

| Meeting Minutes - STP Board Meeting – IN PUBLIC |                                       |
|-------------------------------------------------|---------------------------------------|
| <b>Meeting:</b>                                 | <b>System Partnership (STP) Board</b> |
| <b>Date and Time:</b>                           | <b>15 September 2021 at 5.30pm</b>    |
| <b>Venue:</b>                                   | <b>Virtual Meeting by MS Teams</b>    |

| Attending Members:            |                                                                  |                                                              |
|-------------------------------|------------------------------------------------------------------|--------------------------------------------------------------|
| Alison Clarke (AC)            | ICS System Lead                                                  | NHS England/Improvement                                      |
| Arshiya Khan (AK)             | Co-Chair                                                         | North Alliance                                               |
| Carolan Davidge (CD)          | Non-Exec Director                                                | East of England Ambulance Service                            |
| Caroline Walker (CW)          | Chief Executive                                                  | North West Anglia NHS FT                                     |
| Cllr Richard Howitt (RH)      | Chair of Adult and Health Committee                              | Cambridgeshire County Council                                |
| Cllr Irene Walsh (IW)         | Orton Longueville Ward and Cabinet Member for Adult Social Care, | Peterborough City Council                                    |
| Ewen Cameron (EC)             | Interim Chief Operating Officer                                  | Cambridge University Hospitals NHS FT                        |
| 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 |
| 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                       |
| Louis Kamfer (LK)             | Chief Finance Officer                                            | Cambridgeshire and Peterborough Clinical Commissioning Group |
| Mary Elford (ME)              | Chair                                                            | Cambridgeshire Community Services NHS Trust                  |
| Matthew Winn (MW)             | Chief Executive                                                  | Cambridgeshire Community Services NHS Trust                  |

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| Julie Spence (JS)          | Chair                                                      | Cambridgeshire and Peterborough NHS FT                       |
| Michael More (MM)          | Fixed Term Non-Executive Chair                             |                                                              |
| 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                    |
| Roland Sinker (RS)         | Interim STP Accountable Officer                            |                                                              |
| Tom Davies (TDa)           | Acting Chief Executive                                     | East of England Ambulance Service NHS Trust                  |
| Neil Modha (NM)            | GP/ Co-Chair North Alliance                                | Greater Peterborough Network                                 |
| Prof John Wallwork (JW)    | Chairman                                                   | Royal Papworth Hospital NHS Foundation Trust                 |
| <b>In attendance:</b>      |                                                            |                                                              |
| 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 |
| <b>Apologies:</b>          |                                                            |                                                              |
| Rob Hughes (RH)            | Chair                                                      | North West Anglia NHS FT                                     |
| Cllr Susan van de Ven (SV) | Vice Chair of Adult and Health Committee and Chair of HWBB | Cambridgeshire County Council                                |
| Jyoti Atri (JA)            | Director of Public Health                                  | Cambridgeshire & Peterborough                                |

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|-------------------|-----------------|-------------|
| Julie Farrow (JF) | Chief Executive | Hunts Forum |
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## **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 Tom Burton from the Ambulance Service to the Board.

## **1.2 Apologies for absence**

Apologies for absence were received from Rob Hughes, Councilor Susan Van de Ven, Jyoti Atri and Julie Farrow.

## **1.3 Declarations of Interest**

There were no declarations of interest related to the agenda.

## **1.4 Notification of Any Other Business**

There was no notification of Any Other Business.

## **1.5 Minutes of the Last Meeting**

The Minutes of the last Meeting of the System Partnership Board meeting held in public on 28 July 2021 were agreed as a correct record.

## **1.6 Matters Arising / Action Log**

The Board received the Action Log which was updated.

## **2.1 Joint Accountable Officer Update**

The Board received and noted 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 she would take the report as read. Jan Thomas reported that the Cambridgeshire and Peterborough system is under immense pressure and that these are very challenging times. They were experiencing delays, and referral of treatment was Impacted by the lockdown and Covid 19. These challenges were seen across the entire system, she said she recognizes the phenomenal work frontline colleagues were doing and she doesn't take that for granted.

Jan Thomas reported that they were creating a new way of delivery for the ICS, the legislation was passing through Parliament and would be prescribing a new way of working. There was a lot of work in detail to ensure we transit safely. She highlighted the operational pressures being felt mid-September, that are normally experienced mid-winter. They had a high demand for the children's services, the workforce was

working hard to keep up the performance and services by bringing in new ways of working and Innovation. She reported that the North Alliance were getting recognised for their work and people were working very hard despite the challenges. System Oversight and Assurance Group highlighted the operational pressure felt which cut across the whole of health and care.

Jan Thomas advised the Board that Cambridgeshire and Peterborough continued to deliver the Mass Vaccine Programme. They were starting the Booster Programme and were looking at having push on the Vaccine Programme for the 12–15-year-olds. The community was helping with getting people into the vaccine slot. she reported that the operational plan was now in its early stages, it would be linked to how they deal with their financial situation to help get to a sustainable place in Cambridgeshire and Peterborough by their Partners.

The Chair commented on the award of the North Alliance, he congratulated Dr Neil Modha and his Colleagues for a job well done. He said it illustrated what they were trying to achieve in the system.

Dr Gary Howsam congratulated the North Alliance colleagues and commended their fantastic work. He said that the workforce had been under pressure in the past 18 months, and it was important the Board recognised that their morale was low. Services were still delivered by Primary Care colleagues, and it was important to celebrate staff. He expressed concerns in relation to personal attacks -physical and verbal - experienced by the staff.

Wendi Ogle-Welbourn commented on the pressures on the health and care system, she said it was important to continue to meet as a system via Health Gold twice a week and to call an emergency meeting if there was additional pressure. The Chair said he was aware of the huge work carried out at those meetings.

Jan Thomas emphasised that Covid 19 was not over, they had one hundred and twenty (120) patients and the numbers was not declining. She said they were not back to normal, so it was important to continue being careful through washing of hands, use of masks and maintaining social distancing. The Chair asked Wendi Ogle-Welbourn if she was worried about people going back to normal ways of working/living. Wendi Ogle-Welbourn responded that they were constantly looking at communications to the public to remind them to protect the health system. She said they would welcome any additional idea that they can add. Jan Thomas responded that they were evolving, what was shown in the media was different from what was happening in the health care sector. The Flu vaccine programme was so important and that there needs to be clarity about what we are going to do to create additional elective capacity.

Dr Neil Modha advised the Board that there was a decline in staffing because of Covid, which made it difficult for the public to access services. Prior to now, there was a lot of face-to-face consultations, but that primary care is looking at how to improve things. He said they felt a lot of empathy for their patient but that it is important to take the right decision for the wider community.

Tracy Dowling said that one of the things they have seen during the past 18 months of COVID-19 was the impact on staff morale adding the importance of recognising this and putting in place support for the long term, along with thinking about how to help innovate and develop the skills of the workforce. Ideally recruiting more people into health and care sector especially in places with health inequalities, to restore the system to a better place than before COVID. The Chair asked how they would support staff as a system if there was an outbreak. He said the racial abuse received by staff was not acceptable.

Dr Katie Bramall-Stainer reported that there were demands across the system, in particular the strain on in particular highlighting urgent emergency care and social care. She highlighted that in Cambridgeshire and Peterborough, they had 70,000 more GP appointments than they had in August 2020. The Chair commented that he wasn't particular about the mode of GP consultation if it provided the assurance and care needed.

## **2.2 ICS Development Plan Update**

The Board received and noted the Integrated Care System (ICS) Development Plan update. Kit Connick advised the Board that it was a very comprehensive update since July's report. She reported that all areas were on track, although the work on clinical leadership was experiencing slight delays, because of the operational pressures.

Kit Connick advised the Board that the recruitment process was ongoing. The Chair Interview would be held on the 30<sup>th</sup> of September and 25<sup>th</sup> of October for the Chief Executive Officer. She thanked everyone for engaging in the process. She advised the Board that the branding options for the ICS has just been received. They would continue wider work on how to launch the ICS to ensure all partners are engaged and represented. The Development Plan reflects the work to date, and this format will take them through to 1<sup>st</sup> of April 2022. A supplementary Readiness to Operate document will be brought to the next meeting for visibility.

The Chair commented that they had received a significant volume of guidance over the last few days in relation to the areas set out in the development plan. Digesting this and applying it to our planning approach is work in progress and it was important to ensure we get it right.

Louis Kamfer highlighted some specific funding for the system. In relation to the level of efficiency, H1 level of efficiency will be included in H2. They would start to get back to financial control by the second half of the year. The news was positive, the continuation of hospital discharge would move into second part of the year. Roland Sinker said that emphasis was on revisiting some of the areas of the development plan.

Councilor Richard Howitt asked that the risk in engagement and system leadership section be considered and reviewed. In the engagement section, the October 6<sup>th</sup> event would be a platform to manage this relationship and he would like to see that part of the engagement aspiration made. The Chair asked that the 6<sup>th</sup> of October

event be highlighted, as it was about genuine collaboration and that there was a need to make it simple and inclusive to operate.

Jan Thomas suggested that we should build up a process where we are assured of getting the delegation and the legal accountability right for all partners.

### **2.3 Board Assurance Framework**

The Board received and noted the Board Assurance Framework (BAF). Kit Connick advised the Board that she would welcome any feedback from colleagues. She said she would take the report as read. The BAF had eleven risks, but none above threshold. The operational Risk Register (ORR) had 20 risks, with 10 above threshold. One new risk was added to the BAF in relation to the Voluntary Sector, following a conversation with Julie Farrow.

The Chair noted the Voluntary sector risk and commented that it was very disappointing that they were one of the last ICSs in the country to be approved and the reason they were held back nationally was because of finances not the function of the system. Part of the money for the voluntary sector was held back and he finds that unacceptable. He said he would have further discussion with Jan Thomas.

The Chair said that he recognises that the roof problem in Hinchingsbrooke is a high risk for the system but was not quite sure the description of the risks brings this out. Arshiya Khan said that the region was planning a regional emergency contingency, a Plan B for the system and regional too, to provide assurance that if the hospital needed to be decommissioned or evacuated, other trusts would continue to deliver its services.

In relation to Specialist Commissioning, they had the greatest risks in Cambridgeshire and Peterborough(C&P), providing services to a higher-than-average number of patients. The funding of these major players was important to C&P.

Mathew Winn Commented on the Board Assurance Framework. He said he was interested on the notion of a risk threshold, a risk was either high or low, it is what the analysis is. He said they should think of the language on the risk, hopefully the mitigation improves the situation. Kit Connick responded that she would develop that offline.

Dr Gary Howsam commented on the clinically led decision making. He said that currently the planning and actions done in CCG will continue to be clinically led. The chair and Chief Executive Officer need to be confirmed before they recruit into other positions. He reported that the Joint Clinical Group and Clinical Communities Forum (JCG&CCF) paper that was presented to the System Leaders was starting to take shape and was certain the risk would drop down once people have been recruited into roles.

### **2.4 System Oversight and Assurance Group (SOAG) Overview report**

The Board received and noted the System Oversight and Assurance Group (SOAG) Overview report. Jan Thomas reminded the Board that SOAG was becoming a statutory requirement and the Integrated Care System Board (ICB), and the ICS NHS Partnership Board (ICP) would be self-regulatory, to get assurance on performance. SOAG was evolving and they found a way through the first meeting to support the ongoing development of this group. In summary it was a good first meeting, the regional Directors also commented that it was the best of these type of meetings they had gone to. Jan Thomas said that being one ICS had helped with reporting and performance, as they were advanced, however data had not been down to smaller areas of focus. She advised the membership was broad and it would bring change. The function of Health Gold and System leaders had helped in building the structure and trust, compared to what other systems had done. One of the issues raised at the meeting was the UEC performance pressure, and it was important they had the right diagnostic.

The Chair commented that it was good to see that it was working well and reiterated the need to look to peers for contribution and criticism of organisational performance that would support the ICS development.

## **2.5 Month 4 Finance Report**

The Board received and noted the Month 4 Finance Report. Louis Kamfer advised the Board that in relation to the H1 Performance, the financial framework for the NHS was different from what they had before because of performance. In H1 they submitted a financial plan, which was on track to be delivered, and as such they had received the elective recovery fund. He reported that in H2 the threshold had changed, they will be on track to deliver their plan. In terms of the medium-term plan and recovery plan, they would agree with the national team on the process to deliver the transformation programme to the extent they could increase activity in the system. There was increase on threshold for the funding of elective, Louis Kamfer said that the key would be the development of the medium-term plan for H2, he would work with colleagues to develop this.

Caroline Walker asked for assurance on the delivery of the operational target and if all the financial plans would be addressed. Louis Kamfer responded that it was very important how they set their strategy in the next three years, assuring to national and regional colleagues and there was a need to bring their clinical colleagues on that journey. He advised the Board that the financial plan would be submitted to Julian Kelly by December, there was a need to develop this with System Partners and not in isolation. Arshiya Khan commented that the McKinsey report was published a year ago covid, so there was a need to catch up as the opportunity has changed. She asked what the baseline for delivery would be or if they should stay with the McKinsey analysis. Louis Kamfer responded that there was real recognition that there are opportunities within the plan, it was important to add the process so people would understand the sensitivity and extent to which they could recover their backlog. And there was also a recognition that not all the Covid cost could come out immediately.

Dr Neil Modha said in terms of Clinical Leadership, they had backlog on referrals, and the ability to have a short-term path to ensure meaningful help to patients was limited. It was difficult to make the money work and his plea to the finance teams was that it was important to allow the organisation to have the right number of staff to ensure efficiency in the organisation.

The Chair said they should maximise recovery to minimise the cost. There was a need to work hard on existing path/resources. He said the six-month plan should be done early. He said that their core principles should be to move into next year with the existing resources. Louis Kamfer commented that they needed a plan as they go into next year to avoid being in a challenging position.

Jan Thomas advised the Board that Cambridgeshire and Peterborough would be placed in SOF4, an agreed road map out of it, with a strong operational plan and a long-term plan to understand the financial position going forward. Jan Thomas added that being in SOF4 would come with a degree of funding and support which was being confirmed and would be reported to the Board in due course.

### **3. Questions from the Public**

Hooa Abdullah asked why the next System Partnership is being held in Private. The Chair responded that as they are working through things, sometimes there is the need to explore ways of addressing certain issues. The private meeting was not designed to be secretive but there are a lot of activities to be done. He assured that it was a process that was not unique to the ICS and that the Local Authority, NHS trusts, and CCG had the same ability to hold some meetings in private. He said that it was a principle and most productive way to address issues and move things forward to ensure transparency.

### **4. Date of Next Meeting**

The Chair thanked everyone for their attendance at the meeting. The date of the next meeting of the Partnership Board in public was confirmed as Wednesday 15 December 2021 at 11.00am

**Author: Uwem Okure**  
**Corporate Governance Administrator,**  
**Cambridgeshire, and Peterborough CCG**  
**5 November 2021**