

Meeting:	NCL STP HEALTH AND CARE CABINET
Date, time and location:	Wednesday 15 February 2017 Stephenson House
Chair:	Richard Jennings

Members present	Initials	Role	STP Organisation
Richard Jennings	RJ	Medical Director	Whittington Health NHS Trust
Katie Coleman	KC	Clinical Vice Chair	Islington CCG
Gill Gaskin	GG	Medical Director	UCLH NHS Foundation Trust
Claire Johnston	CJ		HEE/Capital Nurse
Peter Christian	PC	CCG Chair	Haringey CCG
Vincent Kirchner	VK	Medical Director	C&I NHS Foundation Trust
Mo Abedi	MA	CCG Chair	Enfield CCG
Saania Bhatti	SB	General Practitioner	Barnet CCG
Geoff Bellingan	GB	Medical Director	ULCH NHS Foundation Trust
Flo Panel-Coates	FPC	Chief Nurse	UCLH NHS Foundation Trust
Joanne Medhurst	JM	Medical Director	CLCHT

In attendance	Initials	Role	STP Organisation
Kevin Monteith	KM	Head of Programme Management	NCL STP PMO
David Stout	DS	Senior Programme Director	NCL STP PMO

Apologies	Role	STP Organisation
Helen Donovan	Executive Nurse Lead	Barnet CCG
Cathy Cale	Medical Director	NMUH NHS Trust
Mike Roberts	Clinical Academic Lead, Population Health Programme	UCLPartners
Jo Sauvage	CCG Chair	Islington CCG
Julie Billett	Director of Public Health	Camden & Islington
Sanjiv Ahluwalia	HEE Representative/Chair of LWAB	Health Education England

Agenda items discussed

1.0 Welcome and introductions

RJ welcomed people to the meeting, apologies were noted and introductions were made.

2.0 Review of minutes and actions from the previous meeting

The minutes of the last meeting held on 1 February 2017 were agreed as an accurate record of the meeting and were approved without amendment. There were no actions from the last meeting.

3.0 Revised Terms of Reference and Membership

The draft terms of reference and revised membership list for the newly named Health and Care Cabinet were reviewed by those present. KM confirmed that he had not received any further comments by email and that he had discussed the draft with the co-chairs. Members present suggested a few amendments covering the following:

- Aligning the membership list in the ToR with the appended membership list;
- To give greater prominence to patient safety in the bullet list of responsibilities;
- To add a further point relating to the cabinet's role in identifying risk;
- To ensure the quoracy requirements are such that it doesn't prevent the core membership from making collective decisions and recommendations;
- To include a note that members can delegate the position on the Cabinet to a relevant person who can attend on a consistent basis; and
- That the meetings should be rotated between the boroughs more often.

The Cabinet agreed the terms of reference subject to the above amendments for final approval by the co-chairs so they can be inserted into an overarching STP governance document for presentation to the a Transformation Board on 28 February.

In response to a few comments about the governance structure, DS talked the Cabinet through the two structure charts in the overarching governance document which clearly set out the relationship of the Cabinet to the workstreams etc.

Cabinet members had a further discussion about the role of the Cabinet going forward which included their role in relation to assessing clinical risk; quality impact and deliverability of plan assumptions. It was felt that the Cabinet should have oversight of quality impact assessments for the workstreams and FPC agreed to look into what others are using as a starting point with a view to developing a tool for use by the Cabinet.

AGREED ACTIONS

1. **Update the ToR for approval by the Cabinet Co-Chairs**
2. **PMO to liaise with FPC re sharing existing QIA Tools and to bring back to the Cabinet in April 2017**

KM/RJ/JS
KM/FPC

4.0 CLINICAL CABINET PRIORITIES FOR 2017

RJ introduced this discussion with reference to the proposed list of priorities included in the papers. The Cabinet had a detailed discussion, continuing and picking up from the previous item about role and purpose. The Cabinet agreed that at the next meeting they should focus on the 3 key clinical workstreams (HCC2H; UEC; MH) with a focus on risk; clinical interdependencies; quality impact and deliverability of assumptions, including capacity to deliver.

The Cabinet considered that the detailed scrutiny of these 3 clinical workstreams would help identify future priorities and a forward plan for future meetings. They also agreed that they should focus on a number of initiatives that would achieve 'quick wins' in terms of implementation

AGREED ACTION

- 3. The SROs, Clinical Leads and Programme Managers for the HCC2H,UEC, and MH workstreams should be invited to the next meeting to present and collectively scrutinise their detailed delivery plans**

KM

5.0 AOB

There were no other items of other business discussed.

Next meeting

The next Clinical Cabinet meeting is on 8 March 2017 Committee Room 8, 3rd Floor, Haringey Civic Centre, High Road, Wood Green, London N22 8LE