

Public Meeting

Meeting: STP Board
Date and Time: 20 May 2019 – 12:30 – 16:30
Venue: Ely Cathedral Conference Centre, Palace Green, Ely. CB7 4EW

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
Cllr Anna Bailey (AB)	Chair of Adults Committee	Cambridgeshire County 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
Liz Robin (LR)	Director of Public Health	Cambridgeshire County Council & Peterborough City Council
<i>Louis Kamfer (deputising for Paul Scott)</i>	Chief Finance Officer	Cambridgeshire and Peterborough Clinical Commissioning Group
Matthew Winn (MW)	Chief Executive	Cambridgeshire Community Services NHS Trust
Michael More (MM)	Interim STP Chair	
Mustafa Malik (MMa)	Chief Executive Officer	Greater Peterborough Network
Neil Modha (NM)	GP	Greater Peterborough Network
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	
Stephen Posey (SP)	Chief Executive	Royal Papworth Hospital NHS Foundation Trust
Tracy Dowling (TD)	Chief Executive	Cambridgeshire and Peterborough NHS Foundation Trust

In attendance:

Alison Ives (AI)	System Governance Manager (<i>Minutes</i>)	System Delivery Unit
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Apologies:

Wendi Ogle-Welbourn (WO-W)	Executive Director	Cambridgeshire and Peterborough Council
Sarah Boulton (SB)	Chair	East of England Ambulance Service
Stuart Shields (SS)	GP	West Cambs Federation
Cllr Wayne Fitzgerald (WF)	Deputy Leader and Cabinet Member	Peterborough City Council
Julie Spence (JS)	Chair	Cambridgeshire and Peterborough NHS Foundation Trust
Paul Marshall (PM)	Sector Lead	East of England Ambulance Service
Paul Scott (PS)	Financial Planning and Performance Group Chair	
Will Bailey (WB)	Director of Operations	Cambridgeshire GP Network

DRAFT

Public Meeting

Agenda

Action

Welcome and introductions

Apologies for absence: As above.

Declarations of interest: None declared.

Notification of AOB: Royal Papworth Hospital Strategy Development 2020 - 2025

1. Patient/Public Focus: Health Inequalities

Stuart Keeble, Consultant in Public Health, Peterborough City and Cambridgeshire County Councils, and Fiona Head, Associate Director Clinical Outcomes, Population Health Strategy and Hosted Research, NHS Cambridgeshire and Peterborough Clinical Commissioning Group presented 'Tackling health inequalities across Cambridgeshire and Peterborough' to the Sustainability and Transformation Partnership (STP) Board.

Stuart talked to the STP Board about the large number of differences in the number of years lived and the number of years lived in good health ordered by level of deprivation. Residents living in our most deprived communities experience health outcomes similar to somebody 10-15 years older living in the least deprived communities.

Stuart requested that the STP Board thinks about the important role that health and care organisations can take as local anchor institutions and asked the Board to consider what partners could do across Cambridgeshire and Peterborough, including potentially embedding the principles identified for tackling health inequalities into the work of the

- Alliances
- Primary Care Networks and Integrated Community Networks.

Fiona presented to the STP Board the work that has already been done in addressing health inequalities through the NHS in Cambridgeshire and Peterborough, what is happening right now and what is planned for the future.

Members of the STP Board commended the presentation and agreed that we need to think about different approaches, including changes in commissioning, and reflect on what we can do locally, as this may be different across Cambridgeshire and Peterborough.

MM thanked Stuart and Fiona on behalf of the Board.

TD left the meeting at 12:55pm

Stuart and Fiona left the meeting at 1pm.

2 Short Term**2.1 Financial Planning and Financial Performance**

The STP Board **noted** the Financial Planning and Financial Performance report.

LK explained that the System outturn for 2018/19 was a collective overspend of £200.0m, which, after receipt of £52.1m of Provider/Commissioner Sustainability Funding, results in a final System outturn of £147.9m overspend. This is adverse to plan by £12.8m.

The focus of the System has now moved to 2019/20 planning and delivery of control totals. The System control total for 2019/20 would represent a £60m improvement from 2018/19 outturn, and more than £70m improvement against our underlying position.

Members of the Health and Care Executive (HCE) and the STP Board have been engaged in active dialogue with the East of England Regional team. NHSE/I are keen to support

more regional level working and therefore STP leads from each STP within the Eastern region have met to discuss how the region can work together for more sustainable plans in the future.

AB raised concerns about why we are already into the 2019/20 financial year without agreed plans. MM noted that we have not agreed to control totals we think we cannot achieve and therefore discussions will continue to take place which the STP Board are actively engaged in.

RS thanked the STP Board for the considerable work completed so far to get to our current arrangement.

Looking beyond 2019/20, over the summer, we will develop a five-year financial plan to ensure that we are working towards a more sustainable financial position in the medium term. RS noted that we are not currently in a sustainable position and we are committed to working out why we are so far adrift.

RS confirmed plans will be finalised by the end of October.

2.2 Delayed Transfers of Care (DTC)

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

Real progress has been made since the last STP Board meeting at both Peterborough City Hospital (PCH) and Cambridge University Hospital (CUH). PCH achieved 3.4% in March 2019, whilst CUH achieved 3.4% for two consecutive weeks in early April 2019.

JT noted that whilst this is great progress it is not business as usual yet and work still needs to be progressed over the next six months.

RH requested that for the next STP Board meeting the focus should be on Hinchingsbrooke whilst providing minor detail for CUH and PCH.

Action: DTC at Hinchingsbrooke to be focus of STP Board report in July.

JT

2.3 Accident and Emergency

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

TD re-joined the meeting at 1.35pm

Activity at our A&E departments has continued to grow showing that in the last quarter we had much higher increases of 12.1% (12.3% CUH, 18.3% Hinchingsbrooke, 7.7% PCH).

Discussions at the A&E Delivery Boards has highlighted that there is a need to ensure patients are using other available services such as minor injury units for example.

AB noted that the Princess of Wales Hospital in Ely has seen a small decrease in attendance and, therefore, whether A&E department staff are actively telling patients about alternative services available to them. The STP Board acknowledged that it was a long process to influence the public around other services available and that we need to do more work on simplifying the pathways as we have created a complex system.

The STP Board acknowledged the need to continue working together alongside the East of England Ambulance Service.

3.0 Medium Term

3.1 South Alliance – Update

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

JM discussed that since the last Board meeting the South Alliance have been focussing on supporting the formation of Primary Care Networks with a view to identifying the next Integrated Neighbourhoods. Work also took place with Granta Medical Practices, CPFT, CUH and CCC to implement the Granta Integrated Neighbourhood.

PCNs will become operational on 1 July 2019.

MM requested a sense of issues raised at the monthly meetings and the feeling of practices around the creation of Primary Care Networks (PCN). JM confirmed that Primary Care is challenged, particularly around recruitment and retention. Some GP practices are excited by the creation of PCN's and others challenged by it.

Discussion followed around the System-wide commitment required to shift resources towards Integrated Neighbourhoods over the next two years.

3.2 North Alliance – Update

The STP Board **noted** the North Alliance-update report.

NM fed-back the lack of progress for the North Alliance since the last STP Board meeting and highlighted that funding requirements and resource restriction are the barriers, albeit understandable considering the financial stress the System is under.

Discussion commenced around decision-making for both Alliances and whilst the STP Board acknowledges the enthusiasm, decisions need to be made in the right places, led by the correct teams. Transparency is needed between all partners.

JW referred to the item in the report around IV antibiotics and conversation pursued that if IV antibiotic service is in the scope of the North Alliance to solve then they should.

It was suggested that a separate report be presented to the STP Board on behalf of both Alliances in July 2019 which articulates choices to be made, the impact of these choices and resource for these choices.

Action: Separate STP Board report to highlight choices to be made, impact of the choices and resource for these choices on behalf of both Alliances.

**NM/CW
NA/JM**

3.3 Pathways for radical redesign

The STP Board **noted** the Pathways for radical redesign report.

AG updated the STP Board on the work that is being done by the Clinical Communities Forum (CCF). CCF have agreed that each Transformation project will consider a number of themes. CCF members are also working closely with Public Health and the belief is this work will address health inequalities and prevention.

Discussion continued around how progress made in the three identified pathways could be replicated to many other services and how there is a need to ensure there is the right

membership and alignment with other initiatives led by the Council, particularly on children and young people. It was also highlighted that the three pathways chosen cover all ages.

3.4 Primary Care Update

The STP Board **approved** the existing Clinical Commissioning Group (CCG) Primary Care Commissioning Committee as the STP's Primary Care Programme Board.

4.0 Enablers

4.1 Workforce Transformation

The STP Board **noted** the Workforce Transformation report.

During 2016/17 a high level workforce strategy was designed and approved by the STP and Health and Wellbeing Boards for Cambridgeshire and Peterborough. The WSDG group now meet fortnightly to ensure progress on the plans and to deliver workforce transformation, providing support as necessary to other System groups that encounter workforce challenges, for example the Alliances.

Discussion commenced around premium staffing costs and the support required collectively to recruit and retain staff locally, including how System partners may need to adopt a different strategy for training and sharing staff. For example, we need to be able to guarantee employment to those we have trained and think about offer staff something more to what they would receive from another System.

GW indicated the need to incorporate the Primary Care workforce plans as they will be looking to recruit staff roles we are already struggling to recruit i.e., physios, pharmacists, paramedics etc.

The STP Board **agreed** that as a System we are all signed up to a guarantee that if we train staff we will employ them.

4.2 Organisational Development

The STP Board **noted** the Organisational Development (OD) report.

TD highlighted the number of training initiatives being undertaken by the STP and actively encouraged the Alliances to think about 15 people they would like to attend the Frimley 20:20 leadership programme.

5.0 Long Term

5.1 Longer Term Models – Oral update

MW confirmed that progress on developing longer term models for System integration had been limited given the focus on 2019/20, however an update will be provided at the July STP Board.

6.0 Other Matters

6.1 Clinical Leadership – developing a single system wide clinical voice

The STP Board **agreed** the proposed membership and governance arrangements for the Joint Clinical Group and Clinical Communities Forum and **noted** the timelines.

6.2 Other items list and prioritisation

The STP Board **noted** the Other items list and prioritisation report

RH requested that moving forward this item should be presented as an action tracker, and in July a more substantive update on the stroke-neuro rehab and trauma workstreams.

Action: Report for STP Board in July should contain an update on stroke-neuro CP rehab and trauma workstreams.

6.3 Stakeholder Engagement

The STP Board **noted** the Stakeholder Engagement report.

Since late last year, there have been several system leader meetings with our local MPs, with the latest being completed in April.

LR discussed the need for the STP to engage across the region outside of Cambridgeshire and Peterborough on the issues within Cambridgeshire and Peterborough as many of the population using our services live outside of Cambridgeshire and Peterborough.

RS noted that there had been significant changes in both the national NHSE/I team and the regional NHSE/I team and that we must work hard to continue building the relationship with them.

7.0 AOB

7.1 Risk Assurance

The STP Board **noted** the Risk Assurance report

In Summer 2018 It was agreed to review current risks for relevance and validity; and to establish a new process for presenting risks to HCE and the STP Board. To ensure the risk process is managed in line with the recommendations from HCE we have established a Risk Committee whom will hold their inaugural meeting tomorrow 21 May.

The Board highlighted that it is important not to duplicate but to flag cross cutting issues.

7.2 AOB

7.2.1 Royal Papworth Hospital Strategy Development 2020 – 2025

Now Royal Papworth Hospital has successfully moved to its new site they are turning their thoughts to the future and refreshing their strategy. RPH would like to explore how they can best play a role which is valuable, and valued, in all the Systems within which they work. The trust seeks to position itself in a way which is supportive of, and complementary to, the work of others in establishing effective, efficient patient pathways and services. They would like to exploit fully the potential of their specialist expertise and skills, harnessing the capabilities of its new facilities and digital infrastructure, for the benefit of the entire health system and the patients cared for.

RPH would therefore like help in gathering feedback from System partners regarding how they would hope to see Royal Papworth work with them in future and would welcome a longer discussion around this at the next HCE meeting in June.

MM Congratulated RPH on the move to the Cambridge Biomedical Campus.

7.2.2 Digital

The local health and care record remains the number one focus for the Digital Enabling Group and it is crucial it receives support.

The financial commitment required will be presented to the Financial Planning and Performance Group. If we are able to commit to this scheme, then national investment should also be unlocked.

7.3 Questions from the public

The following questions were submitted in advance of the meeting;

The NHS provision of healthcare for Transgender people is strained nationally with referral (to specialist Gender Care Clinics) seeing waiting times of 2 to 5 years being normal. The ability and/or motivation of local support via GP's is also, I am told, unpredictable.

- a. ***Is there any plans to provide support locally for trans people whilst they wait for an NHS GIC referral? This might include counselling, partnership with private GIC providers often used whilst waiting by trans people (so the trans person pays the provider, but the blood tests and prescribing is done locally by the NHS in the same way as it would be for the NHS GIC's). Hair removal and speech therapy are also usually provided by the NHS locally under the guidance of the NHS GIC. The provision of bridging hormones is perhaps also a position that needs clarification and agreement.***
- b. ***Would the local provision plans consider the introduction of other local support such as that seen in Suffolk?***

<https://www.healthysuffolk.org.uk/advice-services/adults/transgender-hub>

JT provided the following response:

All commissioning for gender identity services is undertaken at a national level by NHS England (NHSE) specialised commissioning teams. We do not, therefore, commission specific support for Transgender people locally and there are currently no plans to provide additional specialist support locally.

All local people have access to general treatment and support for depression, anxiety or other mental health needs under community mental health and primary care services. In Cambridgeshire, there is voluntary sector support available through the Kite Trust for transgender young people aged under 25.

Additional (non-verbal) response following the meeting:

Specialised services support people with a range of rare and / or complex conditions. These services are not available in every local hospital because they have to be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience.

Locally, Transgender referrals are made to Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) who then forward on the referral to Charing Cross Gender Identity Service if the person is requesting a gender change – to assess their psychological suitability. The Gender Identity Service manages and co-ordinates care and treatment including any locally provided services.

NHS England conducted a consultation on 'specialised gender identity services for adults' in 2017. Through consultation, they sought people's views on two proposed service specifications: one for how Gender Identity Clinics will deliver specialised outpatient services; and another for how surgical units will deliver surgical interventions. The service specifications are available to read:

- [Gender Identity Services for Adults \(Surgical Interventions\)](#)
- [Gender Identity Services for Adults \(Non-Surgical Interventions\)](#)

Support available to young people through the Kite Trust is described on their website <http://thekitetrust.org.uk/>

At the meeting Jan Thomas stated that the Suffolk support website was an interesting one and took on the action to look at that in more detail in relation to what is provided locally.

Inclusivity is a core value of Healthwatch Cambridgeshire and Peterborough. We welcome therefore the discussion and raising awareness of health inequalities in our area. We would like to know how STP partners will work together to listen to people who experience greater inequalities and make sure that they are able to access information and services on an equitable basis. We would ask that all service redesign plans address the needs of seldom heard groups and that routes and mechanisms are developed to involve these communities.

LR provided the following response:

The Cambridgeshire and Peterborough Health and Wellbeing Boards have both agreed to develop a new Joint Health and Wellbeing Strategy (JHWS) in 2019, which covers the whole area, and addresses local needs and issues where there are differences across Cambridgeshire and Peterborough, or other geographical variation.

This Strategy, which will be aligned with the local response to the NHS Long Term Plan, will set out at high level how we aim to address the inequalities identified in the Joint Strategic Needs Assessment. We expect that, once a draft JHWS has been developed, there will be a period of stakeholder and public consultation to ensure that it reflects the views of local people.

Health Inequality Impact Assessments and Equality Impact Assessments are carried out for all significant NHS service redesigns, to identify if a proposed, new or revised practice or service impacts on any specific groups or communities. The system partners then plan for how those impacted will be accommodated in any revised services.

When planning any service redesign, STP system partners put in place a Stakeholder Engagement Plan that identifies the stakeholders and people affected by the proposed redesign, including seldom heard groups and communities. The Plan sets out how those affected by a proposal will be communicated and engaged with, through a range of methods and activities.

Meeting closed at 15:30

Date of next meeting: 18 July 2019, Location and Time TBC