Cambridgeshire and Peterborough
Sustainability and Transformation Partnership

Meeting Minutes - STP Board Conference Call – 21 September 2020 IN PUBLIC

Meeting: **Sustainability and Transformation Partnership (STP) Board**

Date and Time: **21 September 2020**

Venue: **Conference Call (COVID-19)**

Members:		
Alice Benton (AB) – *deputising for Katie Bramall-Stainer*	Executive Director	Cambridgeshire Local Medical Committee
Caroline Walker (CW)	Chief Executive/ Co-Chair North Alliance	North West Anglia NHS Foundation Trust
Cllr Anna Bailey (AB)	Chair of Adults Committee	Cambridgeshire County Council
Gary Howsam (GH)	Clinical Chair	Clinical Commissioning Group
Jan Thomas (JT)	Chief Officer	Cambridgeshire and Peterborough Clinical Commissioning Group
Liz Robin (LR)	Director of Public Health	Cambridgeshire & Peterborough
Mary Elford (ME)	Chair	Cambridgeshire Community Services NHS Trust
Michael More (MM)	Interim STP Chair	
Neil Modha (NM)	GP/ Co-Chair North Alliance	Greater Peterborough Network
Rob Hughes (RH)	Chair	North West Anglia NHS Foundation Trust
Stephen Posey (SP)	Chief Executive	Royal Papworth Hospital NHS Foundation Trust
Tracy Dowling (TD)	Chief Executive	Cambridgeshire and Peterborough NHS Foundation Trust
Wendi Ogle-Welbourn (WO-W)	Corporate Director	Cambridgeshire County Council and Peterborough City Council
Chess Denman (CD)	Chair, Joint Clinical Group	Cambridgeshire and Peterborough NHS Foundation Trust
Louis Kamfer (LK)	Chief Finance Officer	Cambridgeshire & Peterborough Clinical Commissioning Group
Roland Sinker (RS)	Interim STP Accountable Officer	
Mandy Nagra (MN)	Executive System Delivery Director	Cambridgeshire and Peterborough STP/ICS
Carolan Davidge (CD)	Non Exec Director	East of England Ambulance Service
Prof John Wallwork (JW)	Chairman	Royal Papworth Hospital NHS Foundation Trust
James Morrow (JM)	GP/ Co-Chair South Alliance	Granta
Cllr Wayne Fitzgerald (WF)	Deputy Leader and Cabinet Member	Integrated Adult Social Care and Health, Peterborough City Council
In attendance:		
Tonino Cook (TC) (Managing attendees)	Project support	SDU
Gemma Keats (GK) (Minutes)	Corporate Governance Administrator	CCG
Joanna Leung (JL)	Programme Manager	System Delivery Unit
Danielle Black (DB)	Project Manager	System Delivery Unit
Tim Harrison		
Mike Hindmarch		
Jessica Watts		
Apologies:		
Julie Spence (JS)	Chair	Cambridgeshire and Peterborough NHS Foundation Trust
Matthew Winn (MW)	Chief Executive	Cambridgeshire Community Services NHS Trust

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Agenda **Action**

Welcome and introductions
MM welcomed everyone to the meeting and reminded everyone about meeting etiquette.

Apologies for absence: As above.

Declarations of interest: None declared.

Notification of AOB: None declared.

1. COVID-19 and Recovery Update (verbal)

The STP Board **noted** the verbal update on COVID-19 and the System Recovery.

JT notified the STP Board that a lot of teams across health and care had been working hard over the last few weeks to ensure services were re-started after lockdown in either their old form or a new form. JT took the opportunity to thank everyone and their teams working through this.

In relation to recovery, JT informed the Board that she had been asked to compare where the system was in comparison to last year. There is an improved position in terms of treating patients, but work continues to make sure this position was brought back up fully. We are not seeing anything different from other areas, but the question was around how the system responds going forward.
LK updated the STP Board on the significant progress that has been made over the last month and that work would continue with colleagues across the system to improve this further. He noted the focus across the acute sector as well as in the community. In terms of the cost of recovery, notification of allocations was received last week, and the system was working through these together.

JT commented that the challenge for recovery was consistent and there were a number of appropriate infection prevention and control guidelines to work to within the estate in the system. She noted that there was further work to be completed to look at how to move the workforce around to be as fluid as possible and maintain motivation.

JT gave an update on COVID-19 cases and that the system was not an outlier. There were early signs of a slight increase in cases in the north of the System, but this was a handful of cases. She commented on the importance of ensuring the public understood the importance of visiting their GP if they need to, particularly those with long term health conditions.

LR updated the STP Board on the epidemiology. Cambridge was seeing a more classic rise in cases in the 18-30 age bracket. There is a concern in the numbers in Peterborough looked to be declining but this coincided with the national direction to stop walk in appointments for testing. There had been a good system in place in Peterborough and she was worried people were not able to access testing via the national system. The whole of Cambridgeshire and Peterborough was currently below the national average.

JM noted his gratitude to the public for embracing COVID-19 safe ways of working. The challenge for primary care had been the dip in provision for other services, which had an impact on waiting lists but he was grateful to see these were now starting up again. JM reminded the public that primary care was very much open and was dealing with contacts as it would normally.

SP advised that joint work was underway to improve the position for the regional submissions. There had been some good work to improve bronchoscopy and commissioning capacity. CT and MRI had been reconfigured to create additional capacity for CUHFT and NWAFT as well as mobile respiratory capacity. This was building on the good work across the system and there were many other examples.

MM asked about the experience in care homes. TD advised that the CCG had increased nursing staff in care homes to ensure wrap around care, particularly in early days support. CPFT staff were also providing cover in care homes and she expected this to continue. There had been some changes to pathways out of the acute

hospitals through Discharge to Assess which had helped to join up the out of hospital sector, providing support in peoples own homes wherever possible and this would continue for the rest of the financial year.

MM asked if Cambridgeshire and Peterborough care homes had been compared and whether there was a sense of continuing resilience of the care homes in terms of the respiratory and the emotional support required. WOW advised that care homes were more resilient than they had been before, and they felt more supported. She said it was fair to say the biggest challenge was around their staffing as many homes were reliant on agency staff. JT commended the extraordinary work the Local Authority and Health had done together on this. JM commented on the staffing and that many were lost due to testing and isolation, which impacted on the whole system.

RS commented on the strict national guidelines, capacity and infection prevention and control measures in place and asked if the CCG was getting enough out of the partnership for evidence-based suggestions to provide care differently. JT said everyone was working well within the guidelines given but it would be helpful to begin some things to help with recovery. LR advised that the sharing of good practice and resource that CUHFT tends to have would be useful such as whole gene sequencing. This was an example of something practical that could do to keep people safe.

RH asked from a patient perspective, looking at the system recovery plan and within the national debate on other health conditions what message we should be giving people with cancer or heart conditions. GH commented on the gene sequencing work which had been of interest in primary care where it was implied that gene practice had not been open. He said it was good that COVID-19 was being recognised as a community disease now. GH commented on cancer and things like children's immunisations which had been working as normal throughout the whole pandemic. There had been a sterling effort across these services and more and GH said he had written to primary care as CCG Chair to thank them for their efforts.

GH said the flu vaccination campaign was bigger than ever this year so it had been a busy time for primary care. JM commented on an unhelpful letter to primary care and that GH's letter was clear and decisive and had helped to redress the balance. He thanked GH for the letter.

Turning to BAME and learning disability, ME asked about the disproportionate impact on these and also diagnostics and mental health. JT advised that more capacity for diagnostics had been put in place and work was underway to improve pathways and performance against these targets was going well. In terms of mental health, there would be issues for some time. It was important to ensure investment in mental health continued in future.

AB thanked the communities who had been involved, advising that many volunteers on the workforce were qualified or retired staff that had come back from other roles. They continued to work out there and would be needed in the coming months. AB said the needs had been increasing where people had not accessed services when they should have through fear of visiting health services. She commented on the role of carers and that many had not been out of the house much and were exhausted and therefore there had been a huge effort to make phone calls to carers. AB thanked the volunteer effort.

NM commented on the positive feedback on the public health briefing and that there was a lot happening locally in Peterborough. He said the GP Federations had been helping with testing and would continue to come together to support any of this work. MM recognised that this work was at a critical point as the season was changing and that the system needed to be prepared for the intensive work. He said people had learnt a lot about each other but very little about this disease itself. The STP Board would continue to receive updated on this, particular around the assurance on communications with patients and carers.

2. Mental Health Collaborative

The STP Board **noted** the update.

It was noted that the ambition of the Long Term Plan was that Provider Collaboratives would cover 100% of the country by 2023/24 and all appropriate specialised mental health services, and learning disability and autism services, would be managed through NHS-led provider collaboratives by 2023/24.

TD advised that work was underway to develop a Business Case to apply to take on this responsibility. NHS England was clear this policy had to be delivered and would take effect from April 2021. Important thing about the collaborative was that it would be taking on the financial and delivery responsibility. Due to the pooling of financial risk across the six foundation trusts, it was vital to engage with the STPs.

Work was underway to redesign clinical pathways and a Lead Provider and Lead Clinician were in place to take this forward. It was noted that the total budget in the first phase of the roll out was just short of £124m. There had been some due diligence on this and there were some expected concerns around the recurrent nature of the budgets. These negotiations were in progress. There were also concerns around the timescales and the impact of the Pandemic. It was anticipated that the Business Case would be worked through by the end of November 2020 with negotiations continuing to February 2021 and a live date of April 2021.

MM said these things did not come without risk. JM welcomed the concept of the collaborative and the focus to population level and commented that as the majority of care for mental health happened in the community whether it was self-care or within families, he asked how the collaborative engagement over such a large footprint within the constraints of primary care would be delivered and whether primary care would be expected to do some elements or link in some way. TD said this is why this has come here. This was to support these very unwell patients in the community and there might be an impact on primary care. In the same way that there were already service user groups, these pathways would not be designed successfully without primary are input.

RS commented that some parts of the world were getting better at aligning mental health in a more helpful way and asked where we were regionally/nationally. TD said there was a long way to go to naturally involve service users in our design. She said it was already happening relatively well in mental health but it could be better. It was not just about involvement/engagement but was about co-production.

In terms of progress compared with the rest of the country and shifting the responsibility from specialist commissioning to providers, our area was behind others that had gone ahead. WOW said she had discussed this work with TD and WOW was leading a group around young people on the autistic spec or were learning disabled. She said this was very focussed on intervening earlier to come up with local solutions. TD said the work was starting to address some of the tricky issues learning disabilities was one of the complex areas. This work was vital for the Integrated Care System, particularly if the financial risk was a risk and not a gain. It was important that there was good sight of this.

ME declared an interest as a Chair in East London and commented that she was familiar with this through the London collaborative. She was conscious of the real recruitment issues in Bedfordshire and Luton consultant psychologists and psychiatrists. This was a great influence on cost and quality and had an impact on referral rates and length of stay. TD said this was a good opportunity for specialist staff to work across the region rather than within their individual organisations and to also look at the regional research and development to attract the very best people.

MM summarised that the risks, opportunities and challenges would need to be well managed. He said one of the biggest issues was the engagement and he asked that the STP Board was kept informed on progress.

3. NHS Charities Together Funding Project

The STP Board received a paper on the NHS Charities Together Funding Project. JL and DB joined the meeting to talk to this item. There was a common view that a charitable fund should not be given to individual organisations but should be utilised to the optimum across the system, recognising that this could not be used for things the NHS should already be funding itself.

MM asked if the broad direction of travel sounded right and whether it looked to be addressing the real needs.

The STP Board endorsed the recommendations set out in the paper:

- to provide comment and feedback on the proposals.
- to agree delegated authority to the STP Chairs to proceed with taking forward the decision on which proposals to proceed on and to mobilise delivery, reporting to relevant groups, as required; and
- to note future progress of this project would be given through updates to the STP Board.

4. Feedback from Children's and Maternity Group

The STP Board **noted** the update.

WOW summarised the work taking place around Children and Maternity across the health and care system. A key focus at the moment was supporting children in getting back to school following Lockdown.

The CCG had enabled additional capacity to support schools and this was fantastic in supporting teachers and children. This was one of the examples in how the workforce had demonstrated being able to work together. WOW recognised the additional challenges COVID-19 had presented in terms of children and adult mental health support, pregnant mothers, children with complex needs. Some people had really struggled in lockdown, and the service had worked to ensuring the right facilities were in place in terms of support and also the infection, prevention and control measures. Work had been done to develop boards that work together with cross cutting areas considered, for example, development of the adolescent strategy and the children and maternity plan.

ME expressed thanks from the CCS in terms of the leadership from WOW to get people working together. She asked about transition from child to adult services as this was notoriously a difficult area. She asked how this was being handled with the pressure people were already under. WOW advised that this was an area of focus that the services would always have. There was an aspartic workstream that looked at transitions and this was much better than it was before. There was more focus on those families particularly struggling. ME commented on communications which was a challenge for all services at present. She commented on the complicated nature when parents were dealing with acute primary care services. ME asked if there would be anything on how the communication was working for parents through this workstream in terms of navigating pathways. WOW said this was a priority in the plan which would continue.

AB commented on perinatal mental health and the exclusion criteria. She said six-week maternity health checks were now in the GP contract.

****Action: Provide information to AB on the six-week maternity health checks.** **WOW**

TD advised that no one was excluded from perinatal mental health but there were different types of service that could be provided against different timescales.

MM commented that there was a bit of a way to go in engaging with different communities, thinking about BAME communities. He asked if there was any common learning coming from one part of the community to the other. WOW said there was learning that could be taken to different parts of the county and there was a programme in place looking at services from pre-birth to five and it was anticipated this would be rolled out across three testing sites, looking at specific issues. Once this learning was in place, it would be rolled out to other areas too.

6. Questions from public

MM advised that there were four questions submitted in advance of the meeting and said the responses to the questions would be uploaded on the STP website.

1. ***Where can I find the performance statistics for the two hyperacute strike units against appropriate national standards. Are the appropriate scanning facilities and analysis support facilities available 24/7 for patients presenting with stroke symptoms?***

Jan Thomas (Chief Officer, CCG) responded…

Every month there is performance report in the CCG governing body, we have had to amend this during the COVID pandemic but all KPI's are included and are available for the public, we will review our report to make sure that we are covering all the metrics that are included.

TIA patients are treated within 7 days of their first medical interaction and patients deemed high risk are treated within 24 hours. All our standards on discharges are being met and we are reaching 21% of patients that require thrombolytic therapy.

Currently, we are above the required ask of 30% on the stat data for patients who are having brain scans,

We have a plethora of metrics that we use, through a system that we use called the Snap Data, so we've got a lot metrics on it but what I will say, is obviously through our acute services, stroke services are available 24 hours a day, 7 days a week and the hyper acute stroke units are no different.

1. ***NHS England have developed performance data on survival rates in Intensive care during the present crisis - they show wide variability. What are the figures for the two major hospital?***

Jan Thomas (Chief Officer CCG) responded…
We have had the survivorship rates for each of the acute hospitals and they have been circulated. The results for Papworth and for complicated patients have been good but Papworth is right near the top of that league table of performance outcomes.

Stephen Posey (Chief Executive, Royal Papworth NHS Foundation Trust) responded…
I have been invited to chair the strategic programme board for critical care for the East of England and one of its tasks is to learn from the mortality and the outcome figures for Covid. There is a wide range of variation across the patch and the operational delivery network and NHS England organisation is working with individual units to learn, so that we are best placed to respond as a region, we are very happy to provide the specifics but I think we'll have to do that outside of the meeting.

Caroline Walker (Chief Executive, North West Anglia NHS Foundation Trust) responded…
The information is available, we've all looked at this throughout the pandemic and it is something we've been monitoring within the clinical cell, certainly the intensive care cell, throughout the pandemic we were monitoring them, so it is information we can easily make available and regionally we did have good performance.

2. ***Why has the Board persistently failed to recruit an independent Chair? A key role of a truly independent Chair is to ensure vested interests do not block radical change proposals which cross budget/silo boundaries. Clearly, I'd like to know what present recruitment activity is under way and see the role specification.***

Gary Howsam (Deputy Chair, STP Board) responded…..

The first thing I would say with regards to this question, is that we have not failed to appoint an independent Chair, we have not been seeking to. but it is quite important to say that we have not been looking for an independent chair.

We had an interim arrangement, which the board came to support several months ago and although the national guidance was originally that we would have an independent chair at the head of ICS' or STP's, its thought that that guidance is no longer as rigid as perhaps it was, so it is a discussion that the board is having on an ongoing basis, to determine which is the best way forward for us, in terms of who chairs the STP as we transition to an ICS.

We have had lengthy discussions around the fact that if you want to transform systems then what you really need to do is transform the relationships between the people that lead those systems and what we've seen through the Covid response is a degree of working between system partners and across organisations, that has led us to believe that the way we're doing things at the moment, if we can maintain that momentum it will put us in good stead for our forward plans.

At the moment I cannot give any further information about any ongoing recruitment but it is something we're actively looking at, we're in active discussions with the region, who have been talking further up the line as well and as soon as we have a definitive answer then we will of course make that decision public

3. ***What the STP process has achieved in direct improvement for its customers since its inception in 2016. As an example, the Board might wish to look at the case studies published from NHS Providers "Neighbourhood Integration Projects". They are clear, understandable and demonstrate progress. I feel the Board should be providing an equivalent flow to show, not what it's planning to do or how it might change, but what has it done for its customers.***

Caroline Walker (Chief Executive, North West Anglia NHS Foundation Trust) responded…

I think this is a good question and I have interpreted this to mean, **'what's the STP done?**'.

I do not think we've been great at telling everybody what we have done and that's one thing we have vowed to do differently in the next phase, to tell everybody the great and positive things we have been doing over the last few years.

I have got a long list that I have prepared from the work we have been doing within the South and North Alliances but I think there is definitely much more to do and we conceded that in the plans that we've got going forward and our priorities.

We received a presentation at the January Public STP Board from the North and South Alliances detailing projects that they have delivered. In January 2019 we presented to the board an integrated framework for neighbourhoods, which is when we created the latest phases of the North and South Alliances.

Examples of things we have done in the North around Echo Cardiology, examples within the community reducing inpatients stays, phlebotomy being done now in dedicated test centres outside of hospitals. We've got examples in the South, where they are doing My Diabetes apps that they are doing outside of hospitals not in hospitals and we've got various bits of work that we have been doing during Covid that is about doing things out in integrated communities around Primary care, rather than in hospitals.

See below a list of things that the team pulled together, just of the top of their heads, but I think the point here is to reassure the members of the public that we have done lots but we do still have lots more to do, that definitely could be done outside, in integrated neighbourhoods, rather than in its current setting and we're committed to making the things happen that we have planned to do.

Examples of whole North Alliance integration include:

- the cardiac physiology team now visits designated centres in the community to conduct echocardiography reducing hospital visits and providing more joined up care with the patient's GP
- a Federated primary care phlebotomy has joined up with the Trust to take blood samples at a dedicated test centre in the community avoiding visits to hospital and providing GPs with faster test information

Specific areas in the North have also developed further integration including:

- **In St Ives,** patients have access to self-service 24 hour blood pressure monitors, which helps GPs manage their own patients without requiring hospital attendance
- **Thistlemoor/Central** are recruiting community champions to engage and support their local community with access to health care including issues like increasing cancer screening in at risk populations.
- **Boroughbury** commenced drop in sessions for sex workers in the City to provide support with access to health advice and checks.
- **Wisbech** identified their local population issues including one of the highest smoking and diabetes rates in the STP. The Integrated Neighbourhood is recruiting new smoking cessation coordinators to tackle this and support the local community

In the South Alliance

- **Ely South** have developed new approaches for patients with Type 1 and Type 2 diabetes. Patients are invited to have a review of their health and care needs with their GP practice and a joint plan to help them manage their diabetes themselves is developed with patients and their carers. Information and

tools such as mobile apps like 'My Diabetes' or access to low cost IT equipment are provided for use at home. Through Social Prescribers, patients are then linked into other local support networks within the local community which may help with their wider health and wellbeing, such as peer support groups, exercise groups, carer hubs, benefits/money advice and social activities.

- **Cantab** are working closely with the other Cambridge city-centre PCNs and Mind to develop an innovative approach to student physical and mental health, for local students from Anglia Ruskin and Cambridge universities. During the COVID period the delivery of this has moved to a virtual approach, with Mind facilitating weekly virtual Good Mood Cafes where students can build social connections and circles of support to increase wellbeing, and weekly Open Door Calm Spaces (themed sessions on self-help techniques), with Information Sessions to follow once the new term starts.

Mike More, (STP Chair) responded….
I agree with you Caroline, we all agree that we are slightly too reticent about what we are doing. Actually this is a piece that we should be tasking our colleagues within the SDU with and we'll talk to Mandy Nagra about how we best do this, to actually just continually gather the stories and the narrative so that we are not being overly reticent.

5. AOB

There was no other business to be discussed.

Meeting closed at: 16.03

Date of next meeting:

Author: Gemma Keats, Corporate Governance Administrator, CCG