

Health & Care Executive

Date : Monday 18th July 2016

Time : 5.00-6.30pm

Venue : Mary Ward House, The Board Room, 5-7 Tavistock Place, London, WC1H 9SN

MINUTES

Present :

Tracy Dowling (TD) Accountable Officer, CCG – Chair

Claire Tripp (CT) Chief Executive, Papworth

Stephen Graves (SG) Chief Executive, PSHFT

Matthew Winn (MW) Chief Executive, CCS

Aidan Thomas (AT) Chief Executive, CPFT

Lance McCarthy (LM) Chief Executive, HHCT

Jonathan Dunk (JD) Chief Finance Officer, CCG

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

Alex Gimson (AG) CAG Chair, STP

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

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

In Attendance:

Simon Wood (SW) Provider Sustainability Director, NHSI

Catherine Pollard (CP) Solutions Director, NHSI

Jessica Bawden (JB) Director of Corporate Affairs, CCG (Dial in)

Catherine Boaden (CBo) Programme Manager, STP (Dial in)

Karen Key (KK) Programme Manager, STP (Dial in)

Laura Gaylor (LG) Governance Manager, STP – Mins (Dial in)

Apologies:

Roland Sinker (RS) Chief Executive, CUH

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

David Roberts (DR), Clinical Chair, SPC

Gareth Jones (GJ) Head of Strategy, NHSE

Agenda

Actions

1. Debrief from STP Review

Key messages from the STP Review with Simon Stevens, Stephen Hay, Andrew Dillon and Matthew Swindell were discussed. Key messages were:

- No concerns about the governance or the care model proposals
- The group performed well when asked about what, how and when changes will be made (e.g. around containing demand growth)
- More work is needed on profiling workforce, translating savings into delivery projects that are clear on where the money comes from (i.e. not hiring, changing skill mix, etc.)
- Improvement is needed on ED performance to be at least above 90%
- Bring forward savings associated with procurement, Carter, etc.
- Look at the costs and savings associated with new and existing NICE guidelines (both technology appraisals and the quality improvement)
- We must accelerate the pace of programme implementation in delivering savings.

Discussion took place regarding the sequencing and planned roll out of external facing STP comms to staff and public. Concerns were raised around staff briefings taking place prior to this being circulated to MPs. CP & TD have yet been able to review these comms to approve circulation.

Action: CP & TD to review proposed comms for approval to be circulated on 19/07. JB to discuss delay of CUH staff briefing planned for morning of 19/07.

**CP/TD
JB**

SG & LM confirmed comms regarding MOU between HHCT & PSHFT is planned for 22/07.

2. **NHSI & NHSE review and challenge LDR**

CBo provided an update from the recent LDR meeting, highlights from the meeting were:

- Concerns were raised regarding the LDR and STP which don't necessarily match.
- Recommendations to appoint a named Chief Clinical Information Officer (CCIO) who will sit on the HCE or CAG.
- It needs to be determined formally who is accountable for the money that will be provided to support implementation of the LDR.
- Link in with the AHSN to help options appraisal around interoperability.

The HCE **agreed** to appoint a named CCIO to the HCE or the CAG. The HCE also **agreed** that the CCIO would be accountable for the money provided to support LDR implementation, while the investment will be spread across care settings and providers.

Action: CBo to request the LDR group provide any example Job Descriptions for the CCIO role.

CBo

Action: CP & Kathy Bonney take forward recruitment of CCIO as part of the SDU recruitment.

CP/KB

3. **Review the various proposal on major service change discussions which took place at CAG on the 11th July**

AG provided an update on the major service changes which are currently being discussed at the CAG. Concerns were raised around being clear on what has been agreed to ensure there is no misinterpretation circulated between clinicians and staff. Updates of the discussion were:

Community Beds Proposal

- This is a good first paper and more work now needs to be done.
- It was agreed that the current hospital based community beds lacked clear admission/discharge criteria, had variable LoS and unit costs and in some cases was undertaken in poor estate.
- CAG agreed that we should move to a clinical model where many patients currently in community hospital beds are managed within their own home.
- CAG recommended investing in that home-based community provision rather than simply closing community hospital beds which might be required for other uses such as EoLC or CHC provision.
- The specific need for community hospital based care had been estimated in Cambridge (14% of complex discharges would require it if optimal community based care was available). Similar data from an audit of discharges was required from PSHFT (assumption that HHT would be similar).

- CAG considered that trialling increased community provision in one area first might be tested, to observe the impact on local community hospital bed occupancy.
- CAG considered that it is likely that there would need to be a period of double-running – investing in both ongoing community hospital beds and community based provision when the service started.
- Concern about the availability of appropriately skilled workforce to deliver the community based care was acknowledged.
- Report back to CAG on Sept 19th

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4. Update on implementation resourcing

The HCE **agreed** to the name of System Delivery Unit (SDU) and scope of the SDU, although it was **agreed** slide 10 in the HCE Slide Deck isn't a comprehensive list of initial scope and role of the SDU. The SDU wouldn't be responsible for delivery savings as they would be responsible for problem solving, coordinating, enabling and programme management office. The agreed accountability for savings will sit in each statutory organisation.

CP presented the potential governance required for delivery of the STP which was outlined on slide 11 of the HCE Slide Deck. The proposal is to have a balance of locality route and system work route. Concerns were raised around the current configuration and there is a need to simplify to reduce meetings and the number of groups.

Action: CP/JB/CBo to provide further detail on Governance proposal with clear confirmation on what will be aligned and what will be stopped. Adding in Primary Care and renaming the 'PCP/Integrated Neighbourhoods Design Group'.

CP/JB/
CBo

Slide 13 of the HCE Slide Deck was reviewed and concerns were raised around assurance being in place for staff to have capacity to focus on STP projects.

CP updated the HCE on the next steps on establishing the System Delivery Unit. Concerns were raised from Chairs around the time line of recruiting an independent chair. CP advised Chairs will be reassured as accountability still sits with individual organisations to deliver savings. There will be a Chair to Chair meeting taking place at the start of September where the MOU will be shared following the HCE Away Day taking place on the 30th August where the MOU will be discussed. The HCE **approved** the next steps of the SDU.

The process and timeline of recruiting the independent chair was discussed and a Chair will be invited to sit on the interview panel. It was proposed that the interviews will take place within August.

Action: CP to circulate the independent chair job description. CP to confirm details of STP budget and what resources are committed from where to cover what part of MOU conversations

CP

Action: Further comments around Implementation Resourcing to be sent to CP by 22/07.

ALL

5. MOU

The HCE reviewed the skeleton MOU which is to replace the governance framework. It was **agreed** that the right headings have been used; however 'one culture' may need to be reviewed.

The HCE also **agreed** for CP/AG to work this up, via bilateral discussed with each CEO over the summer and to present at the HCE Away Day on 30th August.

6. Review of status key deliverables

This item was not discussed.

7. Review actions & minutes from the last meeting

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.

The meeting closed at 7.00pm.

Date of next meeting: Monday 1st August, 4-6pm, (Face to Face), Henderson Room, Hinchingbrooke Hospital.

Author: Laura Gaylor, Governance Manager, July 2016

