

**Health and Care Executive**

**Date:** Thursday 25 May 2017  
**Time:** 3.30-5.30pm  
**Location:** Burwell Room, Block 14, Ida Darwin Hospital, Fulbourn, Cambridge CB21 5EE.

**Present:**

Mark Millar (MM) FPPG Chair - *Chair*  
Tracy Dowling (TD) Chief Officer, CCG  
Stephen Posey (SP) Chief Executive, Papworth  
Roland Sinker (RS) Chief Executive, CUHFT  
Stephen Graves (SG) Chief Executive, NWAngliaFT  
Aidan Thomas (AT) Chief Executive, CPFT  
Matthew Winn (MW) Chief Executive, CCS  
Gary Howsam (GH) Clinical Chair, CCG  
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough  
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC  
Scott Haldane (SH) Interim Executive Programme Director, SDU

**In attendance:**

Mark Turner (MT) Director of Major Projects, Strategy and Transformation, CUHFT  
Joel Harrison (JH) Finance, Analytics and Evaluation Director, SDU  
Gemma McGeachie (GMcG) System Strategy, Planning & Development Director, SDU  
Aidan Fallon (AF) Senior Communications and Engagement Manager, SDU  
Laura Anthony (LA) Programme Governance Manager, SDU - *Minutes*

**Apologies:**

Alex Gimson (AG) CAG Chair  
Dave Fountain (DF) Chief Executive, EEAST  
Paul Marshall (PM) Business Development Manager, EEAST

**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 by exception and the following actions updated:
  - Action 565: TD confirmed discussions have been progressing, currently awaiting guidance on funding as potential impact needs to be understood.
  - Action 577: Complete.
  - Action 584: Complete.

*LR and RS entered the meeting at 3.35pm*

- **Review key programme risks and issues**  
The HCE reviewed the risk and issues log by exception, and **agreed** to include a risk on the Capped Expenditure Process

(CEP) which is currently taking place. It was also **noted** to include the date for the mitigation to be complete.

**Action: LA to include the Capped Expenditure Process on the risk register and include the expected due date for mitigations. LA**

- **STP Successes for 2017**

The HCE were presented with several achievements related to the programme since January 2017. The HCE discussed further achievements which could also be included. The achievements will be presented to the HCE monthly going forward.

- **Delivery Group & Performance Highlight Report**

TD raised whether funding should be provided for clinical engagement to review Planned Care thresholds. There was a discussion around whether this is transformational 'business-as-usual' or requires additional investment. Currently clinician attendance at Delivery Group meetings has been voluntary or funded by STP CQUIN.

JH confirmed clinical engagement funding can also be included within business cases. Another source may be unallocated SIF funding.

The HCE **agreed** to review where funding may be required to improve STP clinical engagement.

**Action: SDU to work through proposal on clinical engagement funding for 17/18. SDU**

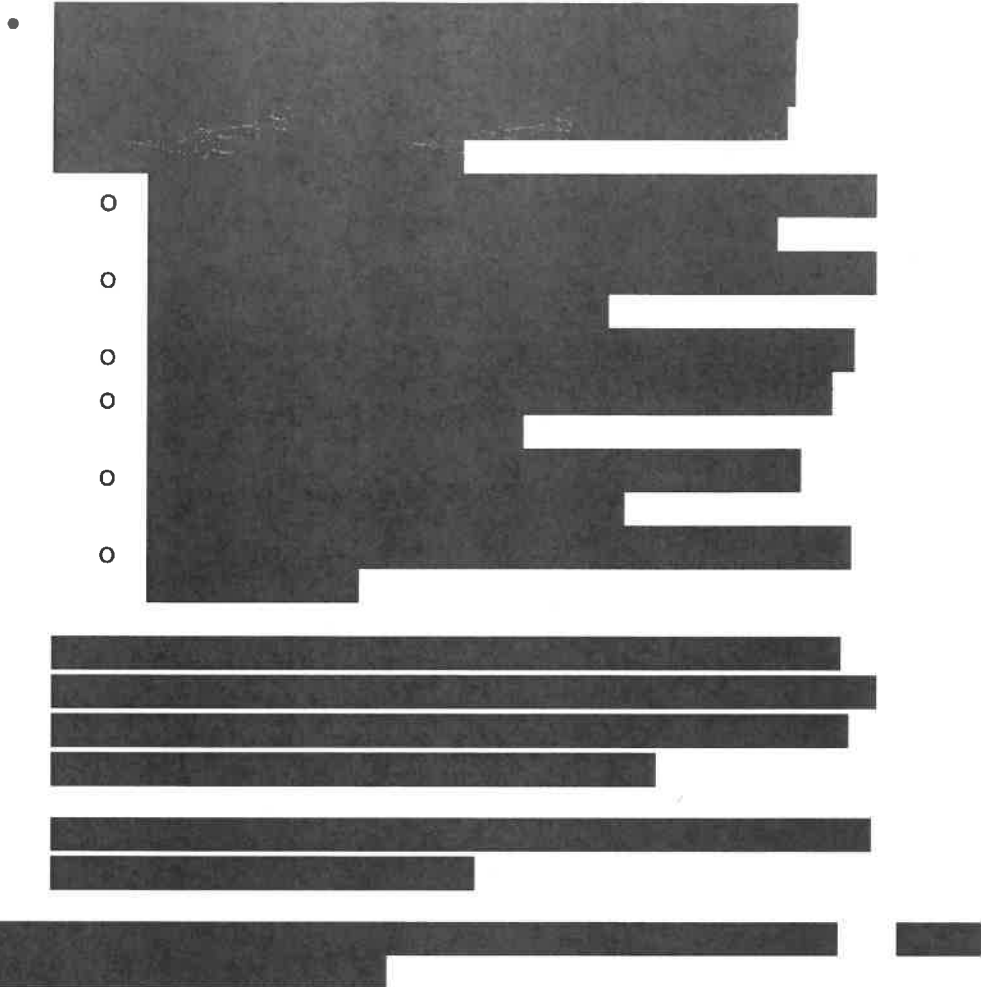
The SDU have now implemented a dashboard system for the Delivery Groups' reporting cycle. The HCE were asked to **note** the dashboards. The STP Reporting Cycle (annex 3) will be circulated to the wider team following the HCE meeting. A high-level highlight report slide was presented to the HCE which included areas for escalation.

**Action: SDU to circulate the approved STP Reporting Cycle to the system. SDU**

AT confirmed the -£2.16m savings gap for 2017/18 is being reviewed and working through two areas of work; dementia proposals and EOL.

Slide 8 & 9 of the HCE slide pack outlined performance across the system in key areas. The HCE were asked to comment on the performance indicators. Overall HCE were happy with the performance report and wished to include a trajectory showing progress against the plan.

## **2 2017/18 STP Priorities**



- **STP Programme Delivery:** An STP Programme Cycle has been established. This is to ensure there is a clear and consistent structure to frame the various processes across the STP to reduce confusion and ensure appropriate accountability across the 'lifecycle' of the STP improvement projects. The STP Programme Cycle was circulated within the annex of the HCE slide pack.

To support the system the SDU have also developed a *Ways of Working* guidance document which sets out the roles and responsibilities of colleagues working to support the STP programme. The *Ways of Working* document was circulated within the annex of the HCE slide pack.

To support the delivery of the STP programmes the governance documentation has been revised to provide further clarity around decision-making arrangements within the governance framework. The revised governance documents were circulated with the HCE papers together with a cover note detailing all changes. GMcG confirmed the need to approve 'subject to' formal approval to enable the SDU to circulate the documents quickly to ensure some of the issues are addressed. It was confirmed the Appendix 1 of the MOU (Local Authority) remained unchanged.

The HCE **agreed** the proposal to **approve** the updated governance documentation subject to inclusion of decisions made regarding proposals for the road map to Accountable Care. Delegated authority was given to sign off the final version of governance documentation to the Executive Programme Director before Provider Board and CCG Governing Body ratification.

The National Delivery Plan submission and UEC Delivery Plan submission were circulated with the HCE papers for information.

- **STP Strategy – Road Map to Accountable Care:** The HCE reflected on the recent HCE strategy session following the publication of the *Five Year Forward View (FYFV) Next Steps* document. The key areas of discussion around Care Model Design, Technical skills and infrastructure, leadership and relationships & organisational arrangements to support delivery were reviewed.

*MT left the meeting at 4.45pm.*

At the recent bipartite meeting, it was discussed that NHSE would encourage Cambridgeshire and Peterborough to move towards Accountable Care in 2018/19. Three proposals were presented to support the STP to achieve this ambition; (1) Short term governance refresh (2) Short term STP Leadership Solution and (3) Accountable Care 'task and finish' group to define the practical steps and scope to make this happen.

*RS left the meeting at 4.50pm*

The HCE **agreed** to support the proposal to establish an STP Board and STP Stakeholder Group, however further comment is required at the Chairs meeting taking place on 8 June.

The HCE **agreed** to support the proposal to continue with an Interim Chair until the STP Board is in place. It was **agreed** for CEOs to discuss the roles of STP Chair and STP Programme Director with their respective Chairs prior to the Chairs meeting taking place on 8 June.

**Action: TD to share a brief options paper for the roles of STP Chair and Executive Programme Director to support discussion at Chairs meeting.** TD

The HCE **agreed** to support the proposed path to Accountable Care and to establish the 'task and finish' group and provide names from each organisation to participate in such a group.

**Action: HCE to nominate appropriate senior representatives to meet with GMcG in the first instance to take forward Accountable Care discussions.** HCE

*SH left the meeting at 5.05pm.*

- **Children's services:** WO-W presented a draft options paper on Children, Young People and Families Health Services in Cambridgeshire and Peterborough Commissioning 0-19 Pathway, which was circulated ahead of the meeting. In August 2016, the JCU documented their joint vision for the future of health and care services in 'Children, Young People and Families Health Services in Cambridgeshire and Peterborough'. Driven by the understanding that better integration between different types of health and care services is universally accepted as the right direction of travel for meeting the changing and growing needs of the population.

*TD, AT, MW all **noted** conflicts of interest.*

*SP left the meeting at 5.20pm*

The HCE thoroughly discussed the potential risks of each option outlined in the document and it was **agreed** to discuss these issues further outside of the HCE meeting.

**Action: WO-W to convene a meeting with GH, TD, AT & MW to review the options appraisal and agree next steps. The group is to report back at the next HCE meeting on progress. LA to add to HCE agenda.** **WO-W**  
**LA**

**3 Update on Investments**

The HCE **noted** the update on Investments.

**4 Agree agendas for the next HCE meetings**

The HCE reviewed the proposed agenda for the next meeting, which will now include an update on Children's services.

*MW and WO-W left the meeting at 5.35pm.*

**5 AOB**

- The HCE **approved** the HCE terms of reference.

**The meeting closed at 5.40pm.**

**Next meeting: Thursday 22 June 2017, Hill Room, Hinchingsbrooke Hospital, Huntingdon**

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

