

Health and Care Executive

Date: Friday 25 August 2017
Time: 12.00-14.00
Location: Boardroom, Elizabeth House, Fulbourn

Present:

Tracy Dowling (TD) Chief Executive, CPFT – *acting Chair*
Mark Turner (MT) Director of Major Projects, Strategy and Transformation, CUHFT – *deputy for Roland Sinker*
Paul Marshall (PM) Business Development Manager, EEAST
Mark Millar (MM) FPPG Chair
Jonathan Dunk, (JD) Interim Accountable Officer, CCG
Stephen Graves (SG) Chief Executive, NWAngliaFT – *via dial-in*
Scott Haldane (SH) Interim Executive Programme Director, SDU
Matthew Winn (MW) Chief Executive, CCS

In attendance:

Gemma McGeachie (GMcG) System Strategy, Planning & Development Director, SDU
Joel Harrison (JH) Finance, Analytics and Evaluation Director, SDU
Cath Mitchell (CM) Director of Transformation & Delivery: Community Services and Integration, CCG – *deputising for Wendi Ogle-Welbourn*
Yemisi Oluwa (YO) Finance, Analytics and Evaluation Manager, SDU
Aimee Judge (AJ) Project Support Officer, SDU - *Minutes*

Apologies:

Alex Gimson (AG) CAG Chair
Roland Sinker (RS) Chief Executive, CUHFT
Stephen Posey (SP) Chief Executive, Papworth
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough
Dave Fountain (DF) Chief Executive, EEAST
Gary Howsam (GH) Clinical Chair, CCG
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 and the following actions updated:

- Action 565: Complete
- Action 619: Complete
- Action 625: Complete.
- Action 634: On agenda – complete.
- Action 635: DToC plan is part of BCF. A multi-agency T&F group has been created, running high-impact assessments within the Delivery Groups. The plan has been through the Integrated Community Board and will report to A&E Delivery Boards.
- Action 637: On agenda – complete.
- Action 639: Devolved to FPPG, bring results to next HCE – complete.

Action: JH to bring output of work with FPPG on visibility of 'organisation generic' and 'organisation specific' to next HCE.

JH

- Action 644: PM to pick up with LR outside of meeting – complete.

STP Success for July 2017

The HCE **noted** the achievements for August.

2 Key Issue: CEP

JH directed the HCE to view slides 5 to 8 of the slidepack which summarise the system's current financial position. The slides were presented to the Bi-Partite on Monday 21 August. The CCG are meeting with Paul Watson on 14 September to discuss a solution to closing the gap. JH proposed the system demonstrates the control total is not achievable at the meeting and proposes a suitable solution to move forward.

MW entered meeting at 12.30

The HCE are all in agreement contract sanctions are not to be considered as they will invariably result in behaviours that will stifle system improvement and improvement. MT contended CUH need PBR to help them regain financial stability across the Trust, however are open to change and evolution. JD acknowledged the delivery phase is not moving, it needs to be re-evaluated. Aspirations of projects are currently not viewed by many as realistic; non-elective demand still needs to be addressed, as capacity cannot function effectively as things currently stand. A meeting is scheduled for 30 August with Finance Directors and senior Operational colleagues from across the system to discuss QIPP. JD also commented that at the recent Bi-Partite meeting the prospect of a two year plan to affirm financial stability had been mooted. JD was keen that this longer-term timeframe should also be considered as part of the planning to be done.

CM highlighted some schemes which are being considered for 2018-19 do not have in-year return and therefore are 'falling by the wayside' when completing any prioritisation exercise. MT supported this, suggested ROI not be used as part of criteria for agreeing focus areas. as we moved ahead.

The following next steps were **agreed** by the HCE and will be fed back to the Finance Directors;

- Operational meeting and a separate finance meeting to take place within the next week.
- Small group to meet and form conclusion w/c 4 September
- The group will explore the 2-year option proposed by Paul Watson

3 Key Programme Risks and Delivery Group Risks

The HCE reviewed the Programme Risk Register and Delivery Group Risks by exception. The HCE **agreed** the approach for creating risks.

TD disagreed with the wording on the Delivery Group risks, as those noted as not having high risks, i.e. Digital, Local Workforce Advisory Board, Shared Services and Children, Young People and Maternity do have high risks associated with them. JH clarified some Delivery Groups currently do not have their own workstreams and therefore there are no risks associated to these yet. The need for an active and stratified Risk Register will be reinforced with all Delivery Groups.

4 **STP Governance and Infrastructure for Delivery**

STP Leadership

TD delivered update on STP leadership. The Terms of Reference and relevant documents for the STP Board are currently under review.

The process for finding an Independent Chair is underway. Conversations have taken place with various Chairs across the system to reframe the job description. There are several potential candidates, however a formal process of appointing needs to be put in place. The HCE all acknowledged there is a preference for the Chair to be from within the system and **agreed** the way forward.

Action: SH to form a proposal for the appointment process of an STP Independent Chair and take to Chairs group. **SH**

Governance: HCE and STP Board

The HCE acknowledged the proposed governance model based around an STP Board reflected a large overlap in attendees at both the STP Board and HCE, therefore creating potential for attendance at HCE to drop. As the system's clear priority at present is to deliver against what has already been approved, there is an opportunity to recalibrate the role and work of HCE and to include those responsible for delivery as members of the meeting. As Chief Executive Officers are the Accountable Officers for the STP Projects, it was therefore agreed to adapt the HCE ToR to reflect responsibility to attend as an AO, not as CEO.

MW proposed a monthly Chief Executives meeting to sit in-between the bi-monthly STP Board meetings. The STP Board will have strategic oversight, whilst the monthly Chief Executives group will cover operational matters.

COOs to be encouraged to attend delivery groups and the new 'PCIN and UEC Ops Group' which has been formed to resolve deployment issues.

Action: GMcG to create proposal for future of HCE which will support STP Board. **GMcG**

If the HCE is to be restructured, it needs to consider the standing offer to NHSE and NHSI. It would be more suitable for both organisations to attend the STP Board. The invitation is to be offered but it was considered inappropriate for them to become formal members of the Board.

The FYFV National Priorities Governance

NHSE requested clarity on how the FYFV priorities were assured within the STP governance structure. This had been outlined in the HCE pack.

Further work is required on revising the Mental Health governance approach following the departure of the Chair of the MH strategy group.

Action: GMcG to lead on revising Mental Health governance.

GMcG

5 BI Update

JH provided a brief update on BI. The HCE are asked to support the 'Stage One' proposal which will align the BI resources across the SDU and CCG. TD noted easier access of data will improve system work.

The HCE **support** the proposal to pool BI resources across the SDU and CCG.)

6 Clinical Priorities

NHSE and Clinical Networks

NHSE are currently reviewing the Regional Clinical Networks which it currently hosts: Mental Health, Diabetes, Maternity and Cancer. The regional Cancer network has been moved into the Cancer Alliance footprint, however an options appraisal exercise has started for the remaining networks.

Of the four options being considered, a regional network hub with NHSE (option B) is the preferred choice for Diabetes and Maternity. For Mental Health, either a regional network hub with NHSE (option B) or a regional network hub hosted by one of the STP's in the local DCO patch, with a spoke of STP specific resource transferred to local STPs (option C), is being considered. The network prefers option B but senior staff at NHSE favour option C.

Resource for Mental Health programme manager is predicted to be in place by Autumn 2017. Representatives from across the system were currently in the process of negotiating funding for a clinical lead.

2018/19 Prioritisation Exercise Process

The STP has committed to delivering several schemes within 2017-18, in addition to delivering the national 'must-do's'. The system's capacity to support additional schemes is limited, therefore each Delivery Group has been tasked with prioritising schemes for 2018-19.

Both the CAG and FPPG have met to discuss the areas of focus for 2018-19 and a list of principles for each group has been agreed. Throughout August the Delivery Groups will discuss and prioritise their schemes in design/development and potential projects for 2018-19. CAG and FPPG will then review the Delivery Groups' priorities and determine the overall STP priorities for 2018-19.

Action: Update on the 2018-19 prioritisation process to be presented at September HCE. AJ to place item on the agenda.

AJ

Discharge to Assess

TD has formally signed-off the Discharge to Assess business case. JH noted the case has changed since it was originally presented to the Investment Committee. A paper is being prepared for the September HCE which will outline the cost of work currently commissioned through the Independent Sector, however there is a risk that the costs of the overall case will be greater than originally specified, due to the request from the CCG and CUH to 'claw back' costs incurred to date to buy additional out-of-hospital capacity. A 12-month cost profile covering both elements of the case will be provided as part of the financial reconciliation.

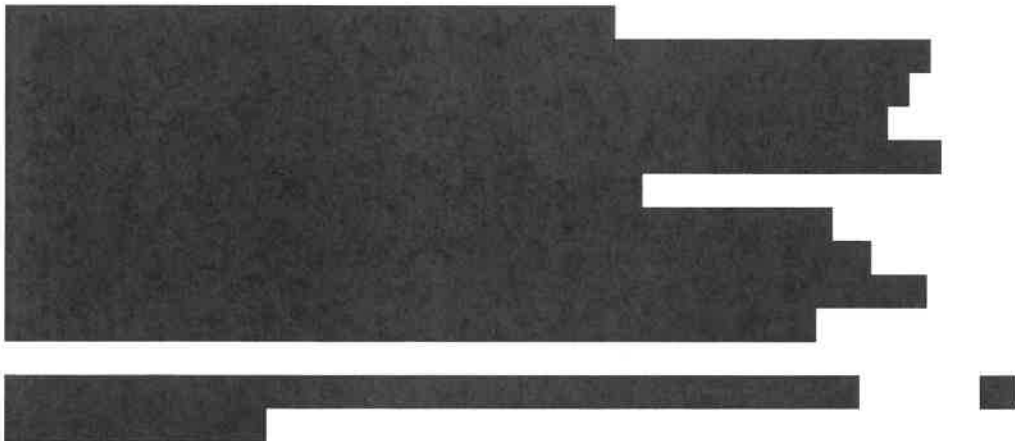
The System Investment Fund will soon reach its limit for 2017-18, therefore any business cases being presented to the Investment Committee should be for 2018-19 only, unless an immediate, in-year ROI can be proven.

MW left meeting at 14.00

JD made a plea for Discharge to Assess business case to be agreed before approving any further business cases. Although it was agreed to proceed with the new model within the D2A case, a decision on the claw back element was deferred pending updated costs and a proposal regarding the 'sunk costs' with the Independent Sector to be brought to the next HCE.

Action: Discharge to Assess project lead (Sara Rodriguez-Jimenez) SRJ to outline costs and how case will work to bring to September HCE.

PM left meeting at 14.04



9 Operational Performance and Finances

Operational Performance and M4 Finances

JH presented the Operational Performance and M4 position; these continue to reflect Trusts published full year forecasts to achieve their plans.

Investment

There are 3 business cases recommended by Investment Committee seeking support from the HCE;

- Diabetes LES – this is deemed crucial to support delivery of the separately funded national scheme. Questions were raised regarding how to spend £1.5m before the end of 2017-18.
- Dementia – population and clinical need for the model to be implemented. The scheme will provide evidence of delivery against the national strategy.
- Heart Failure – CEC and Papworth do not currently support the case. Papworth are concerned about the clinical effectiveness of the case. However, it was noted these concerns had not been raised as the case was being developed or at the Investment Committee itself. In particular, SH agreed to pick up with JD the financial challenges to the case that appear to have come from CEC that are yet to be shared. Governance issues with CEC need to be resolved.

JD/TD/SH

Action: JD, TD and SH to discuss CEC governance issues outside of HCE and resolve current issue related to the Heart Failure Business Case.

The HCE **supports** the Diabetes LES and Dementia business cases. Queries regarding the Heart Failure business case need to be resolved and brought back to HCE.

JD

Action: JD to resolve Heart Failure queries and bring back to HCE.

Slide 46 of pack outlines the SIF update for drawdown templates received to date. The system need to consider deferring new cases to 2018-19 due to the possibility of the fund running out, assuming full settlement of the D2A case in year.

JH left meeting at 14.24

7 BCF Update

Peterborough and Cambridge have submitted a joint BCF plan for 2018-2020, pledging £11.25m between the two Councils. Local authority and CCG need to sign-off plans and engage providers. Not solely focused on DToCs, although this represents a large part of the plan.

The improved BCF (iBCF) is to be used for;

- Stabilising the Social Care market
- Meeting adult Social Care needs
- Reducing pressures on the NHS
- Meeting High-Impact Change model

The iBCF funding is for 3 years, but money will decrease in latter 2 years. One element of the plan is the proposal to purchase properties for learning disabilities to improve quality outcomes and reinvest saved monies elsewhere within the system.

Action: CM to circulate DToC and non-elective plans to HCE distribution list for information within 24 hours.

CM

JD left the meeting at 14.33

8 Highlight Reports

Highlight reports were reviewed, no comments made.

MT left the meeting at 14.34

10 Agree agendas for the next HCE meetings

The HCE reviewed the draft agenda for the next HCE meeting on 14 September, to include the 2018-19 Priorities.

11 AOB

None specified.

Action: The HCE are asked to send requests through to GMcG ALL

The meeting closed at 14.35

**Next meeting: 12.30-14.30, Thursday 14 September 2017,
Boardroom, Elizabeth House, Fulbourn, CB21 5EF.**

Author: Aimee Judge, Project Support Officer, August 2017.

