

Meeting: **STP Board**
Date and Time: **15:00-17:00, 22 November 2018**
Venue: **Conference Room, Allia Future Business Centre, Peterborough United Football Club, PE2 8AN**

Present:

Michael More (MM)	Interim Chair	Sustainability and Transformation Partnership
Caroline Walker (CW)	Chief Executive	North West Anglia NHS Foundation Trust
Catherine Pollard (CP)	Executive Programme Director	System Delivery Unit
Cllr Anna Bailey (AB)	District and County Councillor	East Cambridgeshire District Council and Cambridgeshire County Council
Cllr Wayne Fitzgerald (WF)	Deputy Leader and Cabinet Member	Integrated Adult Social Care and Health, Peterborough City Council
Gary Howsam (GH)	Clinical Chair	Cambridgeshire and Peterborough Clinical Commissioning Group
James Morrow (JM)	GP	Granta
Jan Thomas (JT)	Chief Officer	Cambridgeshire and Peterborough Clinical Commissioning Group
Liz Robin (LR)	Director of Public Health	Cambridgeshire County Council
Mustafa Malik (MMA)	Chief Executive Officer	Greater Peterborough Network
Neil Modha (NM)	GP	Greater Peterborough Network
Paul Marshall	Sector Lead	East of England Ambulance Service NHS Trust
Paul Scott (PS)	Financial Planning and Performance Group Chair	Sustainability and Transformation Partnership
Prof John Wallwork (JW)	Chairman	Royal Papworth Hospital NHS Foundation Trust
Rob Hughes (RH)	Chair	North West Anglia NHS Foundation Trust
Roland Sinker (RS)	Interim Accountable Officer	Sustainability and Transformation Partnership
Stephen Posey (SP)	Chief Executive	Royal Papworth Hospital NHS Foundation Trust
Wendi Ogle-Welbourn (WO-W)	Corporate Director	People and Communities, Peterborough County Council
Will Bailey (WB)	Director of Operations	Cambridgeshire GP Network
Scott Haldane (SH)	Director of Finance	Cambridgeshire and Peterborough NHS Foundation Trust
<i>Deputising for Tracy Dowling</i>		
Guy Watkins	Chief Executive	Cambridgeshire Local Medical Committee

In attendance:

Alison Ives (AI)	System Governance Manager (<i>Minutes</i>)	System Delivery Unit
Angelique Mavrodaris (AM)	Consultant in Public Health	Falls Prevention
Helen Tunster (HT)	Senior Partnership Manager	Falls Prevention
Matthew Hall (MH)	Communications Lead	Falls Prevention
Mary Austin	Patient representative	Falls Prevention

Apologies:

Gillian Beasley (GB)	Chief Executive	Cambridgeshire County Council
Sarah Boulton (SB)	Chair	East of England Ambulance Service NHS Trust
Tracy Dowling (TD)	Chief Executive	Cambridgeshire and Peterborough NHS Foundation Trust
Alex Gimson (AG)	Care Advisory Group Chair	Sustainability and Transformation Partnership

Fit for the Future

Working together to keep people well

Stuart Shields (SS)
Matthew Winn (MW)
Julie Spence (JS)

GP
Chief Executive
Chair

Nicola Scrivings (NS)

Chair

West Cambs Federation
Cambridge Community Services NHS Trust
Cambridgeshire and Peterborough NHS
Foundation Trust
Cambridge Community Services NHS Trust

DRAFT

Public Meeting

Agenda

Action

Welcome and introductions

Apologies for absence: As above

Declarations of interest: None declared.

Notification of AOB: Date of next meeting.

1. Patient/Public Focus: Stronger for Longer/Falls Prevention

Angelique Mavrodaris, Helen Tunster and Matthew Hall presented to the Board an update on the Falls Prevention project being delivered by the Sustainability and Transformation Partnership (STP) Stronger for Longer team. The team is implementing an evidence based integrated falls prevention pathway across Cambridge and Peterborough communities.

Mary Austin, a retired PE teacher from Huntingdon, who had had replacement knee surgery in Hinchingbrooke Hospital and subsequently suffered from a stroke, spoke to the Board. She explained how the Falls Prevention programme has enabled her, through the Right Start classes, to get back to doing all the things she was able to do before her stroke and knee surgery.

MM thanked the Stronger for Longer team and Mary Austin for their interesting and inspiring presentations.

Helen Tunster, Angelique Mavrodaris, Matthew Hall and Mary Austin left the meeting at 3.40pm.

2 Short term

2.1 A&E Performance

The STP Board **noted** the A&E Performance report.

The A&E Delivery Boards are meeting on a regular basis with good involvement from NHS England and NHS Improvement.

Discussions took place around the cause for delays in A&E departments with emphasis on the time it takes to get specialist teams into A&E departments when these teams are already increasingly busy in their own wards. Work is progressing at Addenbrookes, Peterborough City and Hinchingbrooke hospitals to ensure there are adequate doctors and specialists to support A&E departments.

WO-W requested that an investigation into the increase of attendances at A&E would be useful to understand trends and/or reasons for a change in pattern.

Action: Future A&E Performance reports to include trend analysis.

CW/RS

2.2 Delayed Transfers of Care

The STP Board **noted** the Delayed Transfers of Care (DTC) report.

JT explained that the DTC programme is now very focused, with improved transparency around progress-tracking and escalation of barriers to transformation.

WO-W raised that we cannot rely only on increasing Domiciliary Care capacity as a solution to our DTOC problems. She emphasised the importance of other options also discussed in previous Health and Care Executive (HCE) meetings, for example reablement services. MM concluded, and in agreement with WO-W, that the lack of Domiciliary Care capacity may not be resolved even with additional national funding if the staff required to fill these roles are not available.

RS requested from JT whether there is any further support required from the Board for the DTOC Programme. The two main factors JT highlighted, which will assist the programme is: commitment and support for the teams working on DTOC; and that the Board thinks about the capacity and care provided outside of the hospital.

2.3 Financial Plan

The STP Board **noted** the Financial Plan.

Discussion took place around the 18/19 finances and in particular the £55m non-recurrent Sustainability and Transformation Funding (STF), including specifically the confidence level in meeting the financial and operational targets required to secure STF. Whilst the System is currently reporting that it is on track to meet its targets, set by the regulators, there remains significant risks over the winter period. PS confirmed that the Financial Performance and Planning Group (FPPG) and each of the providers are very alert to these risks. PS also confirmed that STF is provided quarterly to each provider.

RH confirmed for the public that each provider manages its own budgets, although we are trying increasingly to move towards working within a System budget.

RS highlighted that during the January STP Board the focus will be on the four initiatives in the 19/20 Financial Plan. The Board acknowledged that it is difficult to attribute cost savings to the Integrated Neighbourhoods. RS asked PS what could the STP Board do between now and January to support this work. PS confirmed that all four of the initiatives are well supported by HCE and FPPG, so no further assistance is required from the STP Board at this time.

3 Medium Term

3.1 North and South Provider Alliance Overview

The STP Board **noted** the North and South Provider Alliance Overview, and the progress being made on developing Integrated Neighbourhoods, one of their main priorities.

AB explained that Adult Social Care is currently running two pilot schemes in St Ives and Soham delivering social care in a different way called Neighbourhood Cares. One of the aims of this service is to ensure that in Soham and Ely there will be no DTOC for social care reasons, however this is can be hindered due to communication from the hospitals. AB requested a date for the start of the Integrated Neighbourhoods.

Action: Start dates of the Integrated Neighbourhoods to be provided to AB.

JM /NM

WO-W confirmed that social care is well embedded in the Alliance work and Neighbourhood Cares has been discussed in both North and South Provider Alliance meetings.

RS commended the work of the teams as the work has progressed well.

3.2 North Provider Alliance – update

The STP Board **noted** the North Provider Alliance report.

3.3 South Provider Alliance – Update

The STP Board **noted** the South Provider Alliance report.

4 Other Matters

4.1 Longer term models for greater integration

The STP Board **agreed** to come back to this item at the next meeting following the publication of NHS England's Long-Term Plan.

CW and MW will continue informal discussions with partners to gather views on this matter prior to the next STP Board meeting.

4.2 Digital

Cllr Fitzgerald and Will Bailey left the meeting at 5:00pm

The STP Board **noted** the Digital report.

MM alerted the Board to conversations he had instigated with the Chairs of Norfolk and Suffolk & North East Essex STPs around Digital, in the context of a potential regional integrated health and care patient record. He acknowledged he needs to commence the same conversations with Lincolnshire STP on the same matter.

Action: MM to contact the Chair of Lincolnshire STP.

MM

5. AOB

5.1 Risk Assurance

MM asked for comments on any omissions/peculiarities in the risk register to be submitted to him or RS for clarity through the HCE.

5.2 AOB

It was **noted** that the date of the next meeting will need to be rescheduled due to Board meeting conflicts.

5.3 Questions from the Public

The following question was submitted in advance of the meeting;

1. What plans do the system leaders have in engaging with the public as services change in the future?

RS provided the following response:

The meeting in public today, along with the patient story we heard at the beginning of the meeting, signifies the System intention to increase engagement with the public and patients.

MM opened the floor to questions from the public;

- 2. This meeting is very important and an expensive use of taxpayer money. A quarter of time spent on presentation was this a good use of time?**

MM provided the following response:

Agreement that this was a fair point and will be reflected on.

- 3. Many GP's in Huntingdon do not know that the STP is splitting GPs into two, the North and the South and history says the GP's in Huntingdon get left behind, so can we involve them and not forget them?**

JM and NM provided the following response:

Stuart Shields GP, representing the West Cambs Federation (which covers Huntingdon) attends HCE and STP Board meetings routinely, albeit he is unable to attend today. NM confirmed that Huntingdon and Wisbech are very much included the North Provider Alliance work.

- 4. Can future finance reports to the board, as per Cllr Bailey's request, confirm if the Sustainability and Transformation Funding is going to be received in full or not? And can this be addressed on a quarterly basis and per organisations basis. This information could then be used if necessary to lobby MP's if funding was to be reduced due to poor performance?**

MM provided the following response:

This is very helpful suggestion, which will be considered, and thank you.

- 5. The DTOC report milestones shows actions for the trusts and not the communities?**

JT provided the following response:

She confirmed that the programme, is balanced and that while improvements can be made in the community if we don't get operating practices right across the entire pathways we still will not have the necessary improvements. Improvement requires not only the work led by the acute providers, but also delivery by the workstreams specifically looking at: capacity and demand for Domiciliary Care; implementing discharge to assess; and how we get flow through community services.

- 6. Minutes of the STP Board meetings after May are not listed and no HCE minutes for this year?**

CP provided the following response:

The May and September STP Board meetings will be approved and added onto the website. HCE minutes will need further review.

- 7. Reason for the question comes from following many CCG roadshows regarding the STP. The previous Chief Officer of the CCG said the CCG doesn't have the money to fund three hospitals. They didn't say however that Hinchingsbrooke was in threat. A Fit for the Future document talks about moving Orthopedics and ENT into CUH and just having elective work at Hinchingsbrooke. Has this been discussed at HCE or has this been removed from the radar now?**

CW provided the following response:

There is no intention to make Hinchingsbrooke hospital only an elective centre. In fact, discussions have been taking place to extend the site including more beds and building up therapies. While the provision of trauma orthopedics on that site is being looked at due to the small size of clinical teams, the site overall is vibrant and thriving.

8. Can you really reassure the public that the DTOC statistics that are quoted are accurate so the Nuffield trust published a study to show that the figures can under represent DTOC by 50% and the Newton Europe study said up to 59% and Kings Fund suggest variability target that credibility and use ability of DTOC is considerably undermined - Can we trust the statistics and can you assure us they are accurate?

JT provided the following response:

The CCG has spent a lot of time getting agreement on how we code a DTOC and building standard operating procedures based on the national definitions. Our coding is now aligned to these – it is as accurate as we can get it within the confines of the national definitions.

9. Should we have an audit of DTOC reporting within Cambridgeshire & Peterborough?

JT provided the following response:

Audits are taking place. These have resulted in one common way of coding across all providers. The peer review also looked at this and provided some suggestions for areas of further improvement.

10. Looking at the website and noticed that some of the minutes from previous meetings had many items redacted. Is there any chance we can release some of the redacted minutes?

RS provided the following response:

We can review these minutes, however the discussions of the STP Board today and in the future may be more important. CP clarified that redaction takes place for various reasons.

11. Concern around the multiple IT systems not talking to each other?

SH provided the following response:

The System's Digital Strategy is about bringing the System up to a consistent level as a first step towards being able to freely share information for patient care securely and with appropriate consent.

The meeting closed at 17:25.

The next STP Board Meeting will take place in January 2019

Author: Alison Ives, System Governance Manager, November 2018