

Public Meeting

Meeting: STP Board
Date and Time: 14 March 2019, 12:30 – 15:30
Venue: Hemingford Pavilion, Hemingford Grey.

Members:

Alex Gimson (AG)	Care Advisory Group Chair	
Caroline Walker (CW)	Chief Executive	North West Anglia NHS Foundation Trust
Catherine Pollard (CP)	Executive Programme Director	System Delivery Unit
Charlotte Black (CB) <i>Deputising for Wendi Ogle-Welbourn</i>	Service Director, Adults and Safeguarding	Cambridgeshire County Council and Peterborough City Council
Cllr Anna Bailey (AB)	Chair of Adults Committee	East Cambridgeshire District Council
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
Jan Thomas (JT)	Chief Officer	Cambridgeshire and Peterborough Clinical Commissioning Group
Julie Spence (JS)	Chair	Cambridgeshire and Peterborough NHS Foundation Trust
Laurence Gibson (LG) <i>Deputising for Liz Robin</i>	Public Health	Cambridgeshire & Peterborough
Matthew Winn (MW)	Chief Executive	Cambridgeshire Community Services NHS Trust
Michael More (MM)	Interim STP Chair	
Neil Modha (NM)	GP	Greater Peterborough Network
Paul Marshall (PM)	Sector Lead	East of England Ambulance Service
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)	Interim STP Accountable Officer	
Scott Haldane (SH) <i>deputising for Tracy Dowling</i>	Director of Finance	Cambridgeshire and Peterborough NHS Foundation Trust
Stephen Posey (SP)	Chief Executive	Royal Papworth Hospital NHS Foundation Trust
Will Bailey (WB)	Director of Operations	Cambridgeshire GP Network

In attendance:

Alison Ives (AI)	System Governance Manager (<i>Minutes</i>)	System Delivery Unit
Nicola Ayton (NA)	Director of Strategy and Major Projects	Cambridge University Hospitals NHS Foundation Trust

Apologies:

Wendi Ogle-Welbourn (WO-W)	Executive Director	Cambridgeshire and Peterborough Council
Tracy Dowling (TD)	Chief Executive	Cambridgeshire and Peterborough NHS Foundation Trust
Sarah Boulton (SB)	Chair	East of England Ambulance Service
Stuart Shields (SS)	GP	West Cambs Federation
Mustafa Malik (MMa)	Chief Executive Officer	Greater Peterborough Network
Liz Robin (LR)	Director of Public Health	Cambridgeshire County Council & Peterborough City Council

DRAFT

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: Neighbourhood Cares

Charlotte Black, Service Director at Cambridgeshire County Council and Peterborough City Council introduced Louise Tranham, Neighbourhood Cares Manager and Sophie Terill, Neighbourhood Cares Worker. Louise explained to the Board the role of the Neighbourhood Cares pilot teams in Soham and St Ives which have been running since October 2017.

Neighbourhood Cares is testing a new way of delivering Adult Social Care using place-based, self-managed teams and the principles of the Buurtzorg model. The model focuses on putting the person in the centre, improving the quality of care, improving staff satisfaction and resilience, improving community assets and removing the label of 'Social Care'.

Sophie presented to the Board an example of the work Neighbourhood Cares has been providing in St Ives. Betty is an 85-year-old, independent lady living on her own with no family locally. Betty was referred to the Neighbourhood Cares team by her GP who felt she needed a Social Care assessment. At the time of referral Betty was being visited twice a day by community nurses to administer her medication and provide lifestyle support. Neighbourhood Care workers (NCWs) established a relationship with Betty and then progressed to assisting with her capacity to understand why she needs to take her medication and practical solutions that do not need a nurse or carer to administer it. This led to discussions about a range of further practical solutions available to Betty to support her living independently.

Betty now has a trusted relationship with NCWs and has remained living in her own home. She was introduced to a local Home Help service, provided assistance with technology as a means of support, maximised her income and enabled Power of Attorney. Betty no longer requires daily support from community nurses.

CB explained to the Board how this work integrates with the STP's priorities, explaining that conversations have already taken place with the Alliances in order to join up with integrated neighbourhoods. The principles of this pilot are being shared with the Alliances, for implementing via community nurses and primary care.

MM thanked Charlotte, Louise and Sophie for presenting to the board on this motivating pilot.

Louise and Sophie left the meeting at 1pm.

2 Medium Term**2.1 South Alliance – update**

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

NA presented the latest work of the South Alliance to the Board since the last meeting. The Alliance have recently completed an 'Ask and Offer' workshop with members of staff; visited Torbay and South Devon to learn about their Integrated Neighbourhood models;

and are working to establish the key next steps which will include a core work programme and to identify the required resourcing to deliver.

JM discussed the use of Population Health Data analysis and would now like to use primary care data for analysis; the proposal is to cut the data north and south, and then at an Integrated Neighbourhood footprint level.

SP confirmed that the T&F group is finding solutions to the resourcing requests which will be presented to the Health and Care Executive at their meeting in April. The recommendation is for the underspend on the System Delivery Unit budget of approximately £500k to be provided to the Alliances (£250k each). The Task and Finish group also acknowledge that this isn't enough, they propose again that the requirement to re-distribute existing System resource is required.

2.2 North Alliance – Update

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

The North Alliance reported on its progress since the last Board meeting and discussion took place around refreshed priorities particularly the work on Integrated Neighbourhoods. The North Alliance have completed some practice visits to talk about neighbourhood working across the patch and debated whether it should set a savings target in 19/20.

GW discussed how the Primary Care Networks fit well with the Integrated Neighbourhoods and how the Local Medical Committee is assisting with supporting practices to identify and agree their Networks.

PM noted that there is a need to join together around paramedic workforce planning with the Primary Care network workforce development so as not to destabilise the Ambulance Trust

Action: TD and Human Resource Directors to include paramedic workforce TD requirements in future workforce planning.

Discussion took place around the work the Alliances plan to complete together over the coming months to create a strategy to include in our local response to the Long Term Plan.

2.3 Selecting clinical areas for radical transformation

The STP Board **Approved** the recommendations in the report.

AG opened discussion with the board regarding the robust discussions which have taken place over the past few months to establish three clinical areas to be recommended for radical transformation.

This work is in line with the recent NHS planning guidance for STP's to develop a population health management approach. Members of the Care Advisory Group (CAG) and wider stakeholders addressed which clinical areas would be most appropriate for transformation and ranked them against a defined criterion. The three areas proposed are; Cardiovascular Disease, Respiratory Medicine and Prevention and Health inequalities (with a focus on Obesity and Diabetes) . AG noted that these transformation projects will need to be supported with health analytics and project management support. JS raised the question that Mental Health was not included in this list despite being ranked as a top concern by the patient/public to Healthwatch. AG explained that feedback from Healthwatch was that their results are mainly defined as a funding issue and not transformation.

Discussion commenced on what radical transformation entails and whether this work reduce demand on the System.

Action: Next STP Board update to include examples from elsewhere for radical AG transformation for the three proposed pathways

PS recommended that in order to free up financial flows to make this happen work financial experts will need to be included, working in parallel with population health data analysis to understand the finances across the public sector.

3. Medium Term

3.1 Finance and Capital Planning

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

PS explained that the System had to set a financial plan for 2019/20 and that Regulators have set a System Control Total of £142m. This is financially challenging given the local cost pressures and also the CCG allocation which is lower than anticipated. Currently we are unable submit plans that match the regulatory expectations, including due to; the assumptions used for calculating the CCG allocation underestimating population growth, and being lower per capita than many other CCGs.

Our regulators are currently challenging our plans. Work is being undertaken around how can we accelerate the impact of demand management and how can we challenge the cost base further.

The STP Board acknowledges the huge amount of work being done across the System and the improved collective understanding. Analysis and transparency are key along with the need to keep patients at the heart of what we do.

The Board emphasised that the System's credibility is fundamental, therefore, we must not make promises we cannot keep, we must continue working together collaboratively and make sure we deliver on our commitments.

3.1.1 East of England Children's Hospital Update

The STP Board **noted** the East of England Children's Hospital Update report.

NA provided an update to the Board on the progress made so far following the successful securing of capital through the STP Capital Allocation Process in December 2018. CPFT, CUH and University of Cambridge have worked together on the first stage of developing the business case (Strategic Outline Case (SOC)) required by the Government's capital investment approvals process. This SOC focuses on making the case for change and identifying the preferred way forward (i.e. that there should be an EoECH). The SOC was approved by the CUH Board on 16 January and the CPFT Board on 29 January. This has now been submitted to NHS Improvement in *draft* to enable them to start their review.

Discussion commenced around the potential plans for the EoECH and whether the new building will address A&E pressures, and NA confirmed that the expectation is not for the EoECH to do this, but to provide accessibility to care outside of hospital and consequently the new care model will involve outreach to support primary care. The redesign needs to anticipate new building design and be mindful of impact on community, patients in the north and local acute hospital workforces.

3.2 Delayed Transfers of Care

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

JT informed the Board that over the past few months, at some point each Acute site has reported that they have reduced the number beds occupied by patients who are medically fit to leave hospital to 3.5%. The challenge now is to sustain this and build on the commitment from staff working in this area.

JT wanted to thank the programme and operational teams and to encourage staff to generate ideas which the STP Board all endorsed.

3.3 A&E Performance

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

From the start of January 2019, the System saw performance decline across all sites and still remains unable to meet the current 4hr performance standards. This was an anomaly for Hinchingsbrooke, where performance had been above 90% for 24 out of the past 26 weeks.

Discussions took place around improved clinical triage in out of hours and 111 which has halved the number of referrals.

Action: A&E Performance report to include 111, out of hours and MIU data next SDU month.

3.3.1 Out of Hospital Urgent Care Round Table

The STP Board **noted** the Out of Hospital Urgent Care Round Table report with no further comment.

4 Other Matters

4.1 Digital

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

SP confirmed that the work of the Digital Enabling Group is focussed on LHCR and work is underway to confirm phasing, develop the specification and develop a funding proposal.

SP also confirmed that the LHCR is a Local health *and* care record.

4.2 Clinical Leadership – developing a single Systemwide Clinical Voice

The STP Board **Approved** the Clinical Leadership – developing a single Systemwide Clinical Voice proposal with no further comment.

4.3 Long Term Plan - Preparing our Local Response

The STP Board **Approved** the recommendations in the Long Term Plan - Preparing our Local Response report.

Discussion commenced around ensuring we set clear delivery priorities. It was agreed that it would be easy to mimic the long term plan and more difficult to challenge ourselves around our priorities, our financial sustainability and doing things radically differently. The Board noted the need to involve the Mayor and Combined Authority.

Action: The report for the STP Board meeting in May needs to include bringing the response to the long term plan work together with conversations around devolution at a later time. CP

4.4 Longer term models for greater integration and STP leadership

The STP Board **noted** the Longer term models for greater integration and STP leadership report.

Discussion arose around the need for a Board workshop probably with an external facilitator to provide an external stimulus to challenge our thinking. There was agreement that everyone has to give attention to this and the need to think about how we arrange ourselves to best enable person centred care around place.

The Board acknowledge that they need to ask and answer some bold questions and engage properly in doing so.

Action: Develop a proposal for how to manage the Longer term models for greater integration and STP leadership with all of the boards input. MW/CW

4.5 Other Items List

The STP Board **noted** the Other Items list report.

RH discussed with the Board system partners who agreed to focus on a small number of priorities for the short term (Accident & Emergency, Delayed Transfers of Care and finance) and medium term (the development of the North/South Alliances and Integrated Neighbourhoods, in particular) in order to address long-standing System-wide operational difficulties.

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;

I understand that NHS England plans to turn the 44 existing STPs into Integrated Care Providers (ICPs). It is being reported that contracts to run ICPs could be awarded to private companies, such as large US health corporations, which would have even less public accountability than there is at present. What is your response to the issue of reduced accountability?

RS provided the following response:

As a point of clarification, the NHS Long Term Plan, published on the 7 January 2019, signalled that Integrated Care Systems (ICS) will grow out of the current network of Sustainability and Transformation Partnerships (STPs).

ICS are intended to bring together local organisations to redesign care and improve population health, creating shared leadership and action. They are a pragmatic and practical way of delivering the 'triple integration' of primary and acute care, physical and mental health care, and health with social care.

The approach to developing our ICS will be determined locally and more information can be found in the papers supporting agenda items 4.3 and 4.4 of this STP Board meeting.

Given the well-reported poor results of privatisation in railways, prisons, social care, and most recently the probation service, how do you think the ongoing privatisation of NHS provision will be any different?

RS provided the following response:

Currently there are no plans to privatise the emerging local ICS.

I would first like to comment that the minutes relating to my 2 questions asked at the STP Board on the 22nd January are inaccurate and in fact 3 sentences are taken from the minutes of the 22nd November 2018 meeting when I asked a question then. I appreciate that perhaps staff later wish to give a fuller explanation to questions, but it should be made clear what was said in the meeting and what was added afterwards.

RS provided the following response:

When questions are submitted in advance of the meeting, a full detailed response is prepared for the relevant Board member to deliver at the meeting. The Board member may choose to paraphrase that response as the topic may have already been discussed as part of the Board meeting. The full response is recorded in the minutes to ensure that the question has been appropriately addressed.

What protocol does the Board intend to follow regarding the recording of the minutes and circumstances under which the information in the minutes can be changed from what is said verbally in the meeting?

RS provided the following response:

As a point of clarification, the purpose of (STP Board meeting) minutes is to accurately record key points of discussion and decisions and not to be a word-for-word record of the conversation.

If GPs do not wish to sign up to the new Primary Care Network GMS contract or the Integrated Care Provider contract, as outlined recently with secondary legislation being passed on February 13th by the Dept. of Health, what options are available to them to continue their practice?

GW provided the following response:

The new Primary Care Network contract is a Directed Enhanced Service (DES) of the core General Medical Services (GMS) contract. This means that a practice's decision about whether they sign up or not, does not directly affect their ability to continue to provide their GP services as normal. Directed Enhanced Services (DES) are offered annually so practices will have the choice each year about whether they continue to participate.

However, there are additional uplifts and benefits available through the Primary Care Networks DES if GP practices do sign up. The Primary Care Networks have the advantage of additional resources for new staff such as clinical pharmacists, social prescribing link workers and additional staff groups in the future.

The CCG is responsible for ensuring that the new Primary Care Networks cover 100% of the population irrespective of whether a GP practice is signed up or not. If a practice opts not to participate then its list will be included in the list of a neighbouring PCN for network purposes, so patients do not miss out.

Could the STP Board clarify its sphere of influence and its role in adopting an Integrated Care System model as NHS England has mandated for 2021? Who will be publicly accountable for the Integrated Care System if not the STP Board?

RS Provided the following response:

The approach to developing our ICS will be determined locally and more information can be found in the papers supporting agenda items 4.3 and 4.4 of this STP Board meeting.

‘Our local Healthwatch welcomes the ‘Neighbourhood Cares’ pilot and the person-centered approach that this model promotes. Healthwatch is keen to know how the learning outcomes of the evaluation will be spread throughout our health and care services, with particular regard to equity across Cambridgeshire and Peterborough and developing integrated care models.’

CB provided the following response:

We have commissioned an external evaluation which will conclude in October 2019 and will be shared through the Adults Committee for Cambridgeshire County Council. We will also share this evaluation with System partners.

We have already started the process of sharing the learning from these pilots through the North and South Alliances.

At the STP Board meeting today we have proposed some principles that we hope will be adopted as part of the Integrated Neighbourhoods work. Once we have completed the evaluation, we will set out our plans for the future. We are confident that the learning from this work will inform future practice across Cambridgeshire and Peterborough.

The meeting closed at 15:35.

The next STP Board Meeting will take place on 20 May 2019 at Ely Cathedral Conference Centre.

Author: Alison Ives, System Governance Manager, March 2019