

## Health & Care Executive

**Date :** Tuesday 16<sup>th</sup> August 2016

**Time :** 2.30-4.30pm

**Venue :** Board Room, Addenbrookes Hospital, Hills Road, Cambridge.

### MINUTES

#### Present :

Tracy Dowling (TD) Accountable Officer, CCG – Chair

Roland Sinker (RS) Chief Executive, CUH

Aidan Thomas (AT) Chief Executive, CPFT

Caroline Walker (CW) Director of Finance/Deputy Chief Executive, PSHFT

Claire Tripp (CT) Chief Executive, Papworth (via dial in)

Lance McCarthy (LM) Chief Executive, HHCT (via dial in)

Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough

David Roberts (DR) Clinical Chair, SPC

Charlotte Black (CBI) Service Director: Older People's Services & Mental Health, CCC

Jonathan Dunk (JD) Chief Finance Officer, CCG

Alex Gimson (AG) CAG Chair, STP

#### In Attendance:

Catherine Pollard (CP) Solutions Director, NHSI

Simon Wood (SW) Provider Sustainability Director, NHSI

Joel Harrison (JH) Senior Manager, NHSI

Jessica Bawden (JB) Director of Corporate Affairs, CCG

Catherine Boaden (CBo) Programme Manager, STP

Laura Gaylor (LG) Governance Manager, STP – Mins

#### Apologies:

Stephen Graves (SG) Chief Executive, PSHFT

Matthew Winn (MW) Chief Executive, CCS

Joanna Yellon (JY) Locality Director Cambridgeshire and Norfolk, NHSE

Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC

Adrian Loades (AL) Executive Director of Social Care, CCC

#### Agenda

##### 1. PCBC Steering Group Update

SW provided an update from the PCBC steering group on the four areas that the system will consult on, as previously agreed by the HCE. One of the four areas is around the relocation of the minor injury unit in Peterborough, as this isn't a change in service it has been proposed that this will be handled in a separate consultation to the other three areas. Clarity is still needed on the timescales of this relocation which are being provided by Cath Mitchell.

**Action:** Timeline for MIU in Peterborough to be included in the programme plan.

#### Actions

**SW/RN**

Discussions took place regarding whether Regional or National Assurance will need to be undertaken, SW is currently liaising with NHSE as there is a possibility if the consultations were handled carefully and appropriately assurance may only be needed at a Regional level, however further clarification on this is currently being sought.

AT queried CPFT's link into the PCBC steering groups and further representatives from CPFT will be required. SW confirmed Scott Haldane currently sits on the group and this can be reviewed going forward.

**Action:** AT to check correct representatives from CPFT are involved in the PCBC Steering group. **AT**

OSC panels will need to approve the consultation plan which is currently planned for 25<sup>th</sup> October. JB confirmed there are dates currently in the diary with local MPs to discuss and review prior to this; however the formal meeting is taking place in September.

**Action:** JB to discuss consultation approach with OSC prior to formal consultation plan being circulated. **JB**

Taking on the assumptions which have been made on slide 4 of the HCE slide pack, the consultation will be launched on the 7<sup>th</sup> December 2016. It has been agreed to join up the PCBC and Consultation Steering Groups to ensure there is alignment. Ros Nerio is taking these forward.

The HCE reviewed the draft Terms of Reference for the Clinical Senate which were circulated prior to the meeting. AG commented on rewording of number 3 of the 'scope of the review' highlighted in the document to state 'Enhancement of community rehabilitation services by provision in a home setting and the potential reduction of the use of community beds for rehabilitation'.

Matthew Smith has been identified from the CCG to take lead on the PCBC. TD has also contacted Rhiannon Nally and Gary Howsam to work as clinical leads on the Community Beds and MIU consultations respectively.

**Action:** The HCE were asked to send any further comments on the draft Clinical Senate Terms of Reference to Ros Nerio by COP Wednesday 17<sup>th</sup> August. **HCE**

The HCE discussed who would be in attendance of the Clinical Senate, which will be taking place on 28<sup>th</sup> September and it was **agreed** clarity was needed on which clinical and management leads need to attend.

**Action:** SW/RN to discuss attendance for the Clinical Senate at the next PCBC steering group. **SW/RN**

## 2. **New Proposal for Primary Care and Integrated Neighbourhood Teams**

DR presented the Time to Care Testbeds proposal to the HCE which initially will be four Testbed sites whilst resource within the CCG is being established. Data on local demand pressures and analysis has highlighted the following four areas which would most benefit initially have been agreed; Borderline Central, Fenland, Huntingdon Central and St Neots.

Concerns were raised around how the Time to Care Testbeds aligns with work currently being completed by the Trailblazers. CP confirmed the Trailblazers work is due to conclude at the end of August and lessons learnt will be reviewed and shared. The HCE **agreed** that lessons learnt will need to filter into the Time to Care Testbeds work going forward.

The pace of the work was also queried and there was a push for work to move forward as much as possible. However, the HCE discussed the need for a clear communication plan with community staff to ensure engagement and influence from all directions. AT raised concerns around the language used and to be conscious of

sensitivities from staff. CBI agreed and discussed the importance of including Social Care services within the Testbeds.

**Action:** AT & CBI to liaise with Anna Dijkstra to refine language.

**AT/CBI  
DR/AD**

**Action:** DR & Anna Dijkstra to involve community and social care services in the project work locally.

RS updated the HCE on current engagement initiatives CUH has been completing with Primary Care to discuss what the Acute Trusts can do to help support Primary Care further. It has highlighted areas for review; quality of discharge summaries, access to EPIC, ownership of tests and reviewing consultant to consultant referrals. TD highlighted that there is new guidance on consultant to consultant referrals and agreed to circulate this to RS.

**Action:** TD to share new guidance of consultant to consultant referrals with RS.

**TD**

*(CT left the meeting at 3.25pm)*

It was **agreed** to include a 5<sup>th</sup> Time to Care Testbed for the Cambridge locality to help pick up with work being completed by CUH. Further resource is needed to help support this; RS & AT stated this could possibly be provided by CUH and CPFT.

LR highlighted the importance of the community reception of the Time to Care Testbeds proposal with the consultations around the MIUs and being clear the message is to help improve Primary Care.

**Action:** DR requested any questions with regards to Time to Care Testbeds and questions for Primary Care clinicians to be forwarded to him in preparation for the HCE Away Session on 30<sup>th</sup> August.

**HCE**

### 3. CCG Financial Recovery Plan

JD presented the CCG's draft financial recovery plan for 2016/17, which was circulated prior to the meeting. The CCG will be bringing in external support from September as agreed with NHSE.

There is a risk the 1% surplus which might be kept back next year, and JD iterated assumptions cannot be made on whether this will be available.

AT queried the MH placements and whether this may have an impact on CPFT and other organisations. Discussions took place around how the system need to stand together to align for turnover support and there is potential risks if this is not triangulated, it was **agreed** to escalate this to NHSE if this isn't feasible.

**Action:** JD to provide a full breakdown and list of assumptions of the draft Financial Recovery Plan.

**JD**

AT questioned the Q4 wording around CQUINS and supporting the STP in light of this, as currently there is no common control total and wording is needed to support this.

**Action:** JD to take the CQUINS query forward to the FD Forum for further clarification.

**JD**

The HCE **agreed** the Financial Recovery Plan must comply with principles and behaviours envisaged by the MOU.

### 4. FD Forum Update

The next steps on the finance submission were discussed and timelines associated with this was reviewed. The Draft STP Finance Template is due to be submitted to

NHS England Regional Team on 9<sup>th</sup> September. JD confirmed there is a lot of work to bring together to ensure this deadline is met, especially around estates and workforce.

**Action:** CP to pick up discussions on workforce with Lucy Dennis and Matthew Winn.

**Action:** CP/AT to discuss estates with Mark Cammies and Matthew Winn.

**Action:** HCE to discuss Estates and Workforce in further detail on 12<sup>th</sup> September.

CP  
CP/AT  
JF

The HCE reviewed the approach outlined on slide 31 of the HCE slide deck and **agreed** to this.

The HCE **noted** the FD Forum minutes from the meeting held on 3<sup>rd</sup> August 2016.

*(RS left the meeting at 4pm)*

## 5. Implementation Set Up Update

CP presented the latest version of the Delivery Plan slides to the HCE, which has been updated based on feedback from CWG's, CAG and to ensure these also align with the CCG Financial Recovery Plan. At the Away Session on the 30<sup>th</sup> August the SRO's will be confirmed against each Delivery Group.

CBI queried how the Delivery Plan links into current BCF projects, CP confirmed BCF projects and initiatives have been tagged within the document with a 'BCF tag' to ensure there is clear reporting lines and synergy across all.

**Action:** CBI to review and inform CP of any missing projects.

**Action:** HCE to review Delivery Plan and ensure key members of staff are already linked in.

CBI  
HCE

The Governance of the STP has been reviewed and three cross-cutting Strategy groups have now been identified and reflected in the Delivery Plan. These are: Mental Health, Sustainable General Practice and Ageing/BCF.

AG and CP provided an update on the MOU discussions which have been taking place over the last few weeks. The MOU and appendices will be reviewed and signed off at the Away Session planned for 30<sup>th</sup> August. AG commented that the MOU could be extended to include Primary Care, Voluntary Sectors and EEAST in the future once signed off.

The HCE reviewed the timetable to sign off the MOU on slide 34 of the HCE slide pack, it was **agreed** to discuss the MOU with Health and Wellbeing Boards in private initially and then in public meetings. However, CP suggested including the Health and Wellbeing Chairs in the Provider Chair meeting planned for 21<sup>st</sup> September.

**Action:** LR to discuss MOU further with Health and Wellbeing Chairs following MOU meeting review on Friday 19<sup>th</sup> August.

**Action:** CP to discuss extended invitation to Provider Chairs meeting on 21<sup>st</sup> September to Health and Wellbeing Chairs with Rob Hughes.

**Action:** CP to circulate MOU to JD for FD Forum to comment at next meetings.

LR

CP

CP

CP confirmed the HCE will be able to review a list of meetings and committees which will stop following the new Governance structure on the 30<sup>th</sup> August. LR highlighted work currently being produced by Martin Whitley on devolution projects may support these discussions.

**Action:** LR to share project list from devolution with CP.

**Action:** CP to attend public service board to help with engagement.

LR

CP

**6. Review actions & minutes from the last meeting**

The action log was reviewed by exception and the following was noted by the HCE:

- UID 328: 2016/17 % split to be circulated.
- UID 337: Complete, NHSE have confirmed there are no further check points.

**Action:** LG to resend % contribution to HCE.

**LG**

**7. Review status of key deliverables**

The HCE reviewed the C&P System key deliverables by exception and the following was noted:

- Maria Da Silva is currently completing a stocktake on admission avoidance initiatives.
- It was **noted** that TD & RS will be swapping CEO sponsorship on Elective and UEC work streams.

**8. Review key programme risks and issues**

The current risks and issues were reviewed by exception and the following was **noted**:

- R15: AG shared concerns from clinicians around communication and the need to ensure decisions are presented clearly and language used is the same to ensure there is no misinterpretation. CP confirmed the CAG and HCE will now have email cascades following each meeting to ensure the correct messages are being shared.

*(RS re-joined the HCE at 4.28pm)*

**9. Agree agendas for the next HCE meetings, away day & CEO monthly meeting with Andrew Pike**

The HCE reviewed the agendas for the next couple of meetings and the following was **noted**:

- HCE 12/09: Estates and Workforce to be included.

**The meeting closed at 4.30pm**

**Date of next meeting:** Monday 12<sup>th</sup> September, 3-4.30pm, Teleconference

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