

Minutes

Transformation Board Meeting in Public

Minutes of the meeting held on Wednesday 8th October 2018, 9 am to 11 am in Grenville, New County Hall, Truro

Present:

(KK) Kate Kennally	<i>Chair</i> Chief Executive, Cornwall Council
(TB) Tim Bishop	IM&T Director, SWAST
(HCM) Helen Charlesworth-May	Strategic Director, Adult Social Care and Health
(PC) Phil Confue	Chief Executive, Cornwall Partnership Foundation NHS Trust
(SH) Cllr Sally Hawken	Portfolio Holder, Children and Wellbeing, Cornwall Council
(MH) Mairi McLean	Chair, Royal Cornwall Hospitals NHS Trust
(TL) Tracey Lee	SOF Programme Director
(JP) Jackie Pendleton	Chief Officer, Kernow CCG
(RR) Cllr Rob Rotchell	Portfolio Holder, Adults, Cornwall Council
(KSh) Kate Shields	Chief Executive, Royal Cornwall Hospitals NHS Trust
(KS) Karl Simkins	SOF Director of Finance
(AS) Amanda Stratford	Representative from Cornwall Healthwatch
(BV) Dr Barbara Vann	Chair, Cornwall Partnership NHS Foundation Trust

In attendance:

(CR) Caroline Righton	Strategic Communications
(WV) Wendy Vincent	Minute Secretary, SOF PMO

Apologies:

Kevin Baber	Chief Operating Officer, Plymouth NHS Trust
Dr Iain Chorlton	Chair, NHS Kernow Clinical Commissioning Group
Adrian Davis	Lead Member for Adults, Council of the Isles of Scilly
Trevor Doughty	Strategic Director, Children, Families & Adults, Cornwall Council
Amanda Fisk	Director of Assurance & Delivery, NHSE (South West)
Jonathan Katz	Chair, Kernow Health Community Interest Company (CIC)
Theo Leijser	Chief Executive, Council of the Isles of Scilly
Dr Peter Merrin	Chair, Cornwall & IOS Local Medical Committee
Christina Quinn	Director, NHS SW Leadership Academy

Agenda No	Item discussion	Action No	Action By
1.	Apologies for Absence Apologies were noted as shown above. Chris Blong, Vice Chair for NHS Kernow Clinical Commissioning Group was due to deputise for Dr Iain Chorlton, but had to send his apologies for the meeting due to a personal matter.		
2.	Public Questions See appendix		

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	<p>The Chair reported one question had been received, seeking information about plans to address local capacity gaps for older people with a mental illness requiring admission at Bodmin Hospital.</p> <p>The full response will be sent directly to the individual raising the question, and is appended to these minutes.</p> <p>PC advised the meeting that there is an increase in the complexity of older patients being cared for. HCM added that the reduction in the number of nursing and care homes impacts on lengths of stay of in-patients on Garner Ward. HCM added that Cornwall Council is working with providers to improve the quality and availability of specialist nursing home beds in partnership with the NHS.</p>		
3.	<p>Minutes of Previous Meeting – August 2018</p> <p>The minutes were agreed as a correct record of the meeting.</p> <p>The Chair welcomed Tim Bishop from South Western Ambulance Service NHS Foundation Trust to the Board.</p>		
	<p>Action Log Updates</p> <p>A30 HCM provided an update following discussion in August about how learning disabilities would be integrated into all work streams. Whilst progressing a mainstream approach wherever appropriate, it is recognised that learning disability services need to change and this requires a dedicated focus. A Group is being convened, and in response to KSh's request, HCM agreed that a representative from the Vulnerable Person's Team at Royal Cornwall Hospitals Trust would be invited to participate, linking with the work underway to better support people in hospital, informed by an NHSE review relating to acute services.</p> <p>It was confirmed that the Learning Disability Partnership Board has recently undergone a refresh and will contribute to the planned improvements, working with families and clients.</p> <p>HMC will advise on when it would be timely to report back to the Transformation Board. On this basis, it was agreed that this action is now closed.</p> <p>A60/61 KS updated the meeting on how the gateway process planned for SoF projects and the development of an aligned plan for 2019/20 will drive the work on benefits.</p> <p>Action: To highlight benefits realisation work at arms-length body event later in the month.</p> <p>The development of a financial plan, aligned with the business planning processes in the Council, was supported by members. It</p>	A67	TL

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	<p>was agreed that an initial view of the trajectory to bring the system back to financial balance by 2021, as planned, is presented to the January meeting of this Board, with a particular focus on 2019/20, and where monies are best invested.</p> <p>Action: An initial view of the 2019/20 aligned financial plan to be a substantive agenda item at the January 2019 Transformation Board meeting, along with the system strategic priorities.</p> <p>A65 On agenda for discussion.</p>	A68	KS
4.	<p>SOF Assurance Report</p> <p>TL presented the SOF Assurance Report, focusing on those areas not addressed elsewhere on the agenda. In summary she noted that positive progress is being made in mobilising as an Integrated Care System, with a much greater focus on collaborative planning and design across commissioners and providers than originally envisaged. The integrated strategic commissioning work stream has been overseeing the strengthening of Section 75 arrangements as an important preliminary step, and NHS Kernow are in consultation with the GP practice membership regarding taking on delegated responsibilities for primary care commissioning from NHS England.</p> <p>Board engagement continues to be strengthened with the establishment of a new System Health and Care Leadership Board to drive delivery and assure progress. There are more reciprocal arrangements between Boards, for example HCM now participates in NHS Kernow Governing Body meetings.</p> <p>A workshop was held on 1 October with the executive teams to discuss a single set of system strategic objectives, a system assurance framework and associated risk appetite, in support of integrated planning and delivery for 2019/20 underpinned by a system wide framework.</p> <p>Components of integrated, place based care continue to be developed, with more test and learns underway. There is a particular focus on better addressing frailty, with the potential for this to be high impact. Cornwall Council commissioned Newton Europe work is focused on improving community based reablement services, with testing taking place in St Austell ahead of roll out.</p> <p>Good progress continues to be made in developing the underpinning enabling strategies including draft estates and digital strategies, the development of a workforce transformation plan and external support commissioned to support the development of an options appraisal and business case for shared enabling services.</p> <p>The immediate pathways priorities are improving care and support for people with joint problems, people at risk of having coronary heart disease, and people at risk of falling, who have fallen or who have fragility fractures. .</p>		

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	<p>The outpatient transformation programme is gaining traction, and aligned with prioritised pathway/elective care specialities.</p> <p>Some of the key upcoming engagement events include:</p> <ul style="list-style-type: none"> • SoF partners and the EPIC Project – the local EDRF eHealth Productivity and Innovation in Cornwall and Isles of Scilly Project – are co-hosting a large staff event on 9th October at County Hall: Technology Enabled Care in our Region – What does it mean for me?, to see, touch and interact with how Technology Enabled Care (TEC) can support their work now and into the future. • Hosting an event with Arms Length Bodies in October to share SoF progress and seek their support, for example with additional capacity and expertise. <p>Devolution proposals are being prioritised within Public Health to progress with HM Government:</p> <ul style="list-style-type: none"> • Reducing harm from alcohol, pilot alternative models to reduce affordability and accessibility of high strength alcohol • Exploring best use of the winter fuel payments to further tackle fuel poverty • Piloting increased activity in schools through healthy pupil programme <p>A follow up meeting has been held with regulators to take forward a System Assurance Group as discussed at the last meeting.</p> <p>SH clarified that it is HealthWatch Isles of Scilly who are keen to join the Citizens Advisory Panel, with Cornwall's HealthWatch already represented.</p> <p>MSK has been reported as a red RAG rating for the last 3 months, reflecting slippage due to some of the complexities associated with securing investments and resources at system level, and safely addressing information governance issues arising through collaborative working. The learning from this initial pathway should ensure a smoother implementation and realistic lead in time for pathways subsequently developed. PC confirmed that the Planned Care Board will sign off pathways in future.</p> <p>Action: Pathways team to formally review learning from initial pathway development, and ensure lessons fully addressed to inform methodology going forward, including use of standardised templates, etc.</p> <p>JP asked if there was a training need across different organisations in relation to benefits realisation. It was agreed to speak with the arm length bodies as they may be able to assist with this specialised area.</p> <p>Action: TL to raise benefits realisation challenges at Arms Length Body event taking place later in the month.</p>	<p>A69</p> <p>A70</p>	<p>PC</p> <p>TL</p>

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	<p>The reducing RAG ratings for Rehab, Re-ablement & Recovery and Healthy Weight link to capacity/resourcing issues.</p> <p>Financial Position</p> <p>There is still risk at Royal Cornwall Hospitals Trust. Social Care will be reporting a £1.9 million overspend at the end of the year (offset by underspends in other areas) and a large part of this overspend is due to the pressure on residential care beds. If winter is challenging, there will need to be even greater care as to how we use resources. Additional money is not expected this year.</p> <p>System Performance 18/19</p> <p>Of the 39 RAG rated indicators, 22 are red for the most recent month, 8 amber and 9 green.</p> <p>RCHT are on track with their trajectory for reducing 52 week waits. In this respect the importance of continuing elective care over winter was again reinforced.</p> <p>KK was keen to understand how we steer, shape and provide focus to the work that is going on in each of our programmes and leverage additional support and oversight from agreed system groups. Performance benchmarking should also be helping prioritise our actions.</p> <p>Action point: Future reports to set out where we plan performance to be at year end, and which system group has oversight of required performance improvements.</p> <p>It was confirmed that the board is here to receive system information; and not to receive information on individual providers as this would duplicate the information received at Governing Body.</p> <p>It was noted that within the system performance report there was still insufficient information on out of hospital care, and nothing on children's services. SH confirmed that the deferred One Vision report would be presented at the next meeting.</p>	A71	KS
5.	<p>Winter Planning Readiness</p> <p>Kate Shields presented the latest version of the winter readiness plan to Transformation Board members, and in particular noted that the plan draws heavily on the learning from last winter, and the need for greater precision, pace and rigour, with earlier escalation at system level, and greater engagement with the voluntary sector. Weekly face to face meetings from December, rather than conference calls, are also considered to be an important component of this year's plan. Robust planning in the context of a recognised shortfall in beds was noted as particularly important. KSh also described the need for further work to address risks associated with specialist dementia services, as discussed earlier in the meeting, and capacity</p>		

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	<p>constraints within the homecare workforce, recognising that these both needed strengthening in the plan. She also described some of the key success measures associated with the business of the acute hospital and the importance of sustaining both emergency and elective care. Key risks highlighted included workforce capacity, particularly within the homecare and residential sectors, delays in assessment, bed capacity, uptake of influenza vaccination and patient transport. KS confirmed that Karen Kay, System Director for Urgent and Emergency Car, is the nominated Winter Director.</p> <p>Transformation Board members provided the following feedback, ahead of a workshop planned for the A&E Delivery Board, to which locality leads have been invited, in October:</p> <ul style="list-style-type: none"> • The plan needs to be more explicit on rota planning, 7 day working and consistency of approach to annual leave – particularly to address the Christmas break • It will be important to manage winter in a way which does not compromise our approach longer term, for example in relation to RTT recovery. • The focus on ensuring a positive patient experience needs to be a stronger feature of the plan. • The engagement of localities is key in managing patients in local communities, and was recognised as needing to be strengthened, as evidenced by their engagement in the forthcoming workshop. It was also noted that it was intended to invite the localities to the SoF Health and Care System Leadership Forum in December. • Helen Charlesworth-May noted differential assessment times, with those in hospital receiving priority despite potentially higher risks to those awaiting assessments in the community, and noted the importance of measuring how well we support people in local communities as a key success indicator. There was also more general agreement that social care metrics need to be sufficiently represented in the dashboard of metrics drawn together to measure the effectiveness of management of winter. • Keeping elective activity running, and continuing to address 52 weeks, should be one of the key aims and an important measure of our success in managing winter well. • Importance of getting the Urgent Treatment Centres up and running as soon as possible as an alternative to ED. <p>Kate Kennally noted that managing winter well is a key measure of how well we are working together.</p> <p>Action: Kate Shields to review the system risk to ensure it adequately reflects the issues raised, and bring back an update at the January meeting.</p> <p>Kate Shields suggested that the Chair of the A&E Delivery Board for Devon should also be invited.</p>	A72	KSh

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	<p>Transforming Our Model of Care</p> <p>Community Hospital Reviews: Edward Hain, Fowey and St Barnabas</p> <p>There are currently 3 community hospitals sites where in-patient facilities are necessarily temporarily closed, and a recognised need to consider the future configuration of services in these areas and the implications for the community hospital sites. The paper presented a timeline for three separate but concurrent formal reviews that are anticipated could each take up to a year to complete, with formal public consultation if required, to commence in November 2019. The formal reviews will engage with the Clinical Senate, NHSE and the OSC. All local MPs are in support of the reviews commencing. A commitment has been given to move each review along as appropriate, noting that where feasible consultation, if required, could start earlier.</p> <p>Urgent Treatment Centres</p> <p>It has been identified through co-production that there is a clear need to have a mixed model of urgent care services, including the continuation of operational Minor Injury Units (the future of MIUs at Fowey and St Barnabas will be addressed as part of the reviews just discussed.)</p> <p>The network of urgent care provision will include:</p> <ul style="list-style-type: none"> • emergency departments in Cornwall and Devon • three urgent treatment centres • minor injury units • pharmacies – many already provide minor ailments, emergency supplies and extended hours services • GPs – 25 GP practices offer minor injury services as a Locally Enhanced Service. This is currently being reviewed to determine potential improvements and whether the service should be commissioned from additional practices • NHS 111 and NHS 111 online providing access and advice via the telephone and online. • Alignment of services with out of hours primary care treatment centres currently provided by Cornwall 111 • Alignment of services with additional primary care services during evenings and weekend in line with the local roll out of the national Improving Access to General Practice programme. <p>The three urgent treatment centre sites are as follows:</p> <ul style="list-style-type: none"> • West of Cornwall Hospital (already functioning as a UTC and has a CT scanner); • Treliske, Truro: the focus being on better coordination of existing workforce; • Bodmin Hospital: this UTC will potentially take longer to mobilise due to the need to consider workforce issues and the timing of a new CT scanner. 		

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	<p>The enhanced services available from three Urgent Treatment Centres are expected in particular to serve frail elderly people that require assessment closer to home, especially to avert avoidable admissions.</p> <p>PC voiced his continued concern about access to services for those living in the North and East of the County. JP reported that the travel analysis commissioned highlights the strategic importance of the Bude/Stratton site. There is work planned to review the service offer in that patch, recognising there is insufficient volume to sustain a UTC. The importance of working with colleagues in Devon to reflect the totality of activity into Cornwall was noted.</p> <p>HCM highlighted the Mental Health conference taking place on Friday 12th October to inform a new strategy that will inform the service offer for people with mental ill health.</p>		
7.	<p>Mobilising as an Integrated Care System</p> <p>The Chair agreed with Board members to take questions on this agenda item, taking the paper as read, due to time constraints.</p> <p>PC brought people's attention to the proposed ICS Governance arrangements.</p> <p>Action: Additional lines to be incorporated into the ICS Governance chart to clarify those groups it is intended report to the Transformation Board.</p> <p>BV sought further clarity on the interface with Children's Services sitting with One Vision. To be picked up when TD present.</p>	A73	TL
8.	<p>Developing our digital strategy</p> <p>KS shared the key priorities of the Digital Board. Stephen Trowell, on secondment from NHSE, had supported the development of a draft strategy, which is now steering the work of the Digital Board in moving projects forward, and ensuring that the service transformation planned is enabled by digital developments.</p> <p>The Digital Strategy will be completed by December; there will then be a need to look at workforce capacity and the cultural change required.</p> <p>An operational group has been developed to oversee the programme which includes linkages to Devon.</p> <p>Initial priorities are establishing a solid platform for more innovative schemes and supporting the integration agenda and locality working, including a Master Patient Index and Shared Care Portal. By year three there will be a focus on analytical solutions which will help predict future need.</p>		

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	<p>KS also described the funding opportunities available to support delivering on local priorities, in a way which enables in year spend to be managed.</p> <p>KK invited Tim Bishop, SWAST to be a member of the Digital Board. TB welcomed the invitation and explained by the end of the year there will be a national SWAST Digital strategy.</p> <p>BV commented that she was impressed by the ambition of the Digital Board, but also very pleased to see the focus on strengthening local platforms. She also provided reassurance that cyber security is being considered.</p>		
9	<p>Prevention Update</p> <p>Caroline Court, Public Health Consultant, joined the meeting for this agenda item, reporting on the progress made in this area, for example in relation to social prescribing. She also highlighted that much of the external funding is short term, and the need to consider how these initiatives are mainstreamed locally if effective. This will be an important consideration as the Health and Wellbeing Strategy is refreshed, financial plans are delivered to secure a balanced position and devolution propositions are pursued with government.</p> <p>Action: Prevention to remain a standing agenda item at the Transformation Board, including a focus on the devolution asks, and to reflect the scorecard as presented to the Health and Wellbeing Board.</p> <p>KK suggested we may wish to report our percentage spend on prevention, as recently suggested by the Chartered Institute of Public Finance and Accountancy (CIPFA), recognising that the public health grant is 2% of total spend.</p> <p>Action: To review that public health risks are sufficiently captured on the system risk register.</p> <p>SH suggested that the different approaches to health and wellbeing events taking place in the West and in Liskeard on the same day be evaluated for differential impacts, etc.</p>	<p>A74</p> <p>A75</p>	<p>CC</p> <p>CC</p>
10	<p>Feedback on the Health and Care Leadership Forum</p> <p>BV described some very constructive conversations at the last SoF Health and Care Leadership Forum. People who attended appreciated have the Chairs and political leaders taking a more active role.</p>		
11	<p>Any Other Business</p> <p>No other business discussed</p>		

Agenda No	Item discussion	Action No	Action By
	Dates of Future Meetings 10.00am – 12noon, Thursday 17 January 2019, Grenville, New County Hall, Truro		