

PGB-15-78
Healthier Northamptonshire
Implementation Steering Group Minutes

05.05.15

Minutes from the Healthier Northamptonshire Implementation Steering Group

Tuesday 5th May 2015, 12:00 – 14:00, Kinetic, Francis Crick House

Present

Name	Job Title	Organisation
Eamonn Kelly (Chair) (EK)		
Angus Maitland (AM)	Programme Director	Healthier Northamptonshire
Stuart Rees (SR)	Chief Executive	Nene CCG
Carole Dehghani (CD)	Chief Executive	Corby CCG
David Sissling (DS)	Chief Executive	Kettering General Hospital
Paul Blanter	Chief Executive	Northampton County Council
Dr Sonia Swart (SS)	Chief Executive	Northampton General Hospital
Angela Hillery (AH)	Chief Executive	Northamptonshire Healthcare Foundation Trust
Dr Matthew Davies (MD)	Clinical Lead	Healthier Northamptonshire and Nene CCG
Nicholas Beth (NB)	Regional Manager	Monitor
Sally-Anne Watts (SAW)	Head of Communications	Northampton General Hospital
Bhavna Gosai (BhG)	HN PMO Lead	Healthier Northamptonshire
Estrella Mangué (EM)	Programme Administrator	Healthier Northamptonshire

Apologies

Name	Job Title	Organisation
Bill McFarland (BM)	Director of Finance	Northamptonshire Healthcare Foundation Trust
John Plummer	Regional Manager	Monitor
Akeem Ali (AA)	Director of Public Health and Wellbeing	Northamptonshire County Council
Carolyn Kus (CK)	Director of Adult Social Care Services	Northamptonshire County Council
Ian Hall (IH)	Senior Delivery and Development Manager	NHS Trust Development Authority
Jeff Worall (JW)	Portfolio Director	NHS Trust Development Authority
Trish Thompson (TT)	Locality Director	NHS England

Item		Action
1.	<p>Welcome, Apologies and Introductions</p> <p>Apologies were noted from the list above.</p>	
2.	<p>Minutes from 03.03.15</p> <p>The minutes were approved as a true record. BhG provided an update on the data sharing agreement; a financial modelling handover meeting was held on 30.04.15 and a spreadsheet will be sent through within 7 days by Deloitte.</p>	BhG
3.	<p>Programme Report</p> <p><u>Recommendation 1: Financial and Contractual Position</u></p> <p>AM presented a programme update and said there was a lack of clarity regarding the financial position for the schemes at the time the report was produced. A discussion was held on recommendation 1, during which SR provided an update on the contract position. SR informed the members that the NGH contracts have been agreed and signed. The KGH and the NHFT contracts are being finalised.</p> <p>SR informed the members that £3 million has been allocated within the NHFT contract for ICcTh transformation for year 15/16 and the BCF has been signed. AH stated that clarity would be needed on the level of investment that would be covered by the £3 million as it was different to her contract offer letter. It was indicated that of the £3 million, £1.1 million would be for acute mental health liaison, £800,000 would be allocated for Domiciliary Care and there would also be a level of cover for winter resilience. All were in agreement that further clarity would be required regarding the level of investment for the schemes so that the financial schedules outline the funds available for new investments. See action below.</p> <p>EK emphasised that the programme needs to be in a position where it can effectively communicate to the public on the changes it is intending to establish to prevent people from going to hospital as well as to communicate the overall intentions of the schemes within the programme.</p> <p>EK suggested the Board should be using rapid cycles of changes in order to move through to the implementation phase. AH informed members a capacity modelling meeting was planned for Wednesday 6.5.15 and advised the capacity for system would be made available following the meeting. SR said the programme should be able to proceed with implementation as there is extra funding available for the other schemes outside of ICcTh. SR confirmed £250K has been allocated to the HN budget for Project costs.</p> <p>A discussion was held on the resource requirements for the programme during which SR stated there would be funding available for programme management. SS also highlighted that a resource requirements specification had been discussed previously but a formal decision was not reached on the funding that would be available. The specification outlined the requirement for organisational development and modelling support across the programme. SR agreed to speak to GEM about the specification and</p>	

	<p>to James Murray regarding the financial overview of the Healthier Northamptonshire programme.</p> <p>Action: A clear position on the funding for resource requirements to be made available by Friday 8.5.15</p> <p>Action: SR to investigate the progress of the financial master plan document for the HN programme and to circulate the document to the ISG before the next FMAG meeting on the 28.5.15.</p> <p>Action: The financial plan to be updated for regulators by the end of May 2015.</p> <p><u>Recommendation 2: Joint Leadership Programme</u></p> <p>A discussion was held on leadership development following the programme recommendation that a decision needs to be made at a sufficient pace to resolve the issues of ownership and accountability. SS said that the leadership programme should be independent from the task of assigning ownership and accountability within the programme. DS identified that the risk that the consequences of the performance of the schemes within ICcH could sit elsewhere, which was why this was important to get right. EK suggested that in order to facilitate an integrated system the first stage should be to establish clarity of leadership responsibilities. Once this is established, the accountability and ownership can be determined. SS said the leadership program would commence during week of 5.5 15.</p> <p>Action: AM to draft an accountability structure and route for reporting for consideration by Operational Executive in May 2015.</p>	<p>SR</p> <p>SR</p> <p>SR/ JM/ AM</p> <p>AM</p>
4.	<p>Clinical Collaboration</p> <p>The draft Programme Initiation Document (PID) for Clinical Collaboration was presented to the group for sign off.</p> <p>Action: AH requested a more explicit summary is included in the PID outlining the involvement of other HN partners within Clinical Collaboration.</p> <p>PB stated NCC has been working on defining a prevention strategy. A discussion was held on the critical path for Clinical Collaboration and EK said the engagement process with the public within Clinical Collaboration needs to be clearly defined.</p> <p>A question was raised on the implication of the PID on workforce development.</p> <p>Action-AM to feedback to Clare Culpin on need to link this into LETC planning.</p> <p>The PID was well received and it was noted good progress has been made to outline the foundations of the programme. The following observations on issues were made:</p> <ul style="list-style-type: none"> • PID need to clarify how the assumptions, especially 1, 8 & 9 (p20) and constraints, especially 4 & 5 (p21) are being addressed, as some of these will be for others outside KGH and NGH to support. • PID needs to cover the programme timelines (critical path p29) more specifically so that there is assurance that the end June timeline will be met, and include the links into planned care commissioning so that the plan when it comes a month later reflects and/or drives commissioning intentions / approach. • PID needs to be clear on the main benefits and how these will be agreed 	<p>SS/DS</p> <p>AM/ CC</p>

	<p>(referred to in the middle of p22 as 'requiring development and sign off').</p> <ul style="list-style-type: none"> • PID needs to be clearer on how the patient and public involvement will be woven in from the outset, mainly because this is the right thing to do but also because of the risk of legal challenge further down the line if we have not followed national requirements. <p>Action: Above changes to be made for full plan at July ISG, with update on progress At June ISG.</p>	SS/DS
5.	<p>Programme Updates</p> <p><u>CRM</u> AM presented the CRM update in BMC's absence. He outlined that overall CIP delivery by the 3 Trusts in 2014/15 was above the levels in the Proof of Concept, and that it was projected to be at or above the Proof of Concept values in 2015/16. Within this, Corporate/Back office savings were also in line with overall expectations, but mainly due to individual Trust actions.</p> <p>AM provided a summary of the key developments that have been made within CRM, including the plans to deliver a smaller number of specific objectives with clear outcomes. A discussion was held on the timeline for delivering the targeted objectives. The ISG members approved the report.</p> <p><u>ICcH</u> AM informed the ISG members that the PID had been agreed but the ICcH portfolio is behind on delivery. AH and CD provided feedback from the ICcH clinical leaders workshop. It was agreed following the workshop to arrange delivery through a clinical network. The main objective of the meeting would be to agree, and delegate, tasks to individuals and establish clarity amongst clinicians on what they are expected to do to develop existing schemes within HN. The ISG members approved the report.</p> <p><u>Fit For the Future (FFtF)</u> PB presented a report on the FFtF programme, which was well received and provided an update on developments that have taken place within the programme. All were in agreement, that with HN being an integrated programme, further information would be required on where the impact would be, mindful of the state of savings the FFtF programme is intending to achieve. PB said that the main impact would be within domiciliary care.</p> <p>A discussion was held on the social marketing of the FFtF programme and how it aligns with the engagement plans of the overall HN programme and it was agreed that this was needed to support increased integration between health and social care. The ISG approved the report.</p> <p><u>MDAG</u> MD advised that the next MDAG meeting would be held on the 14.5.15 at which the clinical leaders would review and discuss ways in which they could support and drive Clinical Collaboration. It would also discuss and agree new terms of reference designed to provide greater responsibility for delivery of Healthier Northamptonshire. The ISG members approved the report.</p>	

	<p><u>Communications and Engagement</u></p> <p>SAW provided the following updates relating to Communications and Engagement:</p> <ul style="list-style-type: none"> • A website for Healthier Northamptonshire is being developed. • The Communications and Engagement group are working on developing communications material to reflect the changes that have taken place in the programme. • A Healthwatch workshop is being held on the 14th May where the HN partners will present on the Programme. 	
6.	<p>Risk and Issues Register</p> <p>BhG provided a summary of changes to risk and issues priorities that have been made since the last meeting (<i>refer to report for full information on changes</i>). All approved the changes.</p>	
7.	<p>Any other business</p> <p>None</p>	
8.	<p>Date of Next Meeting</p> <p>Meeting room 2, Cripps Post Graduate Medical Centre, Northampton General Hospital 12:00 – 14:00</p>	