

## Health and Care Executive

**Date:** Thursday 13 July 2017  
**Time:** 09.30-12.30  
**Location:** Cedar Room, Lockton House, Clarendon Road, Cambridge

### Present:

Alex Gimson (AG) CAG Chair - *Chair*  
Tracy Dowling (TD) Chief Officer, CCG  
Mark Turner (MT) Director of Major Projects, Strategy and Transformation, CUHFT  
Deborah Cohen (DC) Director of Service and Integration, CPFT  
Caroline Walker (CW) Deputy CEO and Finance Director, NWAngliaFT  
Matthew Winn (MW) Chief Executive, CCS  
Paul Marshall (PM) Business Development Manager, EEAST  
Mark Millar (MM) FPPG Chair  
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough

### In attendance:

Jonathan Dunk, (JD) Chief Financial Officer, CCG  
Sue Watkinson (SW) Director of Transformation, Primary and Planned Care, CCG  
Joel Harrison (JH) Finance, Analytics and Evaluation Director, SDU  
Aimee Venner (AV) Head of Planning and Delivery, SDU  
Laura Anthony (LA) Programme Governance Manager, SDU - *Minutes*

### Apologies:

Roland Sinker (RS) Chief Executive, CUHFT  
Stephen Posey (SP) Chief Executive, Papworth  
Stephen Graves (SG) Chief Executive, NWAngliaFT  
Aidan Thomas (AT) Chief Executive, CPFT  
Scott Haldane (SH) Interim Executive Programme Director, SDU  
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 593: AG and GH are in the process of discussing a proposal on clinical engagement funding, for Primary Care. This will be presented to CAG in August and HCE in September. The group discussed the need for clear outputs of the investment and the threshold for funding. TD confirmed there is a possibility the system will receive National funding for clinical engagement.
- Action 613: Due to the possibility of recurrent funding being picked up by the CCG in several business cases, TD confirmed there is a requirement for business cases to be reviewed by CEC prior to going to Investment Committee. This could be reconsidered throughout the year, however whilst there are individual

organisational accountability and separate control totals this will need to continue.

- Action 619: TD updated the HCE on the Discharge to Assess business case. CPFT have agreed to host and lead the service, however there is need to commission an integrated Joint Board which manages the service and includes representation from all stakeholders. TD asked HCE for support with this proposal.

**Action: LR to discuss the proposal of an integrated joint board with Charlotte Black and Wendi Ogle-Wellbourn.** LR

- Action 625: On-going.

#### Key Programme Risks and Delivery Group Risks

The HCE reviewed the Programme Risk Register and Delivery Group Risks by exception. LR confirmed Katie Johnson is now the SRO for Falls.

The HCE had a discussion around workforce, as several risks highlight resource gaps and several business cases are based on increasing workforce. There was a lack of clarity on who was proactively addressing workforce capacity issue. A discussion took place on whether this was the role of LWAB or the individual HR Leads across each Delivery Group. To ensure there is no isolation of the business case review and workforce strategy needs to be reviewed in totality. It was **agreed** to task the HR Leads group to review the whole system ask on workforce and provide recommendations and a joint plan to HCE.

**Action: TD/MW to task HR Leads to address workforce gaps and make recommendations to HCE in August.** TD/MW

The HCE stressed the importance of role and accountability of SROs and other leads for delivery of assigned projects.

**Action: Accountable Officers to ensure messaging of roles and accountability of SROs, HR Leads, Clinical Leads and Finance Leads within Delivery Groups.** AOs

#### STP Success for July 2017

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

#### Highlight report from CAG

AG provided a brief update from the CAG meeting held on 6 July. Highlights discussed were:

- The Transforming Care in the Community and Diabetes LES outline business cases were both approved with recommended KPIs.
- Following a JET review meeting there has been several improvements made to referral criteria and clinical triage.
- A two-hour workshop is scheduled on 27 July to review and consider 2018-19 clinical priorities, this will be consolidated to ensure these priorities are realistic and deliverable.
- Clinical Strategy Groups and Communities are being established.
- CAG raised the risk of not including patient representative on the STP Board. LR raised it may be more appropriate to include

Healthwatch. The HCE **agreed** to review wider STP comms and engagement plan which is currently being drafted. The HCE also **agreed** to task the STP Board and Stakeholder group to review patient representation.

**Action: Comms and Engagement Strategy to be reviewed at a future HCE meeting. LA to confirm timescale for review.** AF  
LA

Highlight report from FPPG

MM provided a brief update from the FPPG meeting held on 12 July. Highlights discussed were:

- M2 aggregate positions were reviewed.
- The Diabetes LES and Transforming Cancer Care in the Community outline business cases were reviewed and further work is required on both.
- It was highlighted that the outline business cases and full business cases which have previously been reviewed are not at the right level and quality and further support is required to ensure these are developed.

**Action: SDU to take forward support and development for OBC and FBC quality.** SDU

[REDACTED]

[REDACTED]

Delivery Group and Performance highlight report

JH presented the Performance highlight report which has been refined to include the four national 'must-do's' which include A&E Performance, DTtoC percentage, Cancer and RTT.

TD raised the CHC checklist which the system currently utilises, however other CCGs in the East of England have adopted the five Qs approach. This different approach has strong evidence in reducing DTtoCs.

**Action: TD to task the DTtoC task and finish group to complete a review and provide recommendations to HCE.** TD

**2 HCE Meeting Structure**

TD provided reflections of the current HCE meeting structure since moving to monthly meetings. TD proposed structure to the HCE agenda to include operational and strategic items and further focus on workforce and reviewing risks.

The East of England Academic Health Network have offered to work with the new STP Board to provide development sessions to discuss terms of reference and behaviors to have a clear purpose. This also may be extended to HCE as the role of HCE will need to be reviewed in parallel to the STP Board.

**3 Key messages from the Chairs and Chief Executives Meeting**

LA commented on the consistency of organisational officer representative at the STP Board with the Local Authority, CCG and Providers.

**Action: LA to update draft STP Board terms of reference.** LA

The HCE were reminded to recommend any NEDs for the role of Independent Chair.

**Action: TD to task Sue Simkins to email all CEOs to discuss with Chairs.** TD

The Executive Programme Director post is due to close on 16 July.

#### 4 **Revised Financial Basecase**

JH presented the revised financial basecase which reflects and update to the October 2016 STP finance template submission following the operational planning and contracting rounds. Based on the system trajectory by 2020/21 we are forecasting a £4.8m surplus inclusive of sustainability and transformation funding.

The 'organisation specific' solution has been reviewed by Finance Directors and the total is £78.9m, which is an increase of £6.5m from the October submission.

It was **agreed** that greater visibility of 'organisation generic' and 'organisation specific' was required.

**ACTION: JH to work with FPPG to address moving forward.** JH

On behalf of Aidan Thomas, DC raised the need for a joined up critical path and interdependencies between business cases. The HCE **noted** this request.

#### 5 **Shared Services – Deep Dive**

CW presented and update on Shared Services on behalf of Stephen Graves which set out the strategic context, the opportunity included in the October STP submission, target for 2017/18 and details of progress to date and opportunity by Improvement Area.

HCE were keen to keep and progress estates work and focus on system opportunities not towards schemes which individual organisations will achieve individually through CIP.

**ACTION: JH & SG to task the SROs, through the Shared Services Delivery Group, to create a short list of opportunities for recommendation to the HCE which are goal orientated.** JH/SG

It was confirmed the medium-term task and finish group would be picking up the Accountable Care discussions.

*(SW entered the meeting at 12.00)*

#### 6 **Developing the Local GPFV Plan**

SW presented an updated on the GPFV plan which included an updated on; developing the plan, local ambitions, developing the priorities, challenges and opportunities, and support from NHSE.

*(MT left the meeting at 12.20)*

A Primary Care dashboard is currently being prepared.

AG, GH and Andrew Anderson are currently working on what the STP can offer Primary Care and will be ensuring these are built around the seven local ambitions.

*(SW left the meeting at 12.25pm)*

#### **7 Agree agendas for the next HCE meetings**

The HCE reviewed the draft agenda for the next HCE meeting on 10 August, which will include an update following Bipartite and STP Review meeting. Also, a status of schemes in deployment and deliverability.

The HCE **agreed** to review Shared Services and Workforce in the September meeting.

**Action: LA to update the HCE forward planner.**

**LA**

#### **8 AOB**

[REDACTED]

[REDACTED]

**■**

*(DC left the meeting at 12.30pm)*

- A Cardiology non-elective task and finish group will be established to address demand and capacity and patient flow between NWAngliaFT and Papworth. TD will be sending out a request for clinician and ops manager to be involved from each organisation.

**The meeting closed at 12.40pm**

**Next meeting: Thursday 13 July 2017, Cedar Room, Lockton House, Clarendon Road, Cambridge.**

**Author: Laura Anthony, Programme Governance Manager, July 2017**

