

Health and Care Executive

Date: Thursday 23 March 2017
Time: 2.30 – 4.30pm
Location: Garden Room, Deakin Centre, Addenbrooke's Hospital, Hills Road, Cambridge

Present:

David Astley (DA) Independent Chair - *Chair*
Tracy Dowling (TD) Chief Officer, CCG
Stephen Posey (SP) Chief Executive, Papworth
Roland Sinker (RS) Chief Executive, CUHFT
Aidan Thomas (AT) Chief Executive, CPFT
Alex Gimson (AG) CAG Chair
Mark Millar (MM) FPPG Chair
Gary Howsam (GH) Clinical Chair, CCG
Paul Marshall (PM) Business Development Manager, EEAST
Stephen Segasby (SS) Sector Head, EEAST
Melanie Clements (MC) Medical Director, HHCT
Scott Haldane (SH) Interim Programme Director, SDU

In attendance:

Mark Turner (MT) Director of Major Projects, Strategy and Transformation, CUHFT
Joel Harrison (JH) Finance, Analytics and Evaluation Director, SDU
Aimee Venner (AV) Head of Planning and Delivery, SDU
Laura Anthony (LA) Programme Governance Manager, SDU - *Minutes*

Apologies:

Lance McCarthy (LM) Chief Executive, HHCT
Stephen Graves (SG) Chief Executive, PSHFT
Gemma McGeachie (GMcG) System Strategy, Planning & Development Director, SDU
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough
Dave Fountain (DF) Chief Executive, EEAST
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC
Matthew Winn (MW) Chief Executive, CCS

Agenda	Action
<p>1 Items by exception:</p> <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">➤ Action 551: SH confirmed the last Shared Services meeting was cancelled and is currently being rescheduled. The HCE also agreed to discuss Back Office at the HCE strategy meeting on 20 April.	
<p>Action: LG to add Back Office to HCE 20 April Strategy agenda.</p>	LG

- **Review key programme risks and issues**

The HCE reviewed the risk and issues log by exception, and it was **noted** that Risks 27-32 were all new risks. The following was discussed:

- R-30: The HCE **agreed** to add further mitigations to include engaging with local MPs and capitalising on being a leading STP.
- R-32: The HCE **agreed** to reword this risk to include concerns regarding alignment of transformation staff within all organisations to the STP. AG raised concerns around alignment within the CCG to the STP, TD confirmed due to the CCG restructure alignment to the STP is strong.

Action: LG to update R-30 and R32 following HCE discussion.

LG

- **Update following FPPG and CAG**

This item was not discussed.

- **Status updates from Delivery Groups**

The HCE **noted** the status updates from each Delivery Group, which were circulated prior to the meeting.

2 **Update on Investments**

SH updated the HCE on the UEC and PCIN review. The system has been working on an integrated community care model, the model is focused on increasing capacity within the system's current three tier approach. On slide 9 of the HCE slide deck the combined model was presented pictorially highlighting the interdependencies and geographical set up.

RS and AT have discussed a need for a follow-up meeting with a smaller number of attendees. AV confirmed this is currently being organised.

AG discussed how there were several business cases which required extra workforce to deliver each service, however this could be better delivered by one person possibly covering several job roles. AG also commented on the need to invest in the full pathway and the Neighbourhood Teams. TD confirmed work through of the pathway is currently being completed to avoid unnecessary overlap across discharge to assess, reablement and domiciliary care and what investment can be made in the whole pathway. JH confirmed there is a 'virtual team discussion taking place on 27 March to take these discussions forward to focus on:

- Producing a short summary of the overarching combined model noting the planned investments, desired outcomes and benefits realisation;
- Reviewing the business cases concurrently to ensure there is clarity on the pathway and workforce requirements; and
- Establish the project team and develop an implementation plan.

The HCE **agreed** that funding from the Local Authority needs to be understood and discussed further at HCE.

Action: TD to take forward discussions with Gillian Beasley and Wendi Ogle-Welbourn on additional funding from the Local Authority.

TD

MM provided a few observations, highlights were:

- Encouragement has been made for JH and FDs regarding source and application. MM felt the sooner the system moves towards a shadow/actual system control total; the less confusion will be had on where the money sits.
- MM queried whether there is a true understanding on what has been invested in 2016/17 and 2017/18 and how this is affecting the trendline of activity. TD confirmed recent meetings with Paul Watson have included reviewing demand management and activity line by line. The HCE discussed this briefly and whether the HCE needed to be more sighted on the trajectory and whether actions could be dealt with at a faster pace. The current business cases for review are Long Term Condition specific which it was noted are unlikely to have material impacts on activity levels.
- HCE noted ROI at scale is needed and discussed the revised UEC business case which is intended to have more impact.

The HCE reviewed the Investment Committee recommendations from the meeting on 15 March. The following business schemes were not recommended by the Investment Committee to the HCE:

- Stroke Prevention: Further work is needed on the evidence base and resource implications.
- Community Diabetes: The investment requested for 17/18 and therefore it was noted would not have a system impact.
- Social Prescribing: The Investment Committee recommended awaiting publication of national review that includes consideration of social prescribing and use this to inform the proposal. However, since the Investment Committee the ToR for the national review have been circulated and there is no evidence of potential funding or any publication. SH confirmed if this is the case the proposal should come back to Investment Committee with further details on how the scheme could release capacity in General Practice and in turn reduce the pressure of acute services.
- Primary Care Commissioned Service: The case is to be presented internally within the CCG before it can be presented to the Investment Committee.
- Reablement/Domiciliary Care: The scale of the case was considered to be too big and therefore the Investment Committee's recommendation is to reduce this in scale. There is also a wider piece of work to be undertaken integrating the workforce requirements with those of the PCIN and other UEC cases. In turn, the case should further consider integration with social care and the need for a consistent model/approach in the north and south of the county.

- Case Management: The Investment Committee recommended the case is implemented on a pilot basis in three/four localities initially to demonstrate the savings can be realised and evidenced. The revised case can proceed for presentation to HCE. The SRO has confirmed that the revised format is not ready for HCE and will be submitted at the next meeting.

The HCE considered the four schemes recommended by the Investment Committee and **agreed** to fund the following from the System Investment Fund (SIF):

- Falls Prevention – Recommended: The business case will be pump primed in years 1 & 2 by an additional £240k investment from CCC and PCC public health funds. PM questioned whether EEAST could be involved in further discussions to bring in the system at scale.
- Community Heart Failure - Recommended: Conversations are taking place between CPFT and Papworth on who will run the service and are looking at jointly providing. SP confirmed Papworth are keen to be involved.
- Community Respiratory – Recommended with revised format: The revised format should reflect that the Consultant time is redeployed from the acutes into the community to test the model and reduce costs to the system.

AT entered the meeting at 3.45pm.

- Enhanced Provider Referral Triage – Recommended with revised format: The revised format should address providing greater clarity as to where the provider savings lie, identify areas where greatest % increase has occurred and seek to address those areas first.

JH presented lessons learnt from the 15 March Investment Committee which will be circulated for inclusion within Delivery Group packs.

MT left the meeting at 3.55pm.

The HCE discussed next steps and questions were raised on who would be taking each business case forward. An implementation plan is required and will be picked up as part of the UEC/PCIN integration work.

AF queried the current governance arrangement and whether decision making sits with the HCE for signing off business cases, or whether this sits with each Provider Board/CCG Governing Body. TD highlighted an email circulated setting out the CCG's commitment to recurrently funding the schemes in 18/19 subject to demonstrable benefits being realised.

The current funding position was presented to the HCE for information.

3 Health Analytics – Datalytics update

SH provided a brief background on Datalytics which will help to facilitate care pathway redesign with a focus on primary care intervention for the 'at-risk' frail and elderly group. This would involve the modelling of Long Term Condition care pathways and support financial decision making.

Datalytics would sit within CPFT as host, however further work is needed on project resources and potential running costs and whether this would be funded by the system. Information sharing agreements have been signed for all but one organisation. General Practice data sharing is also very complex.

The HCE discussed the need for data and AG queried when this will be seen at HCE. JH confirmed this will be formalised from May, however SDU resource is currently focused on supporting business cases.

4 Life Sciences

RS tabled an overview of Life Sciences to the HCE. The UK Life Sciences strategy is being led by Sir John Bell and the Office for Life Sciences which have been working on the next Life Science Industrial strategy since October 2016.

The focus is on growing the Life Science contribution to the UK economy: improving the competitive positioning relative to global leaders.

The final report is due out in May 2017, with the Government responding in Q3/Q4 2017 with further announcements around Autumn Statement/Budget 2017.

RS discussed the six flagship initiatives to accelerate the UK's competitive advantage vs. other Life Science hubs, which was discussed at the February Life Science Industrial Strategy Board chaired by Sir John Bell.

Due to the Cambridgeshire and Peterborough STP being a leading STP, RS discussed the need for the STP to evolve to the language of the wider 'Eastern Region' i.e. East Anglia and beyond. There is also a risk if the STP isn't aligned and linked to support Life Sciences.

The HCE **agreed** to strengthen the links with CUHP and extend an invitation for CUHP colleagues to be represented at the HCE.

Action: Malcolm Lowe-Lauri (Executive Director of Cambridge University Health Partners) to be invited to the strategy discussion on 20 April.

SH

5 Agree agendas for the next HCE meetings

The HCE reviewed the draft operational agenda for the HCE on 20 April. SH confirmed the meeting has been extended to allow for an operational agenda and a strategy agenda.

RS left the meeting at 4.35pm.

6 AOB

- DA confirmed the HCE meetings have now been moved to monthly and asked the HCE to provide apologies ahead of each meeting and deputies should only attend by exception.

SP left the meeting at 4.40pm.

- AT raised concerns around Governance and escalated possible delays to the process if individual organisations need to sign off business cases. AT felt that signing of the MOU provided enough assurance. TD confirmed the CCG CEC is a weekly meeting and there should be no long delays to agreed business cases.
- It was noted that GMcG is currently working on clarifying the role of AEPs.

The meeting closed at 4.45pm.

Next meeting: Thursday 20th April 2017

Author: Laura Anthony, Programme Governance Manager, March 2017