

Public Meeting

Meeting: Sustainability and Transformation Partnership (STP) Board
Date and Time: 19 September 2019, 11am
Venue: Richard Young Suite, The Boathouse Business Centre, 1 Harbour Square, Wisbech PE13 3BH

Members:

Anita Pisani (AP)	Deputy Chief Executive & Director of Workforce and Service Redesign	Cambridgeshire Community Services NHS Trust
Claire Stoneham (CS)	Executive Programme Director	System Delivery Unit
Gary Howsam (GH)	Clinical Chair	Cambridgeshire and Peterborough, Clinical Commissioning Group
James Morrow (JM)	GP	Granta
Julie Spence (JS)	Chair	Cambridgeshire and Peterborough NHS Foundation Trust
Michael More (MM)	Interim STP Chair	
Paul Marshall (PM)	Sector Lead	East of England Ambulance Service NHS Trust
Paul Scott (PS)	Financial Planning and Performance Group Chair	
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
Val Thomas (VT) (deputising for Liz Robin)	Consultant in Public Health	Cambridgeshire & Peterborough
Will Bailey (WB)	Director of Operations	Cambridgeshire GP Network
Will Patten (WP) (deputising for Wendi Ogle-Welbourn)	Service Director	Cambridgeshire County Council and Peterborough City Council

In attendance:

Alison Ives (AI)	System Governance Manager (Minutes)	System Delivery Unit
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Apologies:

Alex Gimson (AG)	Clinical Communities Forum Chair	
Caroline Walker (CW)	Chief Executive	North West Anglia NHS Foundation Trust
Cllr Anna Bailey (AB)	Chair of Adults Committee	Cambridgeshire County Council
Cllr Wayne Fitzgerald (WF)	Deputy Leader and Cabinet Member	Integrated Adult Social Care and Health, Peterborough City Council
Jan Thomas (JT)	Chief Officer	Cambridgeshire and Peterborough Clinical Commissioning Group
Katie Bramall-Stainer (KB)	Chief Executive	Cambridgeshire Local Medical Committee
Liz Robin (LR)	Director of Public Health	Cambridgeshire & Peterborough
Mark Sanderson (MS)	Medical Director	Cambridgeshire and Peterborough Clinical Commissioning Group
Matthew Winn (MW)	Chief Executive	Cambridgeshire Community Services NHS Trust
Mustafa Malik (MMa)	Chief Executive Officer	Greater Peterborough Network
Neil Modha (NM)	GP	Greater Peterborough Network
Nicola Ayton	Director of Strategy	Cambridge University Hospital NHS Foundation Trust
Nicola Scrivings (NS)	Chair	Cambridgeshire Community Services NHS Trust
Prof John Wallwork (JW)	Chairman	Royal Papworth Hospital NHS Foundation Trust
Stuart Shields (SS)	GP	West Cambs Federation
Wendi Ogle-Welbourn (WO-W)	Corporate Director	Cambridgeshire County Council and Peterborough City Council

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Agenda

Action

Welcome and introductions

Apologies for absence: As above.

Declarations of interest: None declared.

Notification of AOB: None declared.

Minutes from last meeting approved.

GH Assured by chief of nursing that there aren't any concerns around Cardiology.

1. Financial Performance and Financial Planning

19/20 year to date We are currently ahead of plan and forecasting delivery of plan, but the forecast has an identified risk of £5-10m. HCE have commissioning some work for the finance group to look into each other's organisations to make sure we have done everything we can to maximise our financial delivery in year to support the deficit elsewhere and also to support each other.

Action: Process ongoing to mitigate the risk and we will reforecast at Month 6 and bring back to the STP Board in November.

PS

The CCG have a recovery plan on continuing health care provision, Members of the STP Board have a massive role to play in how that manifests itself, really articulate how we can help the CCG would be a new approach.

The STP Board committed to helping each other to reach a £192m deficit and all partners need to support each other to achieve this.

The STP Board requested work on the Drivers of the Deficit, which was completed last year. This work has now been authenticated with some external support and this support is not showing anything new.

MM noted that the table in the report covers elements of the totality of the spend that influences and engages with the delivery of integrated health and social care and does not cover the social care financial envelope. It also does not articulate the impact of financial deliverability in Primary Care.

JM noted that in order for the CCG to meet its control total it will take resources out of primary care; this means a reduction of £1.5m will be taken out of discretionary funding over the next 6 months. Whilst we are trying to get as much financial support into the system as a whole the CCG have considered how they can make savings in Primary Care and it was felt this was where a saving could be made. This is a unique set of circumstances for this year.

WB noted that although Primary Care has had some investment this year it is via the Primary Care Networks (PCN).

WP reiterated that keeping people well independently in the community is important as that reduces the need coming through to the local authority. Anything which changes that has an impact on the System as a whole.

The System agreed at the beginning of the year an overall financial envelope. The alternative to accepting this was significant. The System recognises that some of these short term measures seem dissonant and taking out money looks counter and contrary to what we are trying to design. However, we were determined that the whole funding question of C&P was addressed and by accepting this financial envelope this opened up further discussion.

The financial group are also modelling finances over the next five years. They have an initial view on the financial plan which will be submitted in September with the Systems response to the Long Term Plan. The Initial view is in draft which will be reviewed by HCE for September and then the detail on the plan will be worked on during the autumn, i.e. utilisation of acute capacity, continued support to clinicians to improve productivity, and support to community to ensure more people stay well at home.

Action: Re-think the column naming on the financial table within the report.

PS

2. Development of the long-term plan

The STP Board **noted** the report.

The final submission deadline is 15 November 2019

GH noted that we need to ensure we get recognition for the problem we are trying to fix around spending too much on health and care. We need to recognise the wider determinants of health, income, education, transport and leisure. We need to look at lifestyle choices around alcohol, smoking and the amount of people who get up and move. To complete a population health care is an integrated functioning health and social care service, when we see cuts that we see in financial resources this is a massive challenge. Need to look at the communities that we are covering because there are resources we are not tapping into. Social connection is really important to physical and mental health and we know the challenges around isolation.

We mustn't lose sight of those challenges and also some of the opportunities of partnering with different people i.e. biomedical campus. Must answer the NHS questions but this is a tiny part of the challenge in getting people living longer and better for longer and reducing the health inequalities. It is really important that our plan articulates this and that this is our aspiration and that we really understand our population in C&P and we understand the diversity and this is what we are going to do about it and outcomes for our families, patients and communities in five years' time.

Action: Need to ensure we work with the local authority on our narrative and formulation of our plan to ensure we don't over 'NHS' the response.

CS

We need to articulate well and understand the population and real issues we are facing as a System as well as showing what is special about us.

Action: A meeting with Paul Raynes, the Mayors Director of Strategy around the development to the long term plan.

CS

The STP Board **committed** to respond and feed into the annex's on behalf of the System.

Action: Pull together a triangulation exercise from the responses, everyone agrees on ... discretionary ones we need to have a discussion about.

CS

A Stakeholder event is planned for the 17 October 2019, invites includes a wide range of cross system partners, health watch, councillors, patient groups etc. 3 Hour update introduction into the Long Term Plan.

Action: Ensure STP Board members are invited to Stakeholder Event.

AI

There is also a Governor Event planned and Governors are invited to both events.

3. Break

4. Organisational Development

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

Requirement to transition to an ICS over the next 18 months.

Discussion commenced around what OD is needed and mapping of what we have already. Each System partner has already put a lot of work into OD and we need to ensure we know what has already taken place within our System and also to look outside of our organisations.

We need to develop an approach which is about doing real work together and therefore we need some OD expertise to hold the STP Board to account to ensure we take onboard a 'well led' approach.

Action:

5. Short/Medium/Long Term – by exception only

Delayed Transfers of Care

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

Data for NWAFT is not available due to the transferring of information to a new system. Work at Hinchingbrooke has improved since last year.

There is still further work to do but there has been a notable improvement due to this having had a huge amount of focus and this has now been passed to the teams and work on DTOC is now business as usual and being maintained and sustained.

Action: A report on reflections of why and what has been critical to the DTOC improvement. JT

A&E Performance and Admissions Avoidance

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

Action: Report required for the next meeting to include why there is an increased demand coming through to all sites with detailed analysis and focus. Also, what are we going to do to tackle the demand. Apply the same amount of focus on A&E as we placed on DTOC. CW/SH

Action: A Round Table Pilot is due to go live in October around how people are dealt with should they get to the front door of A&E. This needs to be fed back at the next STP Board meeting. JT

Action: A deeper dive is required to understand who is attending, where people come from, and why people attend. CW/SH

Action: To reduce pressure on emergency hospital services. What would it take to support the PCN's in this area? Set of things we need to come up with as a package to help. CS

South Alliance – Update

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

The STP Board congratulated the South Alliance group as the report shows they have made tremendous progress.

North Alliance – Update

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

Language within the report needs to be addressed, particularly around the statement that the group will be a 'Binding Legal vehicle to take forward decisions' It is not understood what this means, and concern was raised.

Action: In future the Alliance reports should not use language around being a binding legal vehicle. CW/NM

Digital

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

Action: On the 11 October there will be a Digital Clinical Engagement workshop in Peterborough and further details on this will be circulated. CP

Workforce Transformation

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

Action: The data coming from PA consulting is showing that agency and bank staffing dependency is growing. We need to consider how we reduce this through a deep dive; if this is growing, why is it growing, where is it growing and what can we do to get this back under control. TD

Action: Involve the Ambulance Trust in Workforce Meetings. TD

7.0 AOB

None declared.

7.3 Questions from the public

The following questions were submitted in advance of the meeting;

Question 1:

Fairer Funding for Cambridgeshire and Peterborough. It is unnecessary to rehearse the impact of us being the third lowest funded CCG in the country per head of population, although it is worth saying that there is poor awareness among the general public that we are likely to miss out on many of the improvements in the Long Term Plan because any increases in funding will barely - if at all - offset the savings that need to be made. What is of concern to CPFT's governors is what we do about this. We were encouraged by the efforts of Heidi Allen MP in securing a Westminster debate but are unsure of developments since then. What we do know is that our funding is a system-wide challenge that needs a coordinated response. We feel that the STP is best placed to lead a campaign for fairer funding for Cambridgeshire and Peterborough because it is a system-wide group.

My questions is, '**What plans does the STP have to campaign for fairer funding for Cambridgeshire and Peterborough?**' If it does not have any plans, what would it advise? Governors of the STP's four Foundation Trusts, together with representatives from CCS and the CCG, are meeting together for the first time on 28th October; we know we have to work together.

Answer – From Mike More, Interim STP Chairperson

It is correct that the gap in fair share funding of our population does an impact on our ability to deliver health and care services, as well as meet the national must-dos in the NHS long Term Plan and also the short term issues meeting short term budget restraints does have an impact on what it takes to maintain the momentum of change and enthusiasm of our colleagues across the system. If they see short term issues potentially counter the long term issue. Funding is not the only issue; we also need to do what was in our grasp to do for example controlling our agency staffing costs and ensuring we are using our current resources to their

optimal effect is a continual issue. We are clear as an STP that we have a responsibility to secure more funding but also to optimise on the resources that are available and these are not separate, if we are incredible on the second we won't be credible on the first and this has been a consistent approach.

Keith mentions the Westminster adjournment debate, this is not instead of the work of the STP but part of a planned approach by the STP and our component parts, CCG. so we have been engaging with members of parliament, and other stakeholders and NHS England at National and regional levels and very much do see our role arguing the case for funding fairness for the Cambridge and Peterborough System

There is a question as to how we do this, in doing so we are working closely with our colleagues at the County and City Councils, this issue of funding for Cambridgeshire is not confined to Health, so amongst the issues are the speed of demographic and population growth and whether the capture of the growth is adequate for the case of change that happens in our county. We are continuing to have weekly discussions at national, local and regional levels. Further discussions with the members of parliament will continue over the coming months.

The two areas of work here are re-articulation of the fact based narrative for our system which becomes the script which we would like people to work from when they are talking to people who can help us. We also need to be cognisant in the art of possible, what are the mechanisms by which the government or other bodies could support this System in a different way that would solve the problem within their gift. Need to push on Market forces factor or distance from target or funding the structural deficit not changing the allocation formula for the whole country.

Question 2, 3 and 4: On behalf of Hands of Hinchingsbrooke

Why does the Sustainability and Transformation Board not have the capacity to provide its own management support - what exact "health support services" are you drawing from/will draw from in finalising your 5yr Operational Plans and How much is the McKinsey managerial support costing?

Answer – From Mike More, Interim STP Chairperson

The STP is a partnership of the component organisations and providers, primary care all the way through to hospital and community trusts. The main resource is intrinsic within those organisations in terms of thinking, contribution working issues through and the STP is supported by the SDU (a small group) designed to facilitate the cross organisational working above the components. The STP is not a management of the current health services in Cambridgeshire and Peterborough our task is to bring the various components of the management of health care together but is not itself another layer of management. What we are accountable for is how we work together and not to do something in addition on top of us working together. There is no manager of the STP but there is an administrative arrangement through Claire Stoneham who supports us bringing us together and including our submission of the LTP.

Question In particular what comprehensive Project Management support are you drawing from as detailed in the Hinchingsbrooke report in July.

Answer - Rob Hughes, Chair of NWAngliaFT. Rob is happy to meet with Hands of Hinchingsbrooke representative as no contact has been made with Rob since the merger.

Answer – Mike More, Interim STP Chair. At national and regional level, the case for funding Cambridgeshire and Peterborough our belief collectively that it is not adequate and is not fair compared to other parts of the country has been resisted at national level and not wanted to open that debate up and that has been a long term characteristic so what we did is we negotiated with the Government so that they would open up the question and part of the

mechanism for that is an independent view and validation of our financial plans, so we took the view that this was absolutely, given we had been fighting hard for the funding question to be raised we needed to make progress on that and the McKinsey work is the mechanism by which that is done and it is partly funded by the regional arrangement (not entirely by ourselves). We also took a view that therefore that was an investment worth making because of the longer term financial benefits of the system were important. This is McKinsey and not related to the outline business case in Hinchingsbrooke.

Rob Hughes confirmed that they are going out to procurement the decision on who would be doing the work at Hinchingsbrooke and this would be confirmed at the end of October 2019.

Question - With regard to the North and South Alliances are you envisaging that the services involved would be contracted through the Integrated Care Provider contract? If not what kind of contracting process would be used?

Answer – Mike More, Interim STP Chair.

No not at this stage. Part of the development of the Long Term Plan is to develop the shape of integrated provision. The units in that will be the neighbourhoods (50k population) primary care, community care and contribution from social care. It is a clear unit but precisely how that works and what that means for example in the context of an Acute provider about the distribution of staff it employ, does it transfer or does it manage under different arrangements and if so what and likewise the Community based trusts is an open question which needs to be worked through the coming years

A whole approach for the whole of the County is fundamentally important not least of which in the areas in terms of digital investment technology you want to go to sufficient scale you need to go beyond the county, and we work in collaboration with our colleagues in Suffolk and Norfolk. The County wide STP will remain and develop over time.

The Alliances are the mechanism by which we bring together the thinking around the delivery of the neighbourhoods, they are not contractual entities. Precisely what they will do we will work on over the coming years. They could remain as Alliances where issues of common concern are discussed or, they become something else in terms of delivery. That is a question has not been answered or raised yet, it's not something they have been doing so far.

Hands of Hinchingsbrooke also provided a statement – see attached

Meeting closed at 14:10

Date of next meeting: 12 November, Kings Suite, Woodgreen Animal Shelter

Author: Alison Ives, System Governance Manager, System Delivery Unit