

Health & Care Executive

Date : Monday 20th June 2016

Time : 4.00-6.00pm

Venue : Hill Room, Education Centre, Hinchingsbrooke Hospital, Hinchingsbrooke Park, Huntingdon PE29 6NT

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

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

David Roberts (DR), Clinical Chair, SPC

Alex Gimson (AG) CAG Chair, STP

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

Dial in:

Roland Sinker (RS) Chief Executive, CUH

Catherine Boaden (CB) Programme Manager, STP

In Attendance:

Simon Wood (SW) Provider Sustainability Director, NHSI

Catherine Pollard (CP) Solutions Director, NHSI

Jessica Bawden (JB) Director of Corporate Affairs, CCG

Karen Key (KK) Programme Manager, STP

Laura Gaylor (LG) Governance Manager, STP – Mins

Apologies:

Gareth Jones (GJ) Head of Strategy, NHSE

Lance McCarthy (LM) Chief Executive, HHCT

Jonathan Dunk (JD) Chief Finance Officer, CCG

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

Agenda

Actions

1. Update on progress from UEC workstream

TD briefly updated the HCE on the great progress which has been made in the UEC workstream especially within Peterborough.

2. STP Financial Template Submission

SW presented the STP Financial Submission slides to the HCE; the numbers were discussed at the Tripartite meeting which took place on Friday 17th June. Highlights of the discussion were:

- Slide 4 of the HCE slide pack outlines the current 'Do Nothing' position although PSHFTs Adult Social Care numbers aren't currently included however will be added into the waterfall over the next couple of days.
- The current gap in the analysis is £7.5million including an unmitigated social care deficit; another run through of this will take place at the FD Forum on

Wednesday 22nd June.

- The level of specificity and confidence in development of national and local opportunities is increasing as outlined on slide 6.
- The CCG are awaiting overall plans for specialist services from Catherine O'Donnell. **Action:** Waterfall to be updated with Specialist Services once received. **SW**
- SW outlined the key assumptions and implications on which the model has been based. After demand management and LOS reductions this results in a modest net reduction in occupied bed days. The HCE questioned the present occupancy rate and how this relates to the reduction in bed days. **Action:** To articulate what would % occupancy rate that would equate to. **SW**
- A 60% achievement of the Carter procurement opportunities for procurement would be assumed however some Trusts have declared they are not comfortable with this.
- Modelling hasn't been completed in terms of QIPP & CIP.
- The HCE **agreed** that the solutions to the closing-the-gap challenge should include 'external' funding reliant on national policy changes of £46million. However, include a caveat as the MFF policy isn't currently available it was agreed to note this within the submission. It was **agreed** to RAG rate the 'External Funding' opportunities within the submission to recognise the potential risk of any externally funded opportunities.
- The further opportunity for eHospital was discussed it was agreed not to include this in the waterfall.
- The STP Financial Template draft was tabled within the meeting, which currently summarises the commissioner and provider surplus/deficit footprint over the next 5 years. This data includes the agreed revised control totals with the regulators. It was **noted** that CPFT and CUHFT are yet to agree to their control totals.
- Concerns were raised around the phasing as some numbers looked unusual, these will be reviewed further within the upcoming FD Forum as it was **agreed** that these need to reflect 2016/17 annual plans for each organisation.
- The HCE **agreed** there is further clarification needed at a national level of non recurrent income.
- The Estimated Investment Required to Deliver Five Year Forward View template was tabled, the template includes prepopulated lines. AT made note to the current delay in Mental Health figures.
- A discussion took place around the Workforce projections template; previously every organisation submitted their current workforce information to the Workforce working group. However, the level of detail required from the template hasn't been gathered. It was **agreed** to aggregate current information into template and also add Primary Care workforce information as a baseline. Between July and September the remainder of the workforce info can be worked granularly. **Action:** Lucy Dennis (HEE) to populate workforce template with current baseline information. **LD**
- The STP Financial Template will be reviewed and updated to circulate to the HCE on Friday. Further changes following next Tuesday's FD Forum will also be circulated.

3. Outstanding Clinical Design Issues

AG provided an update on the outstanding Clinical Design Issues to the HCE, updates discussed were:

- Children and Young People: HHCT should retain inpatient service provision. There are concerns around future engagement and networking which needs to be addressed. **Action:** AG to take forward engagement discussions with CUHFT. There is a focus on community care and involving Primary Care at **AG**

Scale with these discussions.

- Cancer Alliance: The region's MDs met on Friday to discuss a preferred option, going into the meeting Option 2 (current Anglia region establishes itself as a Cancer Alliance based around the cancer centres in Norwich and Cambridge) was the leading contender. However within the meeting there was a steer towards Option 1 (one single Cancer Alliance, incorporating multiple cancer centres). There was no formal decision made. The HCE **agreed** there was not enough information to make an informed decision to support. **Action**: AG to liaise with David Levy to discuss further. **AG**
- Orthopaedics: The capacity required for a specialised fracture NoF sites are currently being discussed. The CAG will review recommendations made on July 11th.
- Cardiology: A Task & Finish group is currently being set up to discuss PSHFT cardiology services, there will be an objective review of data encompassing current workforce issues and future networking. The CAG will review progress on this during August, prior to receiving recommendations in mid-September.
- ENT: The working group are currently looking at a number of options dependent on the potential downgrade of A&E at HHCT. **Action**: CAG to discuss options on 11th July and bring back recommendations to a later HCE. **AG**
- Update on other Clinical issues: The CAG will be reviewing Stroke (hyper acute and impatient rehab), Community beds and MIUs on July 11th.
- Clinical Engagement: There are currently a number of issues linked to clinical engagement. AG confirmed that the Governance Framework has been updated to outline the possibility of a difference of perspective between HCE/CAG and CWGs. The HCE discussed the importance of engaging with CWG clinicians' colleagues, Junior DRs, Nurses, and GPs. It was **agreed** to review the Communication Strategy. **Action**: JB and AG to pick this up with Comms Cell. **JB/AG**
- There have been concerns raised from individual Clinician's around the feasibility of reaching Level 5 networking and misconceptions about what this means to staff. **Action**: CP to share Manchester's definition of networking with CWGs to alleviate concerns. **Action**: Possible OD funding may support this, CP/AG/Kathy Bonney to review. **CP
CP/AG/
KB**

4. Final proposals for transformational investment

Currently there is a partial and very approximate estimate of £30million for transformational investment which was outlines on slide 20 of the HCE papers. AT presented the breakdown of the £30million, currently there is only details of PCP, UEC and Primary Care. Mental Health needs to be included however cannot be estimated currently.

Concerns have been raised regarding the possibility of double counting, over budgeting/underestimated efficiencies and the various elements requiring investment have not been priorities and may not all warrant funding.

The HCE **agreed** to increase the transformational investment to £45million however still have plans to close the gap later in detail taking on board the system priorities.

WO-W highlighted that due to demand management issues this investment should be used now rather than later.

It was **agreed** to develop detailed investment cases during July and to review in August.

5. Draft of system score card

Examples of metrics which could be used as a system score card were outlined on slide 24 of the HCE papers which cover Health & Wellbeing, Care & Quality and

Finance & Efficiency. CP updated the HCE on feedback which was received at the CWG to CWG which took place on the 16th June, to have more robust and meaningful metrics which are balanced between quality and patients.

The HCE were asked for changes needed to be made to the example set of metrics for the STP submission. Highlights discussed were:

- It was **agreed** to remove IAPT recovery rates from possible metrics.
- TD updated the HCE on a recent UEC webex which discussed the use for system planning and more system metrics which link to see system shift which was felt useful to include. CP confirmed there is a need for nationally approved metrics which have a reasonably link to current information.
- Discussions took place around whether the metrics will look at the system monitoring or the STP changes and the importance of these being aligned with LA.
- The plan needs to articulate closing the gap and need to be able to evidence how the system has achieved this.
- The HCE discussed the need for localised targets based on population data which will reflect inequalities in health outcomes.

The HCE **agreed** to setting up a task and finish group to develop the metrics further including those of the two Health and Wellbeing Boards.

6. Update on Enablers proposals for the STP

An extract from the STP was tabled; feedback received from the Provider Board meetings has been that more information was required on the four enablers. These have been developed and also discussed at the CWG to CWG meeting on June 16th. Key messages were captured and outlined on slide 27 of the HCE papers. CP highlighted that there has been no update from Estates. **Action:** MW to liaise with Mark Cammies and chase update which is needed by COP Tuesday 21st June.

MW

Discussions took place around Digital as it was felt there currently is not a strategic director for the enabler.

Action: AG to feedback to be sent through to CP by COP Tuesday 21st June.

AG

7. Implementation road map for the STP

This agenda item took place in private with HCE members only.

8. Actions from the last meeting

The action log was reviewed by exception, the following updates were provided:

- UID 211 – MW has asked the 3 Acutes and is still awaiting feedback.
- UID 254 – SW believes this has been superseded by FD Forum discussions.
- UID 274 – Correction to name – Peter Bradley, LR **agreed** to organise the introduction.

9. Review status of key deliverables

The HCE reviewed the C&P System key deliverables by exception which has been updated. **Action:** Mapping of existing resource to be submitted to CP by lunchtime Thursday 23rd June.

HCE

10. Review key programme risks and issues

This agenda item was not discussed.

11. Agree agendas for the next HCE meetings

The agendas for the next two HCE meetings were reviewed. The HCE assistant's are currently looking at availability of holding two Away Days, the first needs to be

scheduled prior to July 15th and the second in August. Once the Away Days have been scheduled this will change the agenda for the 4th July. It was **agreed** to rename agenda item 9 'HHCT/PSHFT – decision in public on merger'

12. AOB

The HCE **agreed** to review frequency of HCE meetings following the review of the STP delivery plan.

CP confirmed the STP full document will be circulated on Friday 24th June to CEOs and Organisation Chair's for review and sign off on Monday 27th June. A dial in for this meeting will be arranged.

JB confirmed public facing comms from GPs regarding A&E pressures following purdah will be starting this week.

The meeting closed at 6.30pm.

Date of next meeting: Monday 4th July, 4-6pm, Teleconference – ***TBC subject to Away Day Dates.***

Author: Laura Gaylor, Governance Manager, June 2016