

Finance, Estates and Digital Committee Minutes Tuesday 26th July 2022, 10:00-12:00 via teams

| Members (Quoracy: 3 members required, including one of ICB Non-Executive members; and one of Chief Executive or Chief Finance Officer) | | Initials |
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| Steven West | Finance, Estates and Digital Committee Chair | SW |
| John Cappock | Audit Committee Chair | JC |
| Sarah Truelove | Deputy Chief Finance Officer and Chief Finance Officer | SaT |
| Deborah El-Sayed | Executive Director for Transformation and Digital | DES |
| Attending | | |
| Jon Lund | Deputy Chief Finance Officer | JL |
| Sabrina Smithson | Exec PA (Note Taker) | SS |
| Helena Fuller | Deputy Director of Commissioning | HF |
| Nick Goff | Mental Health Programme Manager | NG |
| Caroline Dawe | Deputy Director of Commissioning | CD |
| Apologies | | |
| Shane Devlin | Chief Executive Officer | SD |
| Joanne Medhurst | Chief Medical Officer | JM |

| Number | Item | Action |
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| 1.0 | Apologies Shane Devlin Joanne Medhurst | |
| 2.0 | Declarations of Interest The following DOI's were not registered on the document provided. Steve West – Chair of WEAHSN and Bristol Zoo. Jon Lund – Trustee City Windmill Farm Deborah El Sayed – Trustee of British Red Cross, personal indirect interest spouse is employed by healthcare provider. <i>ACTION - Administrators to alert Corporate for next month's meeting.</i> | SS |
| Finance, Estates and Digital Committee ways of working | | |
| 3.0 | Timetabling Future meetings It was discussed and agreed the future committees would be held between the 15 th - 20 th working day on a Thursday. All agreed. <i>ACTION – Committee dates to be established and sent to members</i> | SS |
| 3.1 | Membership SW advised no information had been received from the ICB Chair Jeff Farrar regarding a director of Public Health (PH) and A section 151 (S151) officer to join the committee. ST advised 2 S151 officers have come forward as volunteers to join the committee so will work through this with them. ST will also reach out to PH to join the committee. <i>ACTION – ST to speak to S151 & PH Colleagues about joining the committee.</i> | SS |
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| 3.2 | <p>Terms of Reference The terms of reference were received prior to the meeting. The committee agreed that there was some amendments required to add purpose for both estates and digital in terms of the oversight and assurance implementation.</p> <p><i>ACTION – ST/DES to discuss the ToR amendments for both digital and estates for committee to review on 30.08.22</i></p> | ST/DES |
| 3.3 | <p>Work programme The work programme was received by the committee prior to the meeting. The following comments/discussion arose:</p> <p>JC asked are there items in the work planner that are within Sarah’s delegation so they don’t necessarily need to be presented to the committee. JC elaborated the content and cycle of work when we were the CCG contained financial scrutiny so if there was a broader remit as ICB could that be effectively corralled. SW added it would be good practice to review other committees workplans and to hold their first meeting to look at any duplications.</p> <p>DES asked after the deep dive elements of the work planner and the proximity of approving spend/procurement and benefits. Can this be presented as a trajectory in the deep dives. DES continued we are trying to track that and ask teams when will the benefits land. ST agreed and commented a consistent documentation across all the organisation is something all Directors of Finance (DoF) are discussing.</p> <p>JL asked if the committee would like to receive minutes from DoF meetings. SW asked for summaries of discussion points and actions would be sufficient</p> <p>JC asked in terms of workplan are you happy with focus on Estates. ST advised estates will become clearer working with the 2 acute trusts to get clear on our priorities as a system. We do not want to bid for things that are not within our remit when there are revenue consequences.</p> | |
| <i>For Committee to Approve</i> | | |
| 4.0 | <p>Open Minutes from the previous meeting The minutes from the previous meeting as Strategic Finance Committee were received and approved.</p> | |
| 4.1 | <p>Action Log No actions reported from previous meeting.</p> | |
| 4.2 | <p>Commissioning options for Sexual Violence Therapies (SVT) A paper was circulated to the committee prior to the meeting. NG attended the meeting, and the following question arose:</p> <p>DES asked after wait times. With current investment wait times are under a year for an adult and 2 years for children - will the investment change this and if not, what is the ambition? NG advised we are taking this in twofold to do a waiting list initiative in the short term and to get the procurement off on right pathway. We are then working with NHSE and Local Authorities (LA) so the new procurement will advocate a more holistic approach to SVT and review more sustainable treatments, for example helplines and group therapy. DES asked for the patients who are waiting what other services are they using, this would be helpful to understand for the future.</p> | |



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| | <p>SW asked have we got the right workforce to support the new pathways for the holistic approaches. NG answered as it is not a new service it is diversifying the treatment, there is no requirement for new/change in workforce.</p> <p>JL asked will the ICB have a place on the procurement board making decisions from this. NG advised, Yes.</p> <p>Approved and commended by chair.</p> <p><i>ACTION – Research into patients waiting for SVT what other services are they using in the meantime.</i></p> | NG |
| 4.3 | <p>Discharge to Assess Pathway 2 and Pathway 3 beds A paper was circulated to the committee prior to the meeting. CD attended the meeting, and the following question arose:</p> <p>SW Conclude there beds in wrong places as opposed to there not being enough beds. SW continued this requires a cultural mindset shift and ways we incentivise so people may react in a certain way. JC agreed with SW and commend the work.</p> <p>JC asked how resilient we feel around this. CD advised workforce is a major component around D2A and there is lots of work with voluntary sector to enhance some support. The D2A programme is working with LA and Sirona and we need to think differently about the resources and do we need to look at sub-contracting as we don't want to do anything unsafe.</p> <p>ST asked after the Government have said we are over-prescribing so is there more we can do. CD reported we are not going to change this over-night and it is going to be a steady programme of work. We're assured LA's are picking up the Local Government Association (LGA) report outcomes and working with Sirona. This needs to cascade down into the wards so staff are aware of their pathways. We can push this back to the D2A programme board to have franker conversations with staff.</p> <p>ST asked after the recommendations flow actions from the 3 LA's and do we have good visibility from the KPI's to monitor this. CD answered over the past 3 months the reporting at D2A groups has improved. But there is a lack in confidence that the D2A steering group is the right place to collate this information on a routine basis. ST offered attending the steering group and lead the conversation on reporting clarity.</p> <p>JC asked after the steering group if there are a wide range of providers attending, how are we bringing this together. CD answered there has been focus on governance and D2A Steering group covers all the subgroups and this seems to be working well.</p> <p>DES noted the cost of change investment and keeping level of beds in place whilst we do the transformation. DES advised the split with dementia the pathway 3 beds would be welcomed however; the impact would be the LA's have raised capacity for assessment. Can we do anything to speed up that assessment process.</p> <p>ST asked about the draft recovery plan for P3 beds and the confidence. CD advised we're committing as a system, there will be learning but it is the most tangible and broken down plan we have seen so far, we need to meet the timescales.</p> | |



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| | <p>SW commented it would be helpful to get a real understanding of the care pathway we are trying to promote and achieve as we can use this to re-educate the systems. SW's expressed concern this strategy is moving fast so clinicians may not understand the care pathway. SW asked can we identify blockages and issues so for example staffing, have we got a workforce who can do the assessment to move patients in and around the hospitals. CD advised there is a focus on workforce side of things. There are questions we need to ask ourselves as system which we have not been able to do yet. The links with clinicians is important.</p> <p>JL added we are expected to be fully funded for the pay award and that ought to make the incentive and ability for Sirona to recruit easier. JL Observed it was easier to recruit in the care home bed vs home care market which didn't align with our strategy. How can that workforce be redesigned to work in homecare environment?</p> <p><i>ACTION – SW asked for a route map of what pathway we are trying to create to help with clinical understanding</i></p> <p><i>Committee approved recommendations/actions.</i></p> | JK/CD |
| 4.4 | Connecting Care Procurement Closed Minutes | |
| For Committee's Assurance | | |
| 5.1 | M3 finance report A paper was circulated to the committee prior to the meeting. The committee noted the paper. | |
| 5.2 | M3 Saving reports A paper was circulated to the committee prior to the meeting. CF attended the meeting and following questions arose: JL advised regarding the assurance for both Mental Health (MH) placement and Continuing Healthcare placement spend, we are underspending on these budgets for lack of reporting on the savings so we are not compromising our position for the year. DES asked the MH piece and out of area placements that will release savings, are we factoring that in. JL reported it will be part of the AWP saving scheme. DES asked are ICB thinking about all the savings or just ICB's, now there are formal SRO arrangements we can put the savings/targets as part of those arrangement. SW & JC agreed. CF reported the team working on transformation changes we are proposing so the roles and responsibility for group members are aligned. | |
| 5.3 | M3 System finance position JL provided a verbal update for this item and the following questions arose: SW expressed concern and asked how we place the quality and access issues. JL advised we are trying to build an integrated finance & performance report. ST added next month will have the system wide positions and the ambition is to make a system report with quality as well. We are managing the £76m underlying deficit, and the journey for sustainable delivery we will need to mitigate non-recurrent again. | |



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| | SW asked the total saving amount target and ST confirmed 2.1%. SW noted this should be deliverable and we need to reinforce this at board level. | |
| <i>For Committee to Note</i> | | |
| 6.0 | Key Messages for Open Integrated Care Board Board <ul style="list-style-type: none"> - Need for public health and S151 committee structure - Need to deliver on savings - Change the Terms of reference to incorporate digital and estates in the assurance piece. | |
| 6.1 | CRR The CRR was reviewed and noted by the committee. | |

