

Health and Care Executive

Date: Thursday 22 June 2017
Time: 2.00-5.00pm
Location: Hill Room, Education Centre, Hinchingsbrooke Hospital, Huntingdon, PE29 6TN

Present:

Alex Gimson (AG) CAG Chair - *Chair*
Tracy Dowling (TD) Chief Officer, CCG
Stephen Posey (SP) Chief Executive, Papworth
Stephen Graves (SG) Chief Executive, NWA Anglia FT
Mark Turner (MT) Director of Major Projects, Strategy and Transformation, CUHFT
Aidan Thomas (AT) Chief Executive, CPFT
Matthew Winn (MW) Chief Executive, CCS
Gary Howsam (GH) Clinical Chair, CCG
Paul Marshall (PM) Business Development Manager, EEAST
Scott Haldane (SH) Interim Executive Programme Director, SDU
Katie Johnson (KJ) Acting PH consultant for Healthcare Public Health

In attendance:

Joel Harrison (JH) Finance, Analytics and Evaluation Director, SDU
Gemma McGeachie (GMcG) System Strategy, Planning & Development Director, SDU
Aidan Fallon (AF) Senior Communications and Engagement Manager, SDU
Laura Anthony (LA) Programme Governance Manager, SDU - *Minutes*

Apologies:

Roland Sinker (RS) Chief Executive, CUHFT
Mark Millar (MM) FPPG Chair
Dave Fountain (DF) Chief Executive, EEAST
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC

Agenda

Action

1 Items by exception:

Minutes from previous meeting and outstanding actions

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:

- Action 593: TD confirmed discussions with NHSE are progressing and there is a possibility of access to a small amount of funding.

(SH and SP entered the meeting at 2.10pm)

- Action 605: This action was discussed later in the meeting.
- Action 565: TD updated the HCE on a recent meeting with Will Patten regarding the IBCF monies. Part of the IBCF monies is currently ring fenced for winter pressures however there is other areas the money could be invested. TD briefly discussed smart housing however it was **noted** that a full business cases would need to be submitted to the Investment Committee for review.

Further capacity and demand planning discussions will be taking place to review joint spending. It was **noted** that duplication needs to be avoided when reviewing capacity and demand management.

(AT & SG entered the meeting at 2.15pm)

STP Successes for 2017

Three achievements for the programme in June 2017 were presented. It was **noted** the achievements were still operationally focused and this would be reviewed going forward. A request was made to all AOs to share Delivery Group achievements with HCE also. It was also **noted** that a national delivery plan submission was being collated and is due for submission on 30 June.

Highlight Report from Care Advisory Group (CAG)

AG presented a highlight report on behalf of CAG, which included:

- JET Review: A subset of CAG has been organised to inform the future care model design of JET.
- Reframing CAG: Considering the current Accountable Care discussions CAG have agreed to several actions aimed at improving the effectiveness of the group. An update of these discussions will take place at the July HCE meeting.

Action: AG to provide an update of the reframing of CAG at the July HCE meeting. LA to add to agenda.

**AG
LA**

- Clinical Engagement: An outline draft of a wider clinical engagement strategy will be presented at the July CAG meeting.
- Shared Services, Estates and Digital: CAG have raised concerns to HCE regarding the progress and pace of delivery savings associated with Shared Services, Estates and Digital. The HCE **agreed** leadership needs to be strengthened in Estates and Procurement as HCE and CAG are currently not fully sighted on progress. It was **agreed** to review Shared Services at the July HCE meeting.

Action: SG/SH to provide a detailed update on Shared Services progress at the July HCE meeting. LA to add to agenda.

**SG/SH
LA**

Highlight Report from Financial Performance & Planning Group (FPPG)

JH presented a highlight report on behalf of FPPG, which included:

- FPPG Objectives: The group have agreed several objectives to focus the work programme.
- System Investment Funding (SIF): It has been confirmed that SIF will be used to support schemes for the first 12months from deployment.
- Project Finance Leads: Concerns regarding system finance support was discussed.
- STP Finance Basecase: The revised position will be presented to HCE on 13 July alongside a condensed version to CAG for information. The HCE discussed duplication of returns and update papers which are used across the system. GMcG and Lesley McLeod have started discussions around one reporting system and a workshop has been organised for 28 June. The HCE discussed

the current governance arrangements as AT raised concerns of duplication of obtaining approval at CEC and CAG. It was **agreed** the CCG would review the role and requirements of CEC in consideration of system business cases to identify whether there could be an opportunity to minimise duplication. Further, it was **noted** that the cases in question were presented to Investment Committee prior to the confirmation of the process and all business cases going forward should not be delayed. GH confirmed Fiona Head now sits on CAG, Investment Committee and CEC and therefore further questions on business cases should be picked up within each meeting going forward.

Action: TD to update the HCE on the review of the role and requirements of CEC in consideration of system business cases.

TD

Delivery Group & Performance Highlight Report

The HCE reviewed the areas for escalation from the Delivery Group Dashboards. SP confirmed the CCIO vacancy is being reviewed due to no interest received to date, all CCIOs in the system are looking to sharing the position going forward. Chris Johnson from Papworth is leading on this, SP confirmed there will be Digital representation at each CAG meeting on a rota basis.

It was confirmed that AOs have been asked to review escalated resource gaps and resolve.

The Performance report was reviewed, JH confirmed the SDU will continue to improve and inclusion of trajectories. It was **noted** that the SDU are currently liaising with the CCG BI team to align work and reporting techniques. The teams are working through IG issues.

2 Children, Young People and Families Health Services in Cambridgeshire and Peterborough Commissioning 0-19 Pathway

TD provided an update on the meetings which have been taking place between CPFT, CCS, CCG and the Local Authority. Progress has been made and will be available in September for final submission in December.

3 Update following Chairs meeting and STP Leadership

SH and AG provided an update on the recent Chairs meeting which took place on 9 June. A joint Chairs and CEO follow up meeting is being held on 29 June.

The proposed STP Board and STP Stakeholder Group Terms of Reference were circulated with the papers. The HCE were asked to review and provide comments prior to 29 June.

Action: HCE members to review STP Board and STP Stakeholder Group Terms of Reference and send comments to GMcG.

HCE

It was **agreed** TD will remain as STP AO for the medium term.

The role of Independent Chair will be discussed at the joint Chairs and HCE meeting.

The HCE discussed two separate roles which are required for delivery of the STP. Firstly, an Executive Programme Director which deals with supporting delivery and development of medium term strategic options which is required as soon as possible. Secondly, an alternative Chief Executive role which is focused on leading the system in the transition to an Accountable Care System.

It was **agreed** to start the recruitment process for a full time Executive Programme Director for a 2-year post.

Action: SH to start recruitment process for Executive Programme Director. SH

(AG left the meeting at 3.50pm)

4 Update on Investments

JH provided feedback from Investment Committee (IC) held on 31 May.

- AF Stroke Prevention: Recommended to HCE for investment, subject to satisfactory responses to queries raised, which have since been received.
- End of Life Care - Data Sharing: Not recommended to HCE – it is **noted** the case requested MRET funding. The case seems to be more of a research and development scheme and therefore not for the system to fund. The HCE discussed the need for clarity on whether this was in addition to the End of Life Care Dashboard.

Feedback from IC held on 14 June:

- Heart Failure: Not recommended to HCE. The update included an increase in costs and decrease in savings when compared to the originally presented case. It was **noted** the case does still meet the £1:1 ROI criteria. The committee would like to see a revised business case that reflects the concerns at the next IC meeting, scheduled for 5 July. The revised business case also needs to have CEC sign off prior to return to IC.
- Discharge to Assess: Not recommended to HCE at this stage. The IC supports the case however further work is required to provide assurance to IC members about the deliverability of the scheme. The hosting arrangements of the service including clear accountability and assurance regarding governance arrangements. The HCE discussed the importance of pace for this case and hosting arrangements will be clarified within the next two weeks. It was **agreed** to delegate authority to TD subject to confirmation of outstanding queries.

Action: The HCE delegated authority to TD to review and approve investment. TD

- Suicide Prevention: Recommended to the HCE for investment. The IC supports the business case subject to satisfactory responses to the following; The Committee believes a 10% target coverage of GP's who receive training is too low and want to encourage the project to be scaled up to £70k in size to increase coverage.

- Case Management: Recommended to the HCE for investment. The IC were supportive of the case however further work is required that should not delay deployment, this includes: a robust evaluation framework to be developed, details of the savings modelled to be shared with the CCG.

The HCE **agreed** to funding the following cases; Suicide Prevention, AF Stroke Prevention, Case Management. The HCE **agreed** to delegate authority to TD to approve funding for Discharge to Assess.

(SP left the meeting at 4.15pm)

5 Deployment Projects – Deep Dive

GMcG confirmed that there are currently six projects in deployment stage and project dashboards for each were presented within the HCE pack. Going forward the project dashboards will only be reviewed at Delivery Group level. It was **noted** that deployment of projects needs to be coordinated with General Practice and support on engagement from CCG Primary Care team may be required.

6 2018/19 Priorities

In December 2016, the HCE agreed its list of 2017/18 priority projects. GMcG discussed the need to review the priority projects list by September 2017 at the latest to ensure priority projects would be due for deployment by April 2018.

Expressions of Interest were sought in December 2016 to become a Best Possible Value (BPV) Specialist. The SDU successfully submitted a bid and plan to use this support to facilitate the selection of 2018/19 priorities. The HCE were presented with a list of potential stakeholders and a proposed timeline for the process.

The HCE **approved** the proposal for 2018/19 priority setting process and list of stakeholders, with inclusion of Public Health representatives.

The HCE discussed the national submissions and requested a deep dive into the Primary Care Delivery Plan at the next HCE meeting.

Action: Primary Care Delivery Plan to be presented to HCE in July. LA to add to agenda.

**TD
LA**

GMcG provided the HCE with a verbal update following the first Medium Term STP Strategy task and finish group. The group are currently pulling together a potential list of possible mechanisms to achieve Accountable Care.

7 Risk Register Review

The HCE were asked to review the STP risk register in full. GM confirmed the RAG scoring and risks content which were previously reviewed in the HCE were the same however were being presented in the full risk register instead of the summary view usually presented.

Action: HCE to review the risk register and send any comments or HCE updates to GMcG.

High risks from each Delivery Group were presented to HCE, GMcG confirmed in future all AO's would be highlighting any risks which they need escalating and discussing at HCE.

8 Organisational Development to support STP Delivery

TD presented three slides which were populated by Kathy Bonney on Organisational Development to support STP Delivery.

(SG left the meeting at 4.50pm)

The HCE reviewed the slides and were asked to take back to discuss with OD Leads in each organisation and liaise with Kathy Bonney. TD confirmed this work is not reinventing each organisation's OD plan these are themes to compliment transition to work as a system.

Action: All CEOs to task OH Leads to review and liaise with Kathy Bonney. CEOs

(MW left the meeting at 5pm)

9 Agree agendas for the next HCE meetings

The HCE reviewed the proposed agenda for the next meeting, which will be updated following the end of the meeting.

A Bipartite meeting is being held on 29 June, a draft agenda is currently being collated.

Action: JH to organise a pre-meet teleconference ahead of the Bipartite meeting. JH

10 AOB

It was **agreed** to include reflections on how effective the current HCE meeting set up is and whether there are lessons to be learnt at the next HCE meeting. It was discussed how the new STP Board would help with clarity and refocusing the HCE meeting.

Action: LA to include HCE meetings review as the first item on the next HCE agenda. LA

The meeting closed at 5.15pm.

Next meeting: Thursday 13 July 2017, Cedar Room, Lockton House, Clarendon Road, Cambridge.

Author: Laura Anthony, Programme Governance Manager, June 2017