Cambridgeshire and Peterborough
Integrated Care System

Meeting Minutes - STP Board Meeting – IN PUBLIC	
Meeting:	**System Partnership (STP) Board**
Date and Time:	**19 May 2021 at 12.30pm**
Venue:	**Virtual Meeting by MS Teams**

Attending Members:		
Arshiya Khan (AK)	Co-Chair	North Alliance
Gary Howsam (GH)	Clinical Chair	Clinical Commissioning Group
James Morrow (JM)	GP/Co-Chair South Alliance	Granta
Jan Thomas (JT)	Chief Officer	Cambridgeshire and Peterborough Clinical Commissioning Group
Julie Spence (JS)	Chair	Cambridgeshire and Peterborough NHS FT
Julian Huppert (JH)	Chair of the System Wide Ethics Committee CCG Deputy Chair	Cambridgeshire and Peterborough Clinical Commissioning Group
Dr Katie Bramall-Stainer (KB)	Chief Executive	Cambridgeshire Local Medical Committee
Dr Tony Jewell	On behalf of Liz Robin, Director of Public Health	Cambridgeshire & Peterborough
Mary Elford (ME)	Chair	Cambridgeshire Community Services NHS Trust
Matthew Winn (MW)	Chief Executive	Cambridgeshire Community Services NHS Trust
Julie Farrow (JF)	Chief Executive	Hunts Forum
Michael More (MM)	Fixed Term Non-Executive Chair	
Rob Hughes (RH)	Chair	North West Anglia NHS FT
Stephen Posey (SP)	Chief Executive	Royal Papworth Hospital NHS FT
Tracy Dowling (TD)	Chief Executive	Cambridgeshire and Peterborough NHS FT
Alex Gimson (AG)	Chair	Joint Clinical Group
Wendi Ogle-Welbourn (WO-W)	Corporate Director	Cambridgeshire County Council and Peterborough City Council

Piers Ricketts (PR)	Chief Executive	Eastern Academic Health Science Network
Val Moore (VM)	Chair	Healthwatch Cambridgeshire & Peterborough
Carolan Davidge (CD)	Non-Exec Director	East of England Ambulance Service
Neil Modha (NM)	GP/ Co-Chair North Alliance	Greater Peterborough Network
Prof John Wallwork (JW)	Chairman	Royal Papworth Hospital NHS Foundation Trust
In attendance:		
Dr Tony Jewell (TJ)	Consultant in PH	Cambridgeshire & Peterborough
Carol Anderson (CA)	Chief Nurse	Cambridgeshire and Peterborough Clinical Commissioning Group
Sharon Allen (SA)	Chief Executive	Arthur Rank Hospice Charity
Cllr Susan van de Ven (SV)	Vice Chair of Adult and Health Committee and Chair of HWBB	Cambridgeshire County Council
Louis Kamfer (LK)	Chief Finance Officer	Cambridgeshire and Peterborough Clinical Commissioning Group
Kit Connick (KC)	Director of Strategy & Planning	Cambridgeshire & Peterborough ICS
Sharon Fox (SF)	Director of Governance	Cambridgeshire and Peterborough Clinical Commissioning Group
Uwem Okure (UO)	Corporate Governance Administrator	Cambridgeshire and Peterborough Clinical Commissioning Group
Apologies:		
Tom Davis (TDa)	Acting Chief Executive	East of England Ambulance Service NHS Trust
Dr Liz Robin (LR)	Director of Public Health	Cambridgeshire County Council and Peterborough City Council
Roland Sinker (RS)	Interim STP Accountable Officer	

1.1 Welcome and Introductions

Mike More, Fixed Term Non-Executive Chair (Chair) welcomed everyone to the System Partnership Board (Board) meeting in public. He welcomed Cllr Susan van de Ven to the System Partnership Board.

Apologies for absence

Apologies for absence were received from Tom Davis, Dr Liz Robin, and Roland Sinker.

1.2 Declarations of Interest

Carolan Davidge declared she was a Trustee at the Arthur Rank Hospice Charity Board.

1.3 Notification of Any Other Business

There was no notification of Any Other Business.

1.4 Minutes of the Last Meeting

The minutes of the last meeting of the System Partnership Board meeting held in public on 31 March 2021 were agreed as a correct record.

1.5 Matters Arising / Action Log

The Board received the Action Log which was updated.

2. NHS 111 – Option 3 – Palliative Care Hub

The Board received and noted a summary paper update on the Palliative Care Hub Telephone Service Launch. Carol Anderson said her colleagues Sharon Allen was had been invited to inform the Board of the new service in Cambridgeshire and Peterborough for patients at the end of their life. The service was being managed by Arthur Rank Hospice Charity; it was linked to the NHS 111 to make it accessible to patient. She advised the Board that this service was first of its kind in the country and was launched in April 2021. The triage call could access care throughout the system, and it was linked to the Local Authorities team. Carol Anderson reflected on the Impact of the paper on a patient who caught the attention of the Board. In this case the hub stepped in and coordinated the patient's care who wished to die at home. Sharon Allen said that Arthur Rank Hospice was delighted to partner with Herts Urgent Care and the Clinical Commissioning Group. It was a twenty-four-hour service, and they were having conversations of what it should be called. She highlighted that the busy times were after 9.00pm and weekends, they would provide reassurance to families, consequently the families were very appreciative of the services. There was a need to integrate other services for people to stay at home when that was their preferred way of dying.

Sharon Allen reported they received a slightly nervous call on the first day and there had been issues about inappropriate calls. She also said that they had a high

proportion of people calling from Peterborough and Fenland for the services, so it was clear they required the services more than any other region. She sought clarity on how to reduce health inequalities access to the system and for the Board to promote the services of NHS 111- option 3- Palliative care hub.

The Chair thanked Sharon Allen and Carol Anderson for their presentation and said the approach was welcomed. He said that one of the most important things in someone's life was how they died, acknowledging that there may be times when a person dies in the hospital for various reasons.

Dr Gary Howsam commented that the NHS 111 – Option 3 – Palliative Care Hub paper was presented to the CCG's Governing Body who had acknowledged that this was an important service for patients and that it was important to listen to the patient on the impact of the services provided. He emphasised that there was only one chance to impact a Patient's end of life care as this was very important and long-lasting legacy. Mathew Winn said he was pleased to see the collaboration between with Arthur Rank and East North Cambridgeshire and this would ensure that people could die at their preferred place. He said that more work needs to be done and more staff needed. most of their fast track went to the Hospice. Tracy Dowling supported the approach and said it worked well for Mental Health where there were gaps in the end-of-life care. The end-of-life transformation would be two years, but they lost one year due to Covid. The End-of-Life Transformation Board was working to streamline all the services in Peterborough, Fenland etc.as these places were struggling with services. She asked if the Hospice was just for cancer end of life or wider Range of end-of-life care. Carol Anderson replied that it was broader than cancer and Sharon Allen and her team were working hard to make people aware of this. Sharon Allen said that she was engaging people and making people aware of the service, then start to build relationship and link them with other services to have good palliative care. People linked Hospice to a place to die but that was not the case.

Dr James Morrow said that most General Practices also provided end of life and palliative care and welcomed as a complimentary service, but it was not one size fits all. Val Moore said that the practical learning received from introducing option 2 was different messages and asked how the Board could promote the service particularly for people without the automatic provision. Carol Anderson said that the team of the Board Programme and NHS 111 had been working hard for option 2, a boundary was put around it and that the team would never leave anyone stranded even if the option was not within their geography. She said they were having conversations to focus on people's diseases rather than focus on the end of life. The Clinical Nurse Specialist Pathway was being reviewed as part of the process. Dr Katie Bramall-Stainer emphasised that it was not about terminal care but palliative care. There was a need to tell patient and carers of all the services available to them to ensure they use it. In relation to item 6 on the Palliative Care Hub Telephone Service update paper, she could not see any feedback from Primary Care. It would be good to see Palliative Care linked to Primary Care Network as a pilot, as it was Important to improve the partnership. The Chair said he agreed that linking primary care was very important. Wendi Ogle-Welbourn asked if the service was available for children who needed palliative care. Carol Anderson said it was for sixteen years and above, but they were working with Hinchingbrooke to do something for less than sixteen years old.

3.1 The Chair thanked everyone for their contribution to the discussion on a very important service and initiative that had been developed in Cambridgeshire and Peterborough.

Joint Accountable Officer Update

The Board received the Joint Accountable Officer Update. Jan Thomas advised the Board that the purpose of the report was to provide an update to the System Partnership Board on key issues in relation to the system's transition to an Integrated Care System (ICS). It also provided a brief update on other issues for the Board's attention. She said that Cambridgeshire and Peterborough services were under immense pressure and there was a need to take that into consideration while looking at the ICS Development Plan and Operational Plan. There was a need to reflect on the waiting list, NHS 111 – Option 3 – Palliative Care Hub, people needing care and services. Jan Thomas advised the Board that Cambridgeshire and Peterborough continued to deliver the Mass Vaccine Programme. She reported that there were now fewer people in the hospital with COVID-19 and there was a significant list of work to be done to ensure recovery of services and delivery of day-to-day activities.

The Chair said that in terms of Workforce, he was having discussions with staff to understand their experiences. There were varied experiences depending on the area they were in and their resilience. Jan Thomas was of the view that it was extraordinary times and there was a variability. She said that looking at her own organisation, the CCG, the degree of flexibility and commitment given by staff was extraordinary. She used the example of how staff had stepped up to support the vaccination programme however she acknowledged resilience was an issue and continuing to bring people to do things outside the scope of their jobs was a challenge, requiring strong health and wellbeing support. Tracy Dowling commented that the staff at Cambridgeshire and Peterborough NHS Foundation Trust had been resilient and flexible during the pandemic. There was a research published recently on the impact of staff working in Mental Health services and the effect of on staff should not be underestimated due to the high level of demand and the high level of sickness among the people they care for. The Chair said that the challenges was for all and was helpful to also recognise the challenges from a patient perspective. Julian Huppert said that there were a lot of issues and concerns around people feeling the need to do more than they can. He was of the view that this was exhausting for people.

Wendi Ogle-Welbourn expressed concerns about the whole public sector and said she was conscious of their small organisation and continued to support them. There was a need to think of how to support the whole system particularly because they had been supported by the system from the beginning of the pandemic. Julie Farrow reported that as the Furlough Scheme was ending, volunteers were returning to work, consequently there was a reduction compared to what they had at the beginning of the pandemic and there was a need to prioritise. The Chair commented that the Voluntary Sector were an important partner as we progressed as an ICS. Dr Katie Bramall-Stainer said that they inherited an NHS workforce that was not the same as before the Pandemic. She expressed concerns regarding some abuse being directed at staff because of the retention of digital appointments for some consultations. She had raised this issue nationally and had received assurance that they were in the process of addressing it. She said it was not appropriate to subject the primary care workforce to abuse and the same would apply for her colleagues. She said they had

been having face to face consultations with patient and reflected on experiences that had been shared with her by staff. The priorities for primary care now were being safe, providing good patient care and staff wellbeing. The Chair commented that he wanted colleagues to know that the whole system was supportive of the primary care and emphasised that if there was further support required it should be made known. Rob Hughes endorsed his support for the primary care sector. He commented on the range of insights provided on the challenges of our workforce and reflected on how these could be addressed. He also commented on the resilience of the Executive Teams across the system and how to ensure that the Board did not burden itself with governance in trying to have the right governance in an emerging system. Jan Thomas commented that developing the governance framework was a challenge and emphasised that the oversight function would be within the ICS Statutory Body as was already in practice through the CCG.

Tracy Dowling advised the Board that they had four workstreams and one of them was the Health and Wellbeing, they had succeeded in being one out of fifty hubs in Mental Health Services. She expressed concerns about staff still being unwell and the way they supported their staff and approached recovery was Important. There was a need to ensure people were taking their Annual Leave and to listen to the concerns of staff. Rob Hughes commented that some issues were broader than the workforce remit and as a Partnership Board, they must ensure they do not add to workforce pressure. There was a need to distinguish what would be done and what would not be done. The Chair said that was an important point and reminded the Board there was a need to balance an increase in patient need alongside managing the health and wellbeing of staff. Dr Gary Howsam commented on the knock-on effects of pressures in the acute and community sector on primary care and this needed to be taken into consideration as the system progressed through recovery. The Chair thanked all for their contribution and staff resilience. He offered his deep appreciation to all work done in statutory NHS organisations, Social Care and the

3.2 voluntary sector said there was a need to continue to support them.

ICS Development Plan Update and Board Assurance Framework

The Board received and noted the ICS Development Plan update and Board Assurance Framework (BAF). Kit Connick said she would give an update on these two items concurrently. She advised the Board that they had extensive discussion about the version of the Development Plan and that it was a version that would be iterated. She said that she would not go through the entire development plan. She had provided an update on key headlines, ongoing work, and key milestones to the System Leaders. The was a need to be mindful of the critical path to ensure delivery. She advised the Board that they were on track in terms of progress, no delays yet, and they were very cautious in terms of Finance and its complexity. Turning to the BAF, Kit Connick advised the Board that there were eighteen risks, two were above threshold, two below threshold and the rest were within the threshold. One of the risks was about supporting the workforce. Finance to contribute to the support as a system. The Chair thanked Kit Connick for her update and agreed that work was in progress.it was fast moving and complex in terms of the awaited legislation and regulation. There was a need for Cambridgeshire and Peterborough to deliver a good system for their benefit. Julie Farrow commented that she wanted assurance for the voluntary sector. She wants the voluntary sector to contribute to the system and it would be helpful to know the timescales. Kit Connick said that they voluntary sector would be involved, and that money was allocated to be invested in the Voluntary

sector. She also said that a role would be advertised at the end of May to ensure meaningful engagement with the voluntary sector.

Val Moore said Kit Connick was their guest at the meeting on Monday and they had a discussion on how to help people from Local Authority and find representation across the system. It was a recorded action of resources across the system – Integrated Services. The practical delivery point involved in the neighbourhood care was to ensure that in the transit they can make decisions for things to be done in an Integrated way, Local Authorities to be seen as an equal partner. Kit Connick commented that it was a very helpful conversation and that although there was no clarity yet, they would adopt the approach for the benefit of the patients and communities. Mary Elford sought clarity in relation to the risk in part C of the BAF and asked how this would be taken forwarded. She said it was important to build on what is already going on across the system. She asked Val Moore if there were any learning, they could build on particularly in relation to accountability. Val Moore said that until they are sure of what was going on, they could not announce their plans to the Public because of Covid – 19. She advised the Board to take any opportunity to talk about the new Integrated Care System (ICS) to the public that ensuring strong patient engagement was an important lesson learnt from the past. Kit Connick agreed with the Val Moore and emphasised that there was a need to avoid duplication but to help patient in the communities understand what the ICS is all about as they had a duty to serve the communities. Mary Elford commented that they had People's Participation Module which she thought would be helpful to learn from.

Dr Tony Jewell asked how the ICS could constitute Strategic decisions. There had been some historical structural issues in Cambridgeshire and Peterborough. He flagged the inequalities in the strategic allocation and asked how the ICS intends to tackle these resources. The Chair commented that ICS would have a responsibility for health Inequality and funding allocations. Although the process of doing that efficiently and sustainably was among the many challenges, there were ways of collaboration which might be improved, demand and supply, health inequality becoming more prevalent and economic development must be part of the ICS.

The Chair thanked Kit Connick for her reports and said the Board looked forward to
4. receiving updates at each meeting.

Population Health Management

The Board received a presentation on Population Health Management. Sue Graham advised the Board that Population Health Management was an essential programme to support the system particularly with the challenge of Covid-19 and health inequalities. She said that there was a piece of work (the clip System) which started last year Summer and was led by the CCG which had led to linkage with the primary care and hospital data. They applied for involvement in way of Population Health Management Programme which. She highlighted that it was a twenty-two-week programme, which adopted the action set approach to allow for a scale up from the current situation. Chris Gillings advised the Board that they worked with all tiers in the programme to ensure improvement and to build analytical risk. There would be a review of funding across the system and that they were working with four Primary Care Networks (PCNs), but this would change. He said although it was a twenty-two week start in late September, there was a need to make sure the data was ready. The data shows that the relationship across the System has been strengthened and

they have been working with Local Authority to understand the patient data set. Caroline Walker offered her full support to the population health management (PHM) approach and said this was not just about data, but the actions taken, Interventions made, and behaviours changed based on those data. There was a need to take a different action to get the outcome needed. Wendi Ogle-Welbourn commented that she was in support of the approach and that it was important to work with residents to know what will genuinely make a difference to them. There was a need to change their behaviour with patients. Dr Katie Bramall-Stainer said there was a need to follow to know the patients default pathway which would make a massive difference. It was going to articulate how the financial benefit would be used. There was a need to extend it from the primary care network to the System. The Chair asked Chris Gillings if they had chosen PCNs, he said they were working with Dr Katie Bramall-Stainer to determine which PCNs required the services. Chis Gillings said that it would be several PCNs links across the system. Dr Gary Howsam emphasised that although data was important the Kings Fund explained that Population Health Management emphasised the need for strong partnership working with the Local Authority and Council who had a vital role to play. He said it was about place and empowering people, having a successful Integrated Care System (ICS) was fundamental and he would like to see updates on the population health management on a regular basis. The Chair commented that this was the opportunity to engage the right partners. Jan Thomas advised the Board that this was the right thing to do, there was a need to understand this Programme. It was an important concept and as an ICS they should be endorsing the approach and getting all the concept through the redesign of every pathway. She asked how the Board would ensure people get the right care they need at the Initial time and how they would redesign emergency care using Population Health Management approach to avoid failure.

The Chair thanked Sue Graham and Chris Gillings for their presentation. He said the Board looked forward to regular updates on progress with the Population Health
5. Management programme.

Questions from the Public

6. There were no questions from Members of the public.

7. Close

The Chair thanked everyone for their attendance at the meeting. He advised the Board to carry on with the brilliant work they are doing and concluded that he was looking forward to the next meeting.

Date of Next Meeting

The date of the next meeting of the Partnership Board in public was confirmed as Wednesday 28 July 2021 at 1.30 pm.

Author: ***Uwem Okure***
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13 July 2021