Report to STP Board: 22 January 2019

Agenda item:	4.3
Title:	Other item list
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Report purpose *(Please mark one in bold)*			
APPROVAL	**DECISION**	ASSURE	INFORM

Link to STP Priorities *(Please mark all applicable in bold)*			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	**WE'RE ONLY SUSTAINABLE TOGETHER**	SUPPORTED DELIVERY

Committees/groups where this has been presented to before *(including date)*
Not applicable.

Purpose of the paper

The System has previously committed to working towards one programme of work, as set out in our Memorandum of Understanding. As partners will have seen, the proposed approach to delivery for 2018/19 suggested greater focus as a System on a small number of priorities for the short (A&E, DTOC, finance) and medium term (the development of the North/South Provider Alliances and Integrated Neighbourhoods in particular).

Over and above these themes, other matters were raised, which means that some important issues have been 'parked' during Autumn 2018. To ensure these matters are prioritised effectively it was proposed to develop a set of frameworks which can be used to agree when an important or other issue is removed from the "parked" list and subsequently moved into a short/medium-term priority.

This paper presents the Sustainability and Transformation Partnership (STP) Board with the proposed framework for taking the important and other issues 'off the shelf' and dealing with areas of dispute. While there are a number of moving parts related to this paper, this is intended to enable a useful discussion at the Board.

The STP Board is invited to:

The STP Board are asked to:
- Approve the framework for prioritisation and dispute resolution;
- Note the update list set out in the framework; and
- Agree a tracker will be presented to Health and Care Executive and STP Board each meeting.

1. INTRODUCTION / BACKGROUND

The System has previously committed to working towards one programme of work, as set out in our Memorandum of Understanding. As partners will have seen, the proposed approach to delivery for 2018/19 suggested greater focus as a System on a small number of priorities for the short (A&E, DTOC, finance) and medium term (the development of the North/South Alliances and Integrated Neighbourhoods in particular). While there was agreement to focus, responses from System partners highlighted that there were five key themes which required further discussion either because partners are not all on the same page or we just need to do more work, the five key themes were:

1. System finance
2. Trust
3. Engagement and involvement of the public and senior stakeholders
4. Resourcing and (long-term operating) models
5. Governance and (programme) resourcing

These are now all being addressed, either through the longer-term models for greater integration, our work on a medium-term System financial plan, the narrative for senior stakeholder engagement and the newly established task and finish group on aligning System resources.

Over and above these themes, other matters were raised, which means that some important issues have been 'parked' during Autumn 2018. To ensure these matters are prioritised effectively it was proposed to develop a set of framework which can be used to agree when an important or other issue is removed from the "parked" list and subsequently moved into a short/medium-term priority.

2. BODY OF REPORT

An update on the other item framework was presented to the STP Board on 27 November. It was clear from the initial discussions that the scope of this piece of work needed to be broadened to include not only how we take an item 'off the shelf' but how we reach a conclusion on the matter. Therefore, it was agreed that the scope of work was expanded to include how we:

- prioritise/initiate new work;
- approach and conduct work;
- make decisions; and
- stick to decisions once made.

Guiding principles

The framework is based on a set of guiding principles which has evolved since the last update to the STP Board, the full set of guiding principles are:

Approach:
- patient interest across Cambridgeshire and Peterborough footprint being at the heart of our prioritisation
- learning lessons from the past
- taking organisational interests aside

- sticking to decisions once they have been made - utilising the public STP Board meetings to ensure there is a commitment to the public when decisions are made to hold partners to account.
- sticking to a commitment already made to resolve an issue by an agreed date - reminding members of the STP Board the commitments the System agreed to in the Memorandum of Understanding.
- making concessions in the interest of relationships.

Process:
- transparency – being clear on who needs to be involved in the issue
- treating all issues equally regardless of what it is (e.g. clinical/ non-clinical)
- distinguishing between system business and organisational business
- understanding the root cause of the issue (for example; transformational resource, commissioning, financial, resources, clinical governance/safety).
- forward planning agendas populated with the key dates for decisions to be made.

Framework

Any framework that enables prioritisation of efforts as a System upfront, can help to minimise the chances of disputes arising. So, a System prioritisation framework is essential. However, while we will endeavour to avoid dispute, given we have a number of legacy issues with difference of opinions across the System it remains conceivable that disputes could still arise in the future. Therefore, we have developed a dispute resolution framework to ensure these are addressed in a transparent way. It should be noted that the bar is quite high for an issue to become a System issue.

The proposed framework for prioritisation and dispute resolution are set out in attachment 3.

It should be noted that this framework sits within the existing governance arrangements within the STP, where ultimately decisions remain within the statutory responsibilities of the partner organisations.

Further, through this work we've come to understand that in many cases a difference of opinion is caused by a difference of understanding, and is therefore primarily a communication issue, rather than a fundamental difference in perspective.

System Items Tracker

The first step prior to applying either framework is to determine that the item is a matter of System business. This is to ensure that the System is able to maintain appropriate focus on its priorities, and to recognise that partners retain their own responsibilities, some of which may involve other partners, but nevertheless not constitute a System item. This 'triage' is set on slide 3 attached.

Following clarity on whether the item is a System item it is imperative we ensure that we have key information to hand and present the current list at every Health and Care Executive/STP Board meeting. This will ensure moving forward that the Board are able to make an informed decision. Therefore, a tracker has been developed, which will ensure any items of dispute are flagged at the earliest opportunity. As a minimum the tracker will hold the following information and be validated by all partners involved:

- Details on who is the SRO, CEO sponsor and arbiter

- Brief history including who is involved
- Current status – in particular what is needed to progress the item (I.e., resolution of a difference of opinion, lack of CEO sponsor, resources, etc.)
- Details on whether there is an established process in place and timelines
- A confirmed date to revisit should the item remain 'parked'

This tracker will be maintained by the SDU, although the SRO and CEO sponsor maintain key roles in advising on whether a dispute appears to be emerging that may require escalation.

Current List

Annex 1 sets out the previous list which was circulated with the STP Board in November 2018 which included important and other items. We have identified that the majority of these items have either already been prioritised or are covered under other existing work streams. These are outlined in Annex 2.

There remains a number of items that will be subject to either the dispute resolution or prioritisation. These are listed in Annex 3, and to build confidence within the System it is proposed to prioritise the quick wins.

3. RECOMMENDATIONS

The STP Board are asked to:
- Approve the framework for prioritisation and if required, dispute resolution.
- Note the update list set out in the framework
- Note a tracker will be presented to Health and Care Executive and STP Board on a monthly basis.

10 January 2019

Appendices: *Attachment 3 – Other issues framework*
Annex 1 – Previous list of important/other items
Annex 2 – Items removed from the shelf
Annex 3 – Current list of items

Annex 1 – Previous list of important/other issues

Important issues:

There are a number of areas raised by System partners as important which aren't neatly aligned to the short and medium-term priorities, which are:

    a) The single ask of the STP by each partner organisation, including:
- o Giving children & young people the best possible start in life;
- o Ensuring our mental health services continue to be invested in and developed;
- o Enhancing further our renown in specific pathways e.g., cardiology, cancer;
- o A single vision/ blue print for the STP's evolution towards an ICS

    b) Improving transparency and involvement with the public and our patients;
    c) Culture change and System organisational development
    d) Enabling work to strengthen clinical leadership, plan our estates and workforce; and
    e) Development of (and investment in) primary care.

Other issues:

There are also a number of other issues which need to be discussed, these currently are:

1. Clinical Strategy (whether we're doing enough to make the System clinically sustainable – in particular at Hinchingbrooke)
2. Behaviours not always being in line with System working or what's been agreed
3. Developing a shared understanding of what Strategic Commissioning is and what the implications of moving to this means
4. Cost shunting between partners
5. Plurality of models for integrated neighbourhoods, and the respective roles of federations vs super-practices in delivery
6. Timeline for reducing overheads in line with reducing transaction costs
7. Cardiology PCI
8. Neuro-rehabilitation
9. Roles of CAG and CEC
10. Support for transformation – the respective roles of the SDU and CCG, including balance of central vs. North/South alignment
11. Role of HCE and STP Board
12. Community services contract specification and funding (future of SIF schemes, role of North/South Alliances, etc.)
13. Operational and clinical standards
14. MSK SPA

Annex 2 – Items removed from the shelf

We have also identified that the majority of items have either already been prioritised or will be covered under other existing work streams:

Longer term models for greater integration and STP leadership:
- A single vision/ blue print for the STP's evolution towards an ICS
- Culture change and System organisational development
- Behaviours not always being in line with System working or what's been agreed
- Developing a shared understanding of what Strategic Commissioning is and what the implications of moving to this means
- Cost shunting between partners
- Timeline for reducing overheads in line with reducing transaction costs
- Role of HCE and STP Board
- Support for transformation – the respective roles of the SDU and CCG, including balance of central vs. North/South alignment

Narrative and Stakeholder plan:
- Improving transparency and involvement with the public and our patients.

Care Advisory Group:
- Enabling work to strengthen clinical leadership.
- Roles of CAG and CEC.

North/South Provider Alliances:
- Plurality of models for integrated neighbourhoods, and the respective roles of federations vs super-practices in delivery.
- Community services contract specification and funding (future of SIF schemes, role of North/South Alliances, etc.)

Areas already prioritised:
- Estates – *led by the System Estates group.*
- Workforce – *led by the System Workforce and Strategy Delivery Enabling Group.*

Annex 3 – Current list of items

Testing the triage process in the framework on the current list we can identify we have three areas which fall under the Dispute Resolution framework and thirteen areas which fall under the Prioritisation Framework:

Dispute Resolution Framework	• Cardiology PCI* • Neuro-Rehabilitation* • MSK Single Point of Access funding arrangements
Prioritisation Framework	• Giving children & young people the best possible start in life; • Ensuring out mental health services continue to be invested in and developed; • Enhancing further our renown in specific pathways e.g., cardiology, cancer; • Development of (and investment in) primary care. • Clinical Strategy (whether we're doing enough to make the System clinically sustainable – in particular at Hinchingbrooke) • Operational and clinical standards • Admissions avoidance • Right Care • 3-5 population groups / pathways • Outpatients redesign • Shared Services • Planned Care (all workstreams) • Long-term plan must do's

Note: both of these items are already in processes to seek resolution.