

Health & Care Executive

Date : Monday 26th September 2016

Time : 4.00-6.00pm

MINUTES

Present :

David Astley (DA) Independent Chair, STP – Chair
Alex Gimson (AG) CAG Chair, STP
Tracy Dowling (TD) Accountable Officer, CCG
Aidan Thomas (AT) Chief Executive, CPFT
Matthew Winn (MW) Chief Executive, CCS
Stephen Graves (SG) Chief Executive, PSHFT
Roland Sinker (RS) Chief Executive, CUH
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough (Dial in)
David Roberts (DR) Clinical Chair, SPC
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC (Dial in)
Jonathan Dunk (JD) Chief Finance Officer, CCG
Roy Clarke (RC) Finance Director, Papworth (Dial in)

In Attendance:

Catherine Pollard (CP) Solutions Director, NHSI
Joel Harrison (JH) NHSI
Anna Dijkstra (AD) Senior Manager, NHSI
Jessica Bawden (JB) Director of Corporate Affairs, CCG
Catherine Boaden (CBo) Programme Manager, STP
Laura Gaylor (LG) Governance Manager, STP – Mins

Apologies:

Lance McCarthy (LM) Chief Executive, HHCT
Claire Tripp (CT) Chief Executive, Papworth
Joanna Yellon (JY) Locality Director Cambridgeshire and Norfolk, NHSE

Agenda

Actions

1. **Governance of the programme and an update on SDU recruitment**

Confirmation the MOU has been finalised

The MOU has been shared with CCC, PCC and both HWB Boards, next step is sign off at public Provider Boards. Cover notes have been provided for CCG and CPFT and Trust Secretaries have been informed to request a cover note if one is required. CP confirmed she will not be attending the Boards to present.

Recommended approach for signing off the MOU annexes

The near final draft of the MOU annexes has been circulated to the CCG and Provider Boards for discussion in private. This is due to the annexes currently being in draft format and confidential work in progress documents. Annex 1 (working in partnership with the Councils) has been discussed at both HWBs and will be made public and signed by the HWB Chairs and Councils' CEO.

SDU Financing in annex 9 and is currently being amended to include a supplementary side note which is being signed by the FDs this week.

The near final draft of the Terms of Reference were circulated as part of the MOU annexes (4-8) and are subject to Provider Boards' feedback, final comments from the Councils regarding the AEB ToR and amendments to the HCE and FPPG ToRs to reflect planning guidance requirements.

The HCE **agreed** to delegate ToR final sign off to their respective chair, by 7th October.

(WO-W dialled in at 4.15pm)

The HCE **agreed** to sign off the final delivery plan, STP measures and arrangements for SDU financing on the 11th October, prior to submission of the STP on October 21st.

Update on SDU recruitment

CP provided a brief update on the recruitment process, due to the gaps in senior finance and programme director roles, the HCE were asked to consider appointing interims or extending the support from NHSI, given how crucial these senior roles are for national planning deadlines.

The HCE **agreed** to propose extension of NHSI support to December to retain continuity, however it was noted there could be a gesture of funding from the STP.

Action: CP to draft proposal for NHSI extension for CEO's to sign.

CP

It was **noted** to keep interim support limited due to this being costly.

2. Proposed updates to June STP narrative for submission for October

Slide 8 of the slide pack summarised feedback which has been received over the summer and minor changes which will change in preparation for the October submission. CP highlighted the main focus around strengthening the narrative on Primary Care and our approach to implementation.

CP has reviewed the STP Planning Guidance which was released on 22nd September and highlights from this were summarised on slide 9 of the slide pack. Following the guidance in 2017/18 and 18/19 CCGs must plan for in-year break even, including a 1% non-recurrent pot (0.5% committed), and 0.5% contingency. Also, STPs must return CCGs to recurrent 1% surplus by 2021. In response to this further changes are needed to our October STP submission to include an update financial modelling to reflect CCG business rules and Standard Control Totals – and then establish if there's a level and mix of activity that is consistent in delivery both in 17/18.

The HCE will be asked to sign off the STP Submission changes on October 11th. This will include delegating final financial sign off to the Financial Planning & Performance Group, and SG (as CEO sponsor). Having set out the likely changes in this meeting, the HCE **agreed** to being informed of the final submission ex post.

3. CCG Financial Recovery

TD and JD presented the CCG Financial Recovery Plan slides, which were circulated prior to the meeting. JD outlined the current position of the CCG, and summarised a number of risks associated with the annual £3m deficit planned which included higher than planned levels of activity and an increased casemix price, in the acute sector, leading to forecast overspend of £16.3m (3.1% above acute budget).

McKinsey are currently in process of reviewing all key financial plans, and the CCG ability to deliver upon these, which will inform the next states of work.

SG queried the increase around casemix change, as A&E attendances have increased at

PSHFT by 13%, there has also been a large increase in emergency admissions and red light ambulances.

The HCE **agreed** that more work is needed on understating what underpins the demand and cost of delivery behind this increase in acute spend. As the swinging of the deficit from CCG to the Acute Providers would not solve the underlying questions which need answering.

The HCE **agreed** that there is a focus needed on poor LTC management and investment in Community Care and Primary Care which could support the demand at the acute providers. Although it was **noted** this could not be achieved overnight.

It was **noted** McKinsey's work is still needed they won't be able to address the health analytical questions which are needed to support the discussions with NHSE.

The CCGs Financial Recovery Plan is due to be discussed at the STP monthly meeting with NHSE, the HCE **agreed** to stand and support together as the STP would fail if the System does not work collectively. The System needs to come together and propose solutions for the short and long term. There also needs to be a clear plan on how to work towards the 23rd December.

(Roy Clarke left the meeting at 5.10pm)

Action: CP to provide a strong coherent pitch for the members of the HCE for the NHSE meeting on 28th Sept.

CP

WO-W confirmed the LA are supportive of this approach and are working alongside the System to achieve this.

4. **STP Finance Update**

Financial base case and solutions

The STP Finance update, following the STP finance submission on 16th September was presented by JH. The summary included an update on the financial challenge, opportunities to close the financial gap and the annual forecast system position to 2020/21. The following highlights were discussed:

- EoE Ambulance position has been added to the waterfall. EOE is yet to provide detail of their CIPs, which has been escalated to NHS England and a workshop has been planned for the East region.
- The opportunities have been updated for the four year period 17/18-20/21 to reflect the new delivery structure and delivery of forecast 16/17 recurrent CIPs/QIPPs.
- The trajectory of the opportunities and investments has been revised to reflect the changes in the base case, the updated solutions and known non recurrent pressures.
- JH updated the HCE on the controlled totals which are expected in 17/18.
- A view will need to be formed on the 11th October around financial envelope control total with a flex approach.

Capital requirements

For the September STP submission five year capital estimates were collected from each organisation a summary of the system estimate were provided on slide 16 of the slide pack. The September STP return did not include any capital related to the financial savings opportunity/solutions.

The HCE discussed capital which is currently missing (Wisbech, IoE, Primary Care). It was **agreed** that Mark Cammies would provide an estimate on the associated costs for inclusion in our revised capital submission.

Action: Mark Cammies to provide an estimate on the associated costs for inclusion in the revised capital submission. **MC**

Investment profile

The September submission also included high-level estimates on spending related to key national priorities, AD confirmed the next level of detail is needed to work on this from a 'bottom up' perspective. AD outlined the risk with this approach as the submitted investments may exceed estimations; therefore sense checking is needed to be clear on a link to revenue. The risks and potential mitigations were reviewed by the HCE.

The HCE **agreed** to the plan for the October investment submission as outlined on slide 18 of the slide pack.

5. Early thinking on 17/18 contracts

JH presented the early thinking on 17/18 contracts slides which will be presented at the monthly STP meeting on Wednesday with NHSE. The HCE were asked to review the slides and discuss any comments.

It was **agreed** to amend slide 23 of the slide pack to better reflect CCS role in delivering MSK and the work led by the Joint Commissioning Unit on potential new contractual arrangements for children's services.

Action: CP to amend slide 23 to better reflect CCS role in delivering MSK and the work led by the Joint Commissioning Unit on potential new contractual arrangements for children's services **CP**

It was **agreed** to review the running order for the Bipartite meeting.

Action: CP to update Bipartite agenda following discussions. **CP**

6. Estates Update

MW presented a brief update on Estates including, Princess of Wales, North Cambs Hospital, Hinchingsbrooke Hospital, PSHFT/HHCT merger. Emphasis was made on the need for a clinical plan by area and what services are needed.

AT raised concerns around CPFTs estates (Ida Darwin, Fulbourn, Neighbourhood Team sites) not being reflected in the updates.

The STP will be required to submit a draft Estates strategy alongside the STP on October 21st.

The HCE **agreed** to delegate sign off of the Estates submission to Stephen Graves (Shared Services CEO Sponsor) and Matthew Winn (Estates CEO Sponsor).

The HCE **noted** the current work on Devolution around Wisbech, and the potential development of a new train link between Oxford and Cambridge.

(RS left the meeting at 6.00pm)

7. Engagement with local MPs

DA provided an update on engagement with local MPs. Before the STPs are published a STP brief with MPs will be organised to discuss. JB confirmed the Comms Leads are currently aware of this and working on confirming a date. Separate conversations are also taking place with local district Councils.

8. Sustainable General Practice

AD provided an update on the National Planning Guidance key requirements to primary care. The HCE **agreed** that the Primary Care Strategy Group should take responsibility for the development of the GPFV strategy.

Resourcing the Testbeds

The Testbeds programme was presented at the GP member's event on 20th September with relatively positive feedback received. However, AD raised concerns on system resourcing to support the Testbeds programme. TD confirmed the CCG will be able to identify resource by 11th October. AT confirmed to take back the request to CPFT to confirm if resource could be identified.

Action: TD to confirm CCG resource for Testbeds by 11th October from the CCG.

TD

Action: AT to liaise with AD to confirm if resource can be provided from CPFT.

AT

GP Involvement in other STP projects

The CCG GP Resourcing Strategy was outlined on slide 39 of the slide pack. The HCE **agreed** to the plan for determining resourcing across primary care.

Action: TD to take forward the CCG GP Resourcing Strategy.

TD

9. Actions from last meeting

This item was not discussed.

10 Review status of key deliverables

The HCE reviewed the status of key deliverable by exception. The PCBC Consultation timeline will be discussed at the next HCE meeting on 11th October.

11 Review key programme risks and issues

The HCE reviewed the status of key deliverable by exception. CP confirmed these would be reviewed and discussed at the monthly STP meeting with NHSE on Wednesday 28th September.

12 Agree agendas for the next HCE meetings

The HCE reviewed the agenda for the next HCE meeting on the 11th October, CP confirmed and update on delivery structure and reporting structure will take place following the work with McKinsey. An update on the Workforce submission will also take place. CP confirmed base line data is ready and GP data will be collated next month.

The meeting closed at 6.15pm

Date of next meeting: Tuesday 11th October, 3.00-4.30pm, Addenbrookes, Clinical School

Author: Laura Gaylor, Governance Manager, September 2016