

Public Meeting

Meeting: STP Board
Date and Time: 22 January 2019 11:30 – 13:45
Venue: Old Hall, Girton College, Cambridge

Members:

Alex Gimson (AG)	Care Advisory Group Chair	
Anita Pisani (AP) <i>(on behalf of Matthew Winn)</i>	Deputy Chief Executive & Director of Workforce and Service Redesign	Cambridgeshire Community Services NHS Trust
Carol Anderson (CA) <i>(on behalf of Jan Thomas)</i>	Director of Quality, Safety and Patient Experience	Cambridgeshire and Peterborough Clinical Commissioning Group
Caroline Walker (CW)	Chief Executive	North West Anglia NHS Foundation Trust
Catherine Pollard (CP)	Executive Programme Director	System Delivery Unit
Cllr Wayne Fitzgerald (WF)	Deputy Leader and Cabinet Member	Peterborough City Council
Gary Howsam (GH)	Clinical Chair	Cambridgeshire and Peterborough, Clinical Commissioning Group
Guy Watkins (GW)	Chief Executive	Cambridgeshire Local Medical Committee
James Morrow (JM)	GP	Granta
Julie Spence (JS)	Chair	Cambridgeshire and Peterborough NHS Foundation Trust
Liz Robin (LR)	Director of Public Health	Cambridgeshire County Council & Peterborough City Council
Michael More (MM)	Interim STP Chair	
Mustafa Malik (MMA)	Chief Executive Officer	Greater Peterborough Network
Neil Modha (NM)	GP	Greater Peterborough Network
Nicola Scrivings (NS)	Chair	Cambridgeshire Community Services NHS Trust
Paul Scott (PS)	Financial Planning and Performance Group Chair	
Prof John Wallwork (JW)	Chairman	Royal Papworth Hospital NHS Foundation Trust
Rob Hughes (RH)	Chair	North West Anglia NHS Foundation Trust
Roland Sinker (RS) Tracy Dowling (TD)	Interim STP Accountable Officer Chief Executive	Cambridgeshire and Peterborough NHS Foundation Trust
Wendi Ogle-Welbourn (WO-W)	Executive Director	Cambridgeshire and Peterborough Council
Will Bailey (WB)	Director of Operations	Cambridgeshire GP Network

In attendance:

Alison Ives (AI)	System Governance Manager (Minutes)	System Delivery Unit
Nicola Ayton (NA)	Director of Strategy and Major Projects	Cambridge University Hospitals NHS Foundation Trust
Sam Higginson (SH)	Chief Operating Officer	Cambridge University Hospitals NHS Foundation Trust
Kelly Austin (KA)	Social Navigator	South Cambridgeshire District Council
Diana Walters (DW)	Advanced Nurse Practitioner	Granta

Apologies:

Cllr Anna Bailey (AB)	Chair of Adults Committee	East Cambridgeshire District Council
Gillian Beasley (GB)	Chief Executive	Cambridgeshire County Council
Jan Thomas (JT)	Chief Officer	Cambridgeshire and Peterborough Clinical Commissioning Group
Matthew Winn (MW)	Chief Executive	Cambridgeshire Community Services NHS Trust
Paul Marshall (PM)	Sector Lead	East of England Ambulance Service
Sarah Boulton (SB)	Chair	East of England Ambulance Service
Stephen Posey (SP)	Chief Executive	Royal Papworth Hospital NHS Foundation Trust
Stuart Shields (SS)	GP	West Cambs Federation

Public Meeting

Agenda

Action

Welcome and introductions

Apologies for absence: As above.

Declarations of interest: None declared.

Notification of AOB: None.

1. Patient/Public Focus: Primary Care

Dr James Morrow, GP at Granta medical practice introduced Diana Walters, an Advanced Nurse Practitioner. Di spoke to the Board about a successful intervention she had made (with the support of the local community and local services) to completely turn around the life of a patient in her care.

Sandra Bunton a pensioner living in Royston had previously not accepted help or support in the past but Di Walters, didn't give up, she managed to gain access to Sandra's home to find the conditions she was living in were inhabitable. Sandra had no electricity; the kitchen was unusable with no edible food. With the help of the local community, companies and charities Di was able to renovate Sandra's flat in just 5 weeks. They installed new electricity, flooring and decorated throughout.

None of this would have been possible without the local knowledge Di has and proactively working together with partners to support the local community.

Di confirmed to the Board that Sandra was doing really well a year on from the renovation.

MM thanked Dr Morrow and his team from Granta for presenting to the board on this interesting and inspiring story.

Kelly Austin, Di Walters left the meeting at 12pm.

2 Short term

2.1 A&E Performance

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

Although the System is still not meeting the current 4hr performance standards for the year to date it remains comparable to the England average performance. Improvement was noted in Hinchingsbrooke Hospital's performance, however Cambridge University Hospital (CUH) and Peterborough City Hospital (PCH) performance still remains challenging.

Discussions took place around identifying the reasons for the increased attendance at our A&E departments which remains higher than is being seen elsewhere in the country. Learning from other Systems would be useful along with better understanding of what is being done to support people to avoid attending hospital.

As a System we are open to initiatives and solutions and these will be explored by the A&E Delivery Boards who continue to meet on a regular basis and are already sharing good practice.

2.2 Delayed Transfers of Care

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

CA explained that the DTOC programme remains the highest priority for the System and the work that has taken place to date has resulted in CUH experiencing during December, the lowest average number of DTOC patients since 2015. Meanwhile NWAFT have refocused on the operational delivery team with their changes being implemented throughout January 2019. They will also take lessons from CUH. CPFT were able to support System flow prior to Christmas which released community bed capacity for the acute trusts.

The DTOC Programme Board is confident that the changes which have been made are sustainable albeit difficult. It is now focusing on the operational delivery of discharge planning Red2Green, Long Stay Wednesdays and the implementation of a home first ethos, the redesign and implementation of a simple pathway 1, limited capacity in domiciliary care and geographical hot spots in care home provision.

WO-W noted that there has been over recruitment of reablement workers to assist Domiciliary care.

The Board noted that this is a positive turnaround and the benefits are clear to all. This is a significant progress which needs to be sustained.

Sam Higginson left the meeting at 12:25pm

2.3 Financial Plan

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

PS confirmed that the Financial Plan is reporting on solely NHS numbers and does not include Local Authority finances.

PS noted that the 2018/19 financial position is challenging and at month 8 the System is worse than plan by £7.3m year to date (on a control total basis inclusive of STF) NWAFT are particularly suffering due to activity increases and are currently finalising a revised forecast with the full support of all System partners.

It was noted that our financial issues have been longstanding. However, we now have a better understanding through the Drivers of the Deficit work and are planning better for the future with the introduction of 'living within our budget' work.

Growing demand due to a large and ageing population means we are reliant on collectively working together, being transparent with our finances and understanding our investments. Learning can be gathered from elsewhere on how other Systems manage finances.

3 Medium Term

3.1 North and South Alliance Overview

The STP Board **noted** the North and South Alliance Overview report.

Focus for the Alliances remains on designing and implementing the Integrated Neighbourhoods.

In order for the Alliances to make progress and support the Integrated Neighbourhoods sufficiently, dedicated resources will be required. Whilst Clinical leaders have been appointed, other resources will need to be identified and allocated from partner organisations and a request was made to support the Alliances by freeing up resources where possible from within the System.

Discussion took place around how quickly the Alliances are moving, and concerns raised about whether GPs are sufficiently aware of the Alliances. The hope is that the publication of the 2019/20 GMS Contract is likely to increase GP engagement.

3.2 North Alliance – update

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

3.3 South Alliance – Update

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

4 Other Matters

4.1 Digital

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

CP presented this paper to the Board on behalf of Stephen Posey and Jag Ahluwalia. The Board were informed that following a decision at the December HCE meeting Stephen Posey has joined the Digital Enabling Group as Chief Executive sponsor with Jag Ahluwalia maintaining his role as Chair.

Discussion commenced around early thinking on integrated health and care records and the implementation of this by 2023.

4.2 The NHS Long Term Plan

The STP Board **noted** the NHS Long Term Plan report.

The NHS Long Term Plan was published on the 7 January 2019 following the funding settlement announced by the Prime Minister in June 2018. Work on the plan involved input from a wide range of stakeholders, including Matthew Winn and Roland Sinker. The Plan set out five main themes

1. All Systems will become Integrated Care Systems (ICSs) by 2021;
2. A new model for integrated primary and community services will be implemented which enhances out-of-hospital care;

3. Systems will receive real-term investment and work together to use resources collectively;
4. There will be better care for major health problems, supported by research and innovation; and
5. Delivery of care will be supported by an enhanced workforce and digital approach.

During discussion of these themes it was noted that the Long Term Plan reinforced much of the work already being completed by our System.

4.3 Other Items List

The STP Board **Approved** the framework for prioritisation and dispute resolution.

The STP Board **noted** the updated list set out in the Framework and agreed a tracker will be presented to the Health and Care Executive and STP Board each meeting.

4.3.1 Identifying other areas for Service Improvement (Oral item)

AG discussed with the Board three pathways for a focus on radical redesign. The pathways will be selected according to various criteria, such as health inequalities and alignment to STP priorities:

AG will present a formal paper relating to this item at the Health and Care Executive meeting in February, ahead of a CAG discussion.

5. AOB

5.1 Risk Assurance

The STP Board **approved** the Risk Assurance report with no further comment.

5.2 AOB

None declared.

5.3 Questions from the Public

The following questions were submitted in advance of the meeting;

CW provided the following response:

A similar question is often raised at public meetings regarding moving services from Hinchingbrooke Hospital. There is no intention to make Hinchingbrooke 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 orthopaedics on that site is being looked at due to the small size of clinical teams, the site overall is vibrant and thriving. If service changes are needed in the future these will be thoroughly discussed with the public and formal consultation will be undertaken.

1. ***Regarding the new children's hospital to be built on the CUH site. Does this new development involve the planned closure of the paediatric ward at Hinchingbrooke and at PCH and transfer of services? If it does not***

plan the closure of these wards, then what steps will be taken to train and recruit additional paediatric nurses and doctors because there is a national shortage of paediatric nurses and doctors and the staff at Hinchingsbrooke and PCH may understandably want to move to the new hospital so destabilising the peripheral units.

CW and RS provided the following response:

There are no plans to change paediatric services at Hinchingsbrooke, in relation to the development of the new Children's hospital. However, emergency ENT has shifted at weekends, to ensure the best access for patients to relevant expertise. This impacts a very small number of patients annually.

Further, we're aware of staffing challenges across the System and our HR Directors are working together to develop workforce plans that cover the whole health and care system. These plans will address training, recruitment and retention across a wide range of disciplines to ensure that we have a full and sustainable workforce across the whole area. We are focussing on those disciplines that are struggling to recruit and retain staff as a priority. The workforce plans will address a range of issues to ensure that we can attract and retain the workforce that is needed.

2. Can the STP confirm that a bid has been, or will be submitted in 2019, to NHS England for funds to develop the Royston Hospital site into a health hub, can they tell us which of the proposed options the capital bid is for? And, assuming a successful bid, can they advise us on the likely time between submission of that bid and completion of the project?

CA provided the following response:

In December 2018, the STP announced that it had been successful in securing a capital investment of £145 million for health and care facilities in Cambridgeshire and Peterborough. This reflects the coordinated efforts of System partners in the region who worked together to bid for funding to improve existing facilities in the face of a rapidly growing population. The funding awarded includes £25 million for Hinchingsbrooke Hospital and £19 million for Addenbrookes Hospital to improve facilities and services. It also provides up to £100 million of capital to build a pioneering children's hospital for the East of England. Securing the money is a vote of confidence in the ability of partners to work together for the whole system.

In addition to these successful bids, our Estate strategy prioritised a number of primary care projects that would need to be completed in the next five years. Work continues on these, ahead of future capital funding being announced in the next Spending Review (due Autumn 2019) and to enable exploration of other funding sources (e.g., section 106). Included within the transformational projects list was the Royston Reconfiguration/Improvement.

The CCG and STP have an objective to reconfigure, integrate and co-locate services at Royston Health Centre and the hospital as part of the Estates Strategy

This does not pre-determine any outcomes, and the options that were appraised back in 2016 will be reviewed.

The STP and CCG aim to develop a Project Initiation Document for investment funding which will be submitted to the Capital Investment Oversight Group for approval. This will include looking at new and the previous options for how best to provide the services needed.

The CCG plan to work with the local MP, interested community groups, NHS Property Services and the Estates group in this process.

The meeting closed at 13:30.

The next STP Board Meeting will take place in March 2019

Author: Alison Ives, System Governance Manager, November 2018