

STP Board

Date: Thursday 31 May 2018
Time: 15:30-17:35
Location: KV Room, First Floor, Shire Hall CB3 0AJ

Present:

Mike More (MMo) Chair, CUHFT – *Chair*
Tracy Dowling (TD) Chief Officer, CPFT
Prof John Wallwork (JW) Chairman, Papworth
Stephen Posey (SP) Chief Executive, Papworth
Rob Hughes (RH) Chairman, NWAngliaFT
Stephen Graves (SG) Chief Executive, NWAngliaFT
Gary Howsam (GH) Clinical Chair, CCG
Sheila Bremner (SBr) Interim STP Accountable Officer
Matthew Winn (MWi) Chief Executive, CCS
Nicola Ayton (NA) Director of Strategy and Major Projects, CUHFT – *deputising for Roland Sinker*
Paul Scott (PS) FPPG Chair
Gill Thomas (GT) Non-Executive Director, CCS – *deputising for Nicola Scrivings*
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC
Councillor Anna Bailey (AB) Chair of Adults Committee, CCC
Councillor Wayne Fitzgerald (WF) Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health, PCC
Guy Watkins (GW) Chief Executive, Cambridgeshire LMC
Mustafa Malik (MMa) Chief Executive, GPN
Neil Modha (NM) GP, GPN
Will Bailey (WB) Practice Manager, Cambridge Network Federation
Catherine Pollard (CP) Executive Programme Director, SDU

In attendance:

Emma Tiffin (ET) Mental Health Clinical Lead, STP
Laura Anthony (LA) Programme Governance Manager, SDU - *Minutes*

Apologies:

Julie Spence (JS) Chair, CPFT
Paul Marshall (PM) Business Development Manager, EEAST
James Morrow (JM) GP, Granta
Alex Gimson (AG) CAG Chair
Nicola Scrivings (NS) Chairman, CCS
Roland Sinker (RS) Chief Executive, CUHFT
Gillian Beasley (GB) Chief Executive, CCC
Sarah Boulton (SBo) Chair, EEAST

Agenda

Action

1 Standing items by exception

Declarations of Interest: None declared.

Minutes from the previous meeting and outstanding actions: The minutes from the meeting held on the 23 March were **agreed** as a true reflection of the discussion. There were no outstanding actions to review.

Matters arising: MMo confirmed CUH public Board had approved the STP Memorandum of Understanding (MoU) and Governance Framework as well as CCS. JT **agreed** to ensure the CCG Governing Body sign off the MoU and Governance framework.

Action: JT to obtain CCG Governing Body sign off of STP MoU and Governance Framework. JT

STP Successes: The STP Board **noted** the system achievements for the month of April and May.

Highlight Report: The STP Board **noted** the HCE highlight reports from the meetings held on 19 April and 23 May. MMo highlighted the need to resolve ongoing discussions on Cardiology PCI.

It was confirmed the 17/18 annual report will be included within the three year STP refresh and not be a separate document.

System Investment Fund (SIF) is due to be discussed at HCE on 21 June.

Action: CP to follow up with WO-W and share SIF contributions and investments made to date. CP

The STP Board discussed the rationale for what comes to the STP Board, currently the main strategic items (e.g. three year STP refresh) and performance information however there is ongoing discussion on whether the STP Board works similar to a Board of Governors or a Foundation Trust. This will be worked through in real time to ensure the STP Board are playing the most appropriate role.

5 Devolution

MMo/SB confirmed there has been several meetings with the Mayor following the STP Board in March, meetings have included discussing reservations and opportunities. A Public Service Reform discussion paper was circulated prior to the meeting and tabled. MMo highlighted that timescales have changed since the original discussion and the first submission for the proposal is due in January 2019 (no longer September 2018) with negotiations ongoing through to November 2019. Implementation (of any further devolution deal) would be from April 2020.

The Combined Authority have commissioned a specialist consultancy services to support developing the proposal, managing relationships with partners across the region and leading negotiations with Government.

GH raised concerns on the level of commitment if the deal isn't the right thing to do, MMo confirmed there are a number of break points over the next year if required.

The level of Health system representatives on the proposed Cambridgeshire and Peterborough Health and Social Care Programme Board was queried. It was confirmed that the paper provided from the Combine Authority was work in progress. It was **agreed** for all comments on the paper were to be received by Wednesday 6 June.

Action: STP Board members to send all comments on the Public Service Reform discussion paper to CP by Wednesday 6 June. CP

(NA left the meeting at 16:10).

RH raised concerns that this may entail creating extra work and potentially deviation away from the original STP plan and therefore that we need to be cautious. The STP Board also discussed the potential opportunity a system proposal for transformation could open up if Health and Social Care come together.

It was **agreed** there was a need to gain clarity on what the STPs own criteria for progressing towards health and care devolution would be.

(WF left the meeting at 16:15).

2 Patient/Project Focus: Mental Health

ET attended the STP Board to provide a presentation on 'Primary Care and Community Mental Health – developing a sustainable local mental health system', which included updates on PRISM, First Response Service and the psychological well-being long-term conditions pathway. A brief discussion followed, highlights included:

- Maintaining focus on patient outcomes and flexing service model to deliver these.
- There is a lot of pressure on Primary Care and the STP Board were asked to be mindful of the impact of transformation on General Practice.
- Work on capturing where activity is being reduced in underway, and, as a result of this success, there is also work on creating a mechanism to sustainably fund services for future years.
- GH raised the need to use a list of success criteria learnt from Mental Health and use for everything we do. These criteria were: an acknowledgement of gap in affordability, a quantum shift in how care is delivered, the widespread sharing of specialist knowledge, with the result of measurable reductions in activity and positive patient feedback.

The STP Board thanked ET for the presentation.

(ET left the meeting at 16:50).

3 Performance

The STP Board **noted** the operational performance, PS confirmed a new dashboard is being developed around lead indicators.

4 Finances

The STP Board **noted** the 17/18-year end position and financial projections for 18/19.

6 3-5 year road map

CP presented the emerging narrative on the three-year road map, the preliminary high-level view on what this looks like for the next three financial years and what the road map will include. These were all shaped by the HCE Time Out session in May. The STP Board discussed the road map in further detail, highlights of the discussion included:

- The need to be clear on what the target is for reducing A&E demand.
- Need to ensure the plan is ambitious and is there appetite to go even further (e.g. % DTOC).
- Prevention focus needs to move earlier.

(AB left the meeting at 17:10).

- Restating the STP vision in a meaningful way for the public and staff.
- Need to be less operational focussed and more ambitious in aspirations for Primary Care and Social Care.
- Further clarity on how the drivers of the deficit analysis is being addressed.

7 Forward agenda planner and AOB

Forward agenda planner:

It was **agreed** that there needs to be clear purpose of agenda items and clear decisions to be made, with a move away from 'for information'. It was also **noted** that devolution would need to be included as and when necessary.

Meetings in public: The STP Board discussed the need to move towards meeting in public. The Board remain committed to this and **agreed** to work towards full public meetings on a phased basis, starting in September.

(AB entered the meeting at 17:25).

It was also **noted** that papers for the STP Board need to be circulated as early as possible. It was confirmed there would be a move to a standard set of papers (in Microsoft Word) when the Board meets in public.

STP/CCG Accountable Officer (AO): On 25 May 2018 interviews for the joint CCG and STP Accountable Officer (AO) roles took place. Due to the recognition of the magnitude of work to be done at the CCG in delivering their Improvement Plan, it was agreed that combining the two roles of CCG AO and STP AO was no longer appropriate. Therefore, the interview panel made a unanimous decision to uncouple the two roles and to appoint JT to the substantive role of CCG AO. MMo confirmed SB will continue as interim STP AO until the end of June, to ensure there is no momentum lost. MMo outlined two options to be discussed further: (1) appoint an STP AO external to the system;

(2) seek an internal appointment. It was **agreed** for MMo to follow up discussions with STP Board members individually over the next few days.

Action: MMo to discuss STP AO appointment with STP Board members outside of the meeting and update accordingly. **MMo**

Bipartite: It was **agreed** to add Bipartite preparation and feedback to future STP Board meetings accordingly.

Action: LA to update STP Board forward planner to include Bipartite as necessary. **LA**

The meeting closed at 17:35.

Author: Laura Anthony, Programme Governance Manager, May 2018