

Health and Care Executive

Date: Thursday 23 February 2017
Time: 2.30 – 4:30pm
Location: The Boardroom, Addenbrookes Hospital, Cambridge

Present:

David Astley (DA) Independent Chair
Alex Gimson (AG) CAG Chair
Stephen Graves (SG) Chief Executive, PSHFT
Roland Sinker (RS) Chief Executive, CUHFT
Stephen Posey (SP) Chief Executive, Papworth
Aidan Thomas (AT) Chief Executive, CPFT
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough
Scott Haldane (SH) Interim Programme Director, SDU
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC

In attendance:

Mark Turner (MT) Director of Major Projects, Strategy and Transformation, CUHFT
Gemma McGeachie (GMcG) System Strategy, Planning & Development Director, SDU
Joel Harrison (JH) Finance, Analytics and Evaluation Director, SDU
Kate Lewis (KL) Executive Assistant, SDU – *Minutes*
Anita Pisani (AP) HR Lead, CCS
Mel Clements (MC) Clinical Lead, HHCT
Sue Watkinson (SW) Director of Planned Care, CCG
Jess Bawden (JB) Director of Corporate Affairs, CCG

Apologies:

Tracy Dowling (TD) Chief Officer, CCG
Mark Millar (MM) FPPG Chair
Dave Fountain (DF) Chief Executive, EEAST
Gary Howsam (GH) Clinical Chair, CCG
Jeff Worrall (JW) Portfolio Director Midlands and East, NHSE
Lance McCarthy (LM) Chief Executive, HHCT
Matthew Winn (MW) Chief Executive, CCS
Paul Marshall (PM) Business Development Manager, EEAST

Agenda

Action

1 Minutes and actions from the last meeting

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 522: Complete.
- Action 527: Letter to be circulated 24th Feb.
- Action 528: Ongoing
- Action 529: Meeting with Datalytics w/c 27th Feb
- Action 534: On agenda
- Action 539: Complete

Review key programme risks and issues

R17 and R20 still refer to LCG's and therefore need updating by the CCG. Their status remains the same.

The group agreed to add a risk for 'governance of the STP'.

Action:SDU will add STP governance to the risk register.

SDU

TD and RS met recently to discuss the national strategy for Life Sciences. RS requested that Life Sciences and Devolution are included in the next HCE meeting agenda.

Action: **KL** will include Life Sciences and Devolution on the next HCE agenda.

KL

Status updates from Delivery Groups were circulated prior to the meeting.

2 Update on Urgent & Emergency Care Delivery Group

Update circulated prior to the meeting.

Business cases are being developed for 3 UEC areas: Stroke, Intensive Community Support and Psychiatric Liaison services.

Core focus for the UEC is the emergency pathway in and out of hospital, including community services, Social Care and Intermediate Care. Key Issues discussed were: the need to identify the overlap between UEC and PCIN re: Intermediate Care; how to rationalise and focus the programme? Does the governance of the DG need amending? Also need to link with Planned Care and Children's Services.

GMcG has arranged focus groups to discuss key issues and prioritisation of actions. Unknowingly, AT has also arranged a meeting with a very similar purpose.

Action: **AT** will send **GMcG** a list of known issues to be discussed in the meetings that she has arranged (slide 10 of handout).

AT

A priority area is the functioning of the A&E Delivery Boards, what they are generating in terms of immediate actions and the out-of-hospital care agenda.

GMcG feels that the implementation timeline needs clarifying in the business cases and then assumptions around priority areas, recruitment and financial aspects can be finalised.

SP notes that Peterborough and Hinchingsbrooke are aware that they need to catch up re: A&E Delivery Board progress.

GMcG provided an update on the progress of C&P national bids. For Liaison Psychiatry this highlighted that there is a risk that both Cambridge and Peterborough will be recommended for Wave 2 core24 funding, which means no funding will be received until 2018/19. C&P's Diabetes bids are being considered at February NHSE IC, whereas LD and Cancer will be considered at March NHSE IC.

SW informed the group that if we do not get the Cancer funding there will be some delivery issues for the Cancer QIPP target. It was discussed that this was a CCG issue and not a STP issue. Even if the Regional Cancer Alliance received funding this does not mean that the STP would necessarily receive any money.

RS queried what the total number of business cases C&P had submitted was and is a conversation being had beyond national bids on how to bridge the funding gap? It was confirmed this was part of the letter that TD had agreed to write to Regulators et al at the previous HCE.

Action: SH, GMcG and JH will meet to discuss the financial gap and devise a strategy. The Digital Delivery Group will be included in this conversation.

**SH,
GMcG, JH**

MT asked what part of the STP portfolio needed to be actioned quickly and what is longer term?

AG outlined that clinicians feel that the STP's plans are not transformational, radical or original and seem to be heavily focused on simply increasing man power. While they agree we need to invest in the current workforce we also need to be more innovative and invest in analytics as well. Need to invest in prevention this year in order to hit targets for year 4&5. Prevention, emergency care, proactive care are the key areas.

AT informs the group that CPFT will soon be training nurses that are qualified in both Mental and Physical health.

A meeting has been arranged for Tuesday 28th to discuss and identify workforce issues. RS requests that he is informed if directors are not responding to communications.

3 Update on Operational Planning and Contracting

Bill Boa & Jonathan Dunk are liaising re: risk-share, investment and CCG funds should they over perform. CUH is anxious about the risk-share plan as it only gives a partial account and doesn't include emergency care or DTOCs. The plan needs to be comprehensive and robust and must avoid contractual challenges or fines that will result in ill feeling.

Action: KL will keep this on the agenda for the next HCE meeting.

KL

4 Update on Financial Position

An update, including a 2-year financial forecast, was circulated prior to the meeting. 2016/17 & 17/18 hitting targets. 2018/19 may see some financial challenges. The £17.7m transformation funding has not gone but needs to be bid for. There is now a better breakdown of the overall £1.1billion funding.

Action: Future HCE meeting packs will include the NHSE transformation fund breakdown presented at the last HCE meeting

GMcG

within the appendix.

JH reminded the group that access to transformation monies is subject to systems accepting their Control Totals.

Papworth are in discussions re: their Control Total as the impact of the PFI were not taken into account.

RS – the biggest risk for CUH is emergency elective disruption.

SP – the biggest benefit is reduction in DTOCs.

JH would like to thank all for sharing their information.

5 Updates on Planned Care Action Plan

An update on the action plan was circulated prior to the meeting. The investment business case for Demand Management will be sent to the next Investment Committee meeting, scheduled for 1st March. This business case is looking at patient pathways and GP referrals. MSK CAS and Patient Pathways are being redesigned. Implementation plans have been devised.

Action: **SW** will provide **KL** with more information on this business case to be circulated with the HCE minutes

SW/KL

SW informed the group that up to month 9 there has been an increase in Acute sector referrals of 1900 compared to last year.

AT was keen to note that PCIN have done a lot of work on Respiratory Care which needs to be linked in with. SW assured the group that all projects have been cross-referenced to ensure that they are linked in and there is no overlap.

The group agreed that the Demand Management business case should receive clinical sign-off and are concerned that it is not currently scheduled to be reviewed at CAG, but is instead going straight to the Investment Committee meeting.

Action: **SW** will send the Demand Management business case to the Investment Committee for the 1st March meeting as planned on Friday 24th February. **SW** will also ensure that CAG receive the document electronically for comment. The business case will also be discussed at the Elective Strategy meeting, which will include clinical lead representation, on 24th February.

SW

6 Update on Investments

Update circulated prior to the meeting.

Agreement is needed re: First Response Service. If this will not be funded, then AT will need to initiate closure now. It was **agreed** that a decision will be made at the 1st March Investment Committee meeting. The case needed to be strengthened but it is unlikely to be turned down.

RS left the meeting at 4pm.

WOW queried if a bid can be submitted to cover 2 years. JH confirmed that it could.

LR highlighted the need for effective analytics in order to monitor if savings have been made.

JH requested that Delivery Groups provide the SDU with relevant information on all future business cases they intend to submit.

7 Update on Governance

Update circulated, including revised STP organogram. GMcG expressed the view that the decision making process needed clarifying and so some draft process maps have been included in the HCE pack for comment. JB highlighted the lack of public consultation in the decision making processes. GMcG confirmed that this would be outlined in the detail governance framework document.

GMcG was also concerned that there is currently no risk management strategy and there is a lack of risk documentation at Delivery Group meetings and what information does exist is not flowing up to HCE at present.

All Delivery Group ToRs are being reviewed.

Revised Organogram: The Integrated Commissioning Boards have been included in the revised organogram at request of the Councils. All need to ensure that the Digital Delivery Group and the Local Workforce Advisory Board are given a supporting role rather than being siloed.

HCE membership: LR and WOW request to be removed as voting members due to concerns that the nature of their roles were as representative of Councils, but that they were not empowered to commit the Councils on issues that may require debate/decisions by Elected Officials.

Action: GMcG will remove LR and WOW as voting members. **GMcG** will also include public consultation in the governance framework. **GMcG** will check with the Public Service Board as to whether they would like to be included in the structure. **GMcG**

WOW requested that subsequent to these updates, no further amendments be made as she is concerned that the organogram will become over complicated.

AF informed the group that he is developing a public engagement structure.

LR highlighted the scheduling conflict between HCE meetings and the Health and Wellbeing Board meetings on a Thursday afternoon.

Action: SDU will liaise with LR when setting up the monthly HCE meetings going forward. **SDU**

8 Update on UEC and PC&IN review

AT was keen for investment and decisions to be made and asked for an ETA for the UEC and PCIN business cases.

Action: The UEC and PCIN business cases will be sent to the 15th March Investment Committee meeting and then the following HCE meeting for formal decision.

9 Agree agendas for the next HCE meetings

The HCE reviewed and **agreed** the draft agenda for the next HCE meeting on 9th March.

10 AOB

- SG described a shortage of GP's, resulting in low morale as the current GP workforce is being spread very thin and sent wherever they are needed. SW assured the group that this is being looked at within the GP Forward View and the related strategy document. The next iteration of the strategy document to be released 24/02/17.
AF suggested that a framework needed to be built around Primary Care.

Action: **SW** will circulate the updated strategy document to the HCE. **SW** will also seek a GP representative to join future HCE meetings.

SW

- SH – NHSI are interested in the SDU and would like to issue guidance notes on how to run an STP. The group invited a representative from NHSI to attend a future HCE meeting.

The meeting closed at 4.30pm

Next Meeting: Thursday 9 March 2017,

Author: Kate Lewis, Executive Assistant, February 2017