

Health and Care Executive

Date: Thursday 26th January 2017
Time: 2:30 – 4:30pm
Location: The Boardroom, Peterborough City Hospital

Present:

Alex Gimson (AG) CAG Chair - *Chair*
Tracy Dowling (TD) Chief Officer, CCG
Stephen Graves (SG) Chief Executive, PSHFT
Aidan Thomas (AT) Chief Executive, CPFT
Mark Turner (MT) Director of Major Projects, Strategy and Transformation, CUHFT
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough
Scott Haldane (SH) Interim Programme Director, SDU
Gemma McGeachie (GMcG) System Strategy, Planning & Development Director, SDU
Louisa Ellington (LE), Assistant Director of Finance, SDU

In attendance:

Jonathan Dunk (JD) Chief Finance Officer, CCG
Aidan Thomas (AT) Communications and Engagement Manager, SDU
Laura Gaylor (LG) Programme Governance Manager, SDU - *Minutes*

Apologies:

David Astley (DA) Independent Chair
Stephen Posey (SP) Chief Executive, Papworth
Lance McCarthy (LM) Chief Executive, HHCT
Dave Fountain (DF) Chief Executive, EEAST
Roland Sinker (RS) Chief Executive, CUHFT
Jess Bawden (JB) Director of Corporate Affairs, CCG
Matthew Winn (MW) Chief Executive, CCS
Joel Harrison (JH) Finance, Analytics & Evaluation Director, SDU
Mark Millar (MM) FPPG Chair
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC

	Agenda	Action
1	<p>Minutes and actions from the last meeting</p> <p>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:</p> <ul style="list-style-type: none">• Action 394/458: SH is due to meeting with MW and Lucy Dennis to discuss the workforce strategy in the next couple of weeks.• Action 489: TD has confirmed with Andrew Pike that business cases will be ready for next week adding up to the £13m.• Action 500: AG has discussed Orthopaedics with MW and TD, and the Musculoskeletal pathway will be included in the plan. TD briefed the HCE on a recent workshop which took place, and feedback is being raised through the SRO in Planned Care.	

AT entered the meeting at 2.35pm.

SH & TD provided an update on the meeting held with MPs on 25 January. General feedback included recognition for the funding issues within the Cambridge and Peterborough system. MPs were keen on MIUs being further within HCE as a priority. TD **agreed** to take this forward and link in with the work around devolution. The MPs were also keen to be engage early within any long term developments to ensure they can support if needed. SG discussed the importance of mapping out what support can be provided from the MPs and make it simple to arrange resources.

JD entered the meeting at 2.45pm.

Actions following the meeting have been circulated to the HCE.

2 **Review key programme risk and issues**

The HCE reviewed the risk and issues log by exception and the following was discussed:

- R-17: It was **agreed** to lower the RAG rating to Amber.
- R-20: It was **agreed** to update mitigations to include prioritise focused effort for the remainder of the year and leading into 2017/18.

Action: LG to update the risk register following discussions on R-17 and R-20. **LG**

3 **Update following FPPG**

JD provided a brief update on the FPPG meeting which took place on 18 January, the meeting included discussions around lessons learnt from the contracting round and the Investment Committee. Both of these topics were discussed further later in the meeting.

4 **Status updates from Delivery Groups**

Each AO provided a brief update from their Delivery Group. Highlights discussed were:

- **PCIN:** The Delivery Group discussed prioritisation and currently working on the business case. There have been a number of suggestions on how to move forward on prioritisation whether this is focused on one area or look at initial phasing.
- **UEC:** The Integrated Care scheme is coming together. The stroke business case is ready to move to the next stage. The Delivery Group is currently reviewing the governance between the UEC and the A&E Delivery Board to simplify this. A workshop to involve PCIN and UEC colleagues was being arranged by GMcG. The intention was to use this engagement to map out how the integrated model might look and work before moving forward. This will also include reviewing the national UEC route map to ensure there are no gaps.

Action: Feedback from the UEC & PCIN session to be presented to the HCE in a month. **GMcG**

The Ambulatory Care business cases are being led through the A&E Delivery Boards. It was **noted** that the pathways will need to be consistent across the system.



- Digital: Capital monies available which the system can bid for. This will be discussed further in FPPG, although clarification is needed on the deadline for this bid. A revision of the digital maturity process is due in April. Informatics capability across the system is being reviewed and there are current discussions taking place with NHSE East for a potential secondment for a CIO for the system. SP has made contact with Keith McNeil.



- AEPs: GMcG is due to meet Cath Mitchell to discuss AEPs.

5 **Updates on Primary Care & Integrated Neighbourhood Teams**

AT presented a further focused update on the Primary Care & Integrated Neighbourhood Delivery Group (PCIN). A presentation previously made to CAG was circulated within the slide deck for information. PCIN are currently looking at one model which is developing good generalist support to General Practice and Neighbourhood Teams, which includes specialist services and long term conditions. The initial investment will focus on Diabetes, Coronary services and Respiratory, with the next focus being on Frailty, Dementia and End of Life.

TD confirmed the MPs were keen to discuss work that has been completed in Oxford around DTOCs. The HCE **agreed** that the model needs to be reviewed to understand what has been achieved.

Action: SDU to review work completed in Oxford.

SDU

The HCE discussed whether a focused approach on one area would help engagement from GPs to see the model work. However, concerns were raised around pace across the system.

6 **Update on national bids**

The three national bids on Diabetes, Mental Health and Learning Disabilities were submitted on 18 January. Initial feedback from NHSE has been provided by the Regional Team and a RAG rating on the prospect of success for each bid were presented to the HCE.

Feedback on the Cancer national bid has not yet been received as this was submitted centrally by the East of England Clinical Network.

The HCE reviewed the reflections on the national bid process and **agreed** that for future 'calls', a virtual bid team, which included clinical input was required. Formal structured calls will be arranged in the coming week to discuss the feedback and reflections for those involved in each of the bids.

Action: HCE to send in any further comments around the national bid process to GMcG. **HCE**

7 **Update on Investment Committee process**

The HCE, CAG and FPPG have now reviewed the short and long-term list of business cases. The first Investment Committee will take place on 1 February, where the group will consider Terms of Reference and evaluation criteria.

Action: SH to circulate the draft Terms of Reference and evaluation criteria for the HCE to review and send comments in over the next few days. **SH**

The Investment Committee will also review what is currently funded under MRET, as it was considered a little unclear what is currently funded by MRET. Therefore, it was **agreed** to review this.

Action: JD to confirm what is currently invested under MRET and circulate to the HCE. **JD**

A business case for UEC Mental Health Vanguard is currently being worked on, to make the case based on what the service is currently providing. JD confirmed this is currently funded under MRET.

SH confirmed there are no business cases required at the moment for other services currently funded by MRET.

JD raised concerns around the investment 'pot' being only for 2017/18 and there is a legacy issue with what happens for 2018/19 and beyond. Conversations also need to continue on the size of the investment pot as it currently stands at £6m and this needs to increase.

8 **Update from CAG, including patient and clinical engagement**

AG presented an update from CAG. The CAG has been reviewing clinical initiatives and prioritised these. The first priority for clinical initiatives by CAG is UEC, Stoke and PCIN for the £6m investment pot.

Discussions took place around the current investment of £6m which could be increased, AG questioned whether CUH would be supportive of increasing the investment monies, as there was initial caution in the level of investment required. MT confirmed that if the system reviewed the level of investment in a focused and coherent manner there could be a strong discussion with NHSI & NHSE on investment at that level.

AG raised concerns around the current level of clinical engagement across the system, which includes Nurses, OTs and Junior Doctors. CAG have discussed this also and believe the current funding for

engagement is too small and have estimated that £150k would be required. The HCE discussed the level of clinical engagement within the Delivery Groups, which differs across the Groups. PCIN currently have a very good level of clinical involvement, however it was considered that Elective Care requires further input.

9 System-wide Control Total discussion

JD confirmed that at a meeting with Andrew Pike, working towards a system-wide Control Total for 2017/18 was suggested. This has been discussed at the FPPG and JD has been gathering feedback from the system. Concerns have been raised on the governance and the delivery on a system-wide Control Total in the short-term. There has not been any detail on what this would actually mean and whether this could be in shadow form initially.

The HCE **agreed** that as a system it wants to work towards a system-wide Control Total in the future, however it may not be practical for the 2017/18 given a lack of clarity over the implications and mechanics.

10 Reflections on operational and contracting round

SH presented reflections on operational planning and contracting round which were discussed further at the FPPG on 18 January. The HCE **noted** the reflections.

11 Development of Health & Care Executive

TD presented a proposal on the development of the HCE moving forward into the implementation phase. The proposal is to keep the membership 'tight' to ensure there is continued focus and decisions made. It was **noted** that LR would remain on the HCE as Public Health Lead. Papers will be circulated at least two to three days prior to the meeting to ensure there is time for members to read and share strategic items with colleagues.

It was **agreed** from April the HCE would move towards a monthly meeting, however it was **noted** that until there is a clearer view on the architecture which sits underneath the HCE the fortnightly meetings would remain.

12 Agree agendas for the next HCE meeting

The HCE reviewed the draft agenda for the next HCE meeting on 9 February. The SDU will be reviewing this following the end of the HCE meeting.

13 AOB

- SH updated the HCE on discussions with Andrew Pike around the Bipartite meetings, once agreed these will be circulated to the HCE. The meetings will take place on a monthly basis.

The meeting closed at 4.40pm

Next Meeting: Thursday 9th February,

Author: Laura Gaylor, Programme Governance Manager, January 2017

