which were available to host the central team (which are not expensive in terms of space).
- Local authority relationships are key and JB reminded the HCE the Public Service Board are keen to be involved including the Police and Fire Service.

2. Sequencing changes

CP presented the HCE with the early thinking around implementation and first outlines of phasing.



Out of hospital phase 1 was reviewed on page 12 of the HCE slide deck. Highlights discussed were:

- There needs to be work on short term opportunities to stabilise GPs and this needs to be implemented quickly.
- Concerns were raised around Specialist Nurses who are at risk and the need to think laterally, this will may include mid year contract changes.
- RS stated that with Cambridgeshire & Peterborough hosting some of the worst performing A&Es, Phase 1 needs to state what is planned to support A&Es. TD confirmed there is investment for Intermediate Care Workers which will help to support the system and the pressures.
- Intermediate Care workers which have been commissioned through the BCF, evidence currently shows this service will implement a 7% reduction on what is expected within year.
- JET is currently under utilised and more communication is needed to GPs and internally within the Acutes.
- TD confirmed that 24/7 carers aren't currently a commissioned service.
- The CCG are unable to invest further due to current financial position to support the system.
- CUH have recently commissioned 20 beds with Bupa to decompress the pressures within the Hospital as there are currently 107 DTOCS (not validated). The HCE discussed how work is needed on stopping patients reaching the Hospital and how this can be supported by the Community (24/7 carers, JET, Neighbourhood Teams, Ambulance Trust). The 10 million which CUH is currently considering investing in beds could be used differently and the CUH Board need assurance on how this could be potentially spent.
- LR confirmed there is a Falls Prevention Countywide model ready for investment and there is strong evidence for supporting the system with admissions.
- Discharge to assess model could support reduction in LoS.
- It was **agreed** to set up a Task and Finish Group to look at improving system emergency flow initially for Cambridge and then work through with other providers. The group will be led by Mark Friedman, John Martin & Alex Gimson, support by Sara Rodriguez-Jimenez and Matthew Smith for the CCG, Sarah Warner and Julie Frake-Harris for CPFT and Charlotte Black from CCC. AG also agreed to be involved and it was suggested to include Matt Broad from EEAST. **Action:** AG to organise Task and Finish Group and provide a business case to be presented at CUH Board meeting next Wednesday 8th June and HCE on 6th June. **AG**

In Hospital Phase 1 was reviewed on page 12 in the slide deck, highlights discussed were:

- The HCE reviewed the levels of networking on HCE slide 13, and CP outlined the need to test the levels of networking across the organisations and the importance of having these the same across the patch. CP suggested the standardisation of referrals is a good place to start to formalise the variation. Standardisation will help to reduce cost and increase quality.
- LR mentioned that there are currently a number of forums which could support

this including the C&PJPG and Providers forum instead of creating something new.

- There will need to be a high level sequencing completed on what can be achieved in year 1 and further detail included to help accelerate phase 1.
- The HCE were **actioned** to feedback further comments by email to CP. **HCE**

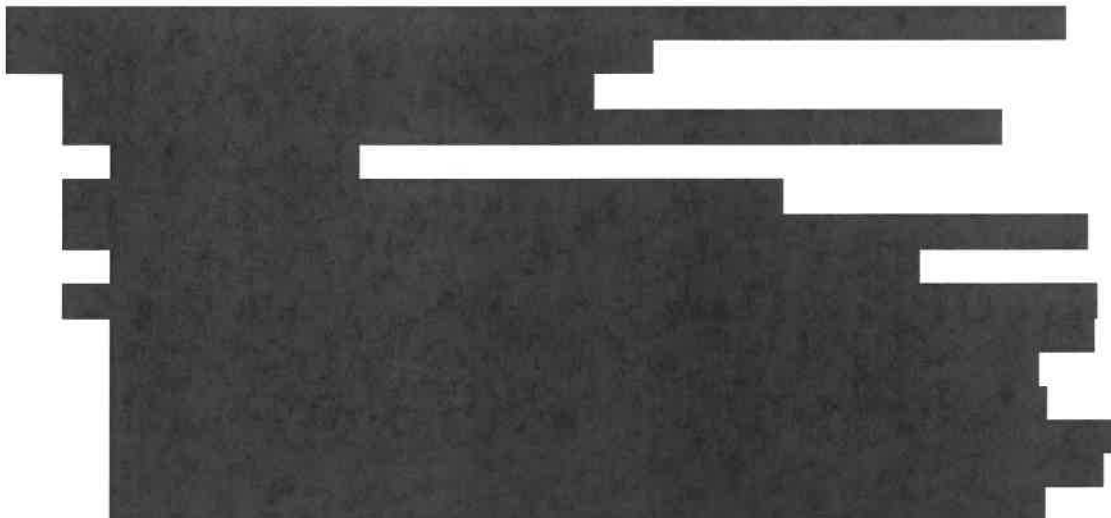
3. **Update on enablers: OD, workforce, digital and estates**

The HCE were **actioned** to review the updates on the enablers and feedback any comments to respective management leads. **HCE**

CP highlighted the digital road map which John Clayton, Head of ICT Service Development, CCG is assembling. Although this isn't required as part of the STP submission, the same timescales have been set, each organisations ICT lead will be contributing to this system wide digital road map. This will be bought back to HCE for sign off. **Action:** It was agreed that it would be advantageous for John Clayton to be embedded in PCP and SPC working groups **CP**

4. **STP paper for Governing Bodies**

The Cambridge and Peterborough Health and Care System Sustainability and Transformation Plan Key Messages document was circulated prior to the meeting for comments. CP has received a number of comments so far and the HCE were **actioned** to send any further comments directly to CP & CB by midday Tuesday 17th May. **HCE**



- Within the next 2/3 weeks the recommendations on care model solutions will have financial plans, which will help to identify where we are not meeting the financial savings target and therefore, where we will need to revisit other saving opportunities, for example estates.
- JD confirmed that the population growth has been included in the income projections.
- MW and AT highlighted the document did not mention Joint Commissioning between Adults & Older People.

5. **Review key programme risks and issues: Specific item – R18**

The key programme risks and issues were reviewed by the HCE by exception.

6. **Actions from last meeting**

The joint sessions taking place on Thursday 26th May between the HCE and CAG will help to pull together a single view for the Tripartite meeting taking place on Friday 27th May. JD discussed the potential of having a joint meeting between the FD Forum and CAG, due to practicalities in pulling a meeting together within the timescales it was **agreed** to extend the invite to the FD Forum to the HCE meeting on 6th June. **Action:** Invite FD Forum to HCE meeting. **CP**

AG discussed the governance structure and the possibility of their being conflicting recommendations which may take place in CAG and in HCE. The CAG ToR need to be reviewed to clarify this further. **Action:** Confirm ToR outlines governance for recommendations. **AG**

7. **Review status of key deliverables**
   This item was not discussed.

8. **Agree agenda for the next HCE meetings**
   This item was not discussed.

The meeting closed at 7.50pm.

Date of next meeting: Monday 6th June, 4-6pm, Hill Room, Hinchingbrooke.

Author:
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Governance Manager
May 2016