

Health and Care Executive

Date: Tuesday 13th December 2016
Time: 3:00 – 5:00pm
Location: Henderson Room, Hinchingsbrooke Hospital

Present:

David Astley (DA) Independent Chair
Tracy Dowling (TD) Chief Officer, CCG
Lance McCarthy (LM) Chief Executive, HHCT
Stephen Graves (SG) Chief Executive, PSHFT
Aidan Thomas (AT) Chief Executive, CPFT
Matthew Winn (MW) Chief Executive, CCS
Alex Gimson (AG) CAG Chair
David Roberts (DR) Clinical Chair, SPC
Scott Haldane (SH) Interim Programme Director, SDU
Joel Harrison (JH) Finance, Analytics & Evaluation Director, SDU

In attendance:

Roy Clarke (RC) Director of Finance, Papworth
Paul Marshall (PM) Business Development Manager, EEAST
Jess Bawden (JB) Director of Corporate Affairs, CCG
Catherine Boaden (CB) Head of System Strategy & Leadership (SDU)
Jo Skerritt (JS) Project Support Officer (SDU) Minutes

Apologies:

Dave Fountain (DF) Chief Executive, EEAST
Roland Sinker (RS) Chief Executive, CUHFT
Jonathan Dunk (JD) Chief Finance Officer, CCG
Gary Howsam (GH) Clinical Chair, CCG
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC
Stephen Posey (SP) Chief Executive Officer (CEO) Papworth

	Agenda	Action
1	Introductions and welcomes were given.	
2	GPFV Strategy (agenda item taken out of order) DR presented the General Practice Forward View and explained that it has been sent out to the GPs for comments. TD advised that a number of comments have been received and that the engagement of the GPs is good. It was reported that this will be submitted on 23 rd December and then we anticipate that it will be returned, with feedback, for amendments and resubmission. DR went through the draft GPFV and its seven ambitions. The test beds project, which is designed to support the creation of capacity,	

has had three applicants so far (although the deadline has not yet arrived and more applications are anticipated). DR commented that he had been told that the project would need to go through the CCG for audit committee, for their review.

Action: TD to check whether the process for audit committee review of the test beds proposal is correct.

TD

SG entered at 13:40

DR explained that the GPFV will align to the STP and said that strategic discussions to determine next steps would be required. This GPFV will be presented to the CCG Clinical Executive on 20/12/16.

ALL

MW entered at 15:50

Action: HCE members were asked to send any comments back regarding the GPFV to DR by 19/12/16.

AT entered at 15:55

3 **Actions from the last meeting**

SH advised the HCE that there was a change to the layout of the HCE agenda with a greater up-front focus on governance and delivery. The HCE reviewed the outstanding actions and updates were provided;

- 447 – SH advised the group that the risk register would be updated and presented at every meeting. The agenda has been altered to reflect this. Going forward, each Delivery Group needs to have a risk register.
- 449 – SH had asked Fiona Head to share the proposed implementation metrics with the LWAB. A long list of proposed implementation metrics had been supplied by Fiona Head.

Action: JH agreed to share the proposed implementation metrics with all delivery groups to seek their feedback.

JH

- 456 – It was noted that the HCE needs to receive progress reports from each of the delivery groups. It was **agreed** that three key items would be brought to each meeting starting from January.
- 459 – CB reported that she was linking in with Kathy Bonney and would link with the HRD group.
- 467 – on agenda
- 474 – on agenda
- 476 – ongoing – JH and SH reported that they were due to meet with Cambs County Council's Finance Director on 14/12/16 to discuss cost saving plans and links to the STP.

It was **noted** that the LAs were not represented at this meeting. JB reported that the Public Services Board are keen to have a

discussion with the HCE about how the whole system might work together to address some of the challenges faced by all. They have been invited to attend a joint meeting in the new year.

4 Review FPPG and CAG key discussions and conclusions

[REDACTED]

Action: AG and AT agreed to meet to discuss PCIN report in further detail.

AG/AT

- Patient engagement and clinical representation for the STP was discussed and AG reported that the CAG felt there would be a financial cost to this (and also to ensure full clinical engagement).

5 Review Status of Deliveries

A short update was given from each AO and it was agreed that this would continue at future meetings.

UEC

There was no report given for UEC because RS was not at the meeting.

Action: SH reported that he would meet with RS to discuss potential overlaps with the PCIN Delivery Group. SH agreed to keep Ruth Derrett informed about progress in this area.

SH/RS

PCIN

AT reported that the group are worried about capacity to deliver and in particular to undertake the planning required.

Action: AT/TD agreed to meet to review the group infrastructure of PCIN to see if this is right.

AT/TD

ELECTIVE CARE

TD updated that the second group meeting has taken place and that the clinicians were keen to understand more about the detail behind the STP as well as the work undertaken by McKinsey. The group are on track, managing risks and have a team in place. The priority is a referral hub and advice and guidance on a large scale.

TD asked the HCE if they agree with the concept that leads will make contacts across organisations and then lead areas of

change. It was **agreed** that the SRO needs to identify resources to undertake the work required. HCE members **agreed** to this (although it was **noted** that CUHFT were not represented at the meeting).

Action: CEO's need to provide a list with names and details of staff who can link in and assist the delivery groups.

ALL CEOs

It was **noted** that securing GP engagement was crucial.

WOMEN AND CHILDREN

MW fed back that the next meeting would be on 07/01/17. The group will undertake a GAP analysis which will be brought to a future HCE meeting.

DIGITAL

RC raised the following regarding the resource to move this workstream forward particularly in view of the fact that a CCIO had not been appointed. It was also **noted** that the LDR needs to be turned into a user friendly version by January.

WORKFORCE AND OD

MW gave an update and said that a strategy will not be finalised until February. Links to Janice Stead, representing the clinical networks, were mentioned. It was **noted** that there are some known workforce gaps but that decisions needed to be made within the programme before the future workforce could be designed.



6 **Operational Planning and Contracting Update**

JH presented an update on progress with operating planning and contracting work stream. The discussion focused on the proposed arrangements for the CPFT risk share and the investment pot.

There was broad **agreement** to the principles outlined in the presentation and it was **agreed** further work would be undertaken and picked up by the Financial Performance and Planning Group.

LM left at 17:30

7 **SDU reporting HCE reporting cycle**

SH gave an update on SDU reporting and advised that a review of roles is required and that going forward SDU members may support project delivery more directly than previously envisaged. To deliver this may require additional members within the team.

Clinical engagement was also discussed. A piece of work needs to be done around releasing clinical time to work on STP implementation. It was **agreed** that this would be discussed in more detail at the next meeting.

Action: Clinical engagement to be added to the next HCE agenda in January. **JS**

MW left at 17:52

It was **noted** that there would be no representation from PSHFT at next week's HCE (should an HCE meeting be required the following week) as this clashes with their first Shadow board.

8 Patient and Public Involvement

Slide 20 – 22 of the agenda were presented detailing the approach of the STP to patient engagement and involvement of staff patients. It was **agreed** that this would be discussed in more detail in the January HCE.

Action: Patient engagement to be added to the next HCE agenda in January. **JS**

It was **noted** that PCIN have already included patients in their working groups and want to continue with this.

9 AOB

- Chairs meeting – the Chairs are supportive of the CEO's, and will draft a letter to NHS England (if deemed necessary) regarding changes and pressures being put on the CEO's.
- CCG – TD reported that she was due to meet with Paul Watson at NHSE regarding finance. TD/ AT to discuss this further

Action: TD/AT to pre meet to discuss finances further prior to TD meeting with NHSE **TD/AT**

- TD reported that all Voluntary services would be reviewed with a view to possible reorganisation

Action: It was **agreed** that the HCE meeting planned for 19/12/16 will be cancelled due to a number of clashes with other meetings. CB to send out a meeting cancellation. **CB**

10 Agree Agendas for the next HCE Meetings

This agenda item was not discussed.

11 Clinical Senate – next steps

This item was not discussed

12 Feedback on STP launch and formal response submission

The STP has now been formally launched to the public.

13 Next Meeting

Action: The details of the next meeting will be confirmed by LG **LG**
Action: AG will speak to RS re CUHFT representation at further meetings **AG**

The meeting closed at 6:10pm

Author: Jo Skerritt, Project Support Officer, December 2016