

## Transformation Board Meeting in Public

Minutes of the meeting held on Wednesday 8 August 2018, 9.00am to 11.00am in Trelawny, New County Hall, Truro

### Present:

(KK)	Kate Kennally	<i>Chair</i>	Chief Executive, Cornwall Council
(HCM)	Helen Charlesworth-May		Strategic Director, Adult Social Care and Health
(PC)	Phil Confue		Chief Executive, Cornwall Partnership Foundation NHS Trust
(AD)	Cllr Adrian Davis		Lead Member for Adults, Council of the Isles of Scilly
(AF)	Amanda Fisk		Director of Assurance & Delivery, NHSE (South West)
(SH)	Cllr Sally Hawken		Portfolio Holder, Children and Wellbeing, Cornwall Council
(JK)	Jonathan Katz		Chair, Kernow Health Community Interest Company (CIC)
(TL)	Tracey Lee		SOF Programme Director
(JP)	Jackie Pendleton		Chief Officer, Kernow CCG
(CQ)	Christina Quinn		Director, NHS SW Leadership Academy
(KS)	Karl Simkins		SOF Director of Finance
(MS)	Malcolm Stewart		SOF Clinical Director
(AS)	Amanda Stratford		Representative from Cornwall Healthwatch
(BV)	Dr Barbara Vann		Chair, Cornwall Partnership NHS Foundation Trust

### In attendance:

(AH)	Aisling Hick	Strategic Development Officer, Council of the Isles of Scilly
(CV)	Caroline Vinnicombe	Minute Secretary, SOF PMO

### In Attendance for Specific Agenda Items:

Sharon Davidson	Head of Strategic Communications & Engagement
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### Apologies:

Kevin Baber	Chief Operating Officer, Plymouth NHS Trust
Dr Iain Chorlton	Chair, NHS Kernow Clinical Commissioning Group
Trevor Doughty	Strategic Director, Children, Families & Adults, Cornwall Council
Jessica Hodgeman	SWAST Representative
Thom Lafferty	Director of Corporate Affairs, Royal Cornwall Hospitals
Theo Leijser	Chief Executive, Council of the Isles of Scilly
Mairi Mclean	Chair, Royal Cornwall Hospitals Trust
Dr Peter Merrin	Chair, Cornwall & IOS Local Medical Committee
Cllr Rob Rotchell	Portfolio Holder, Adults, Cornwall Council
Kate Shields	Chief Executive, Royal Cornwall Hospitals NHS Trust

Agenda No	Item discussion	Action No	Action By
1.	<p><b>Apologies for Absence</b></p> <p>The apologies were noted as shown above. Kate Shields's apologies were noted due to a delayed flight back into the country and therefore, Karl Simkins agreed to also represent RCHT for the meeting to ensure quoracy.</p>		

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2.	<p><b>Public Questions</b></p> <p>The Chair reported two questions had been received from members of the public; one regarding Midwifery at RCHT and the second about EPIC (Ehealth Productivity and Innovation in Cornwall).</p> <p>The full responses to these questions will be sent directly to the individuals raising the questions, and are appended to these minutes.</p> <p>With regard to midwifery services, KS confirmed that interim arrangements are in place whilst recruitment to the substantive Head of Midwifery continues.</p> <p>And with regard to EPIC, the Chair confirmed that the work through EPIC is important to Cornwall's ambition and readiness for embedding technologies into services where relevant and feasible. This ambition is set out in the New Frontiers document, with early projects showcased to the Treasury earlier this year.</p>		
3.	<p><b>Minutes of Previous Meeting – April 2018</b></p> <p>The minutes were agreed as a correct record of the meeting.</p> <p>The Chair welcomed Helen Charlesworth-May to the Board.</p> <p>The Chair also recorded the Board's thanks to Kathy Byrne and Jim McKenna who had stepped down from their respective roles for the system and RCHT since the last Transformation Board meeting. She also looked forward to both Kate Shields and Mairi Mclean joining the October meeting to represent RCHT.</p> <p>Finally, the Chair wished Peter Stokes a long and happy retirement.</p>		
	<p><b>Action Log Updates</b></p> <ul style="list-style-type: none"> <li>▪ <b>A24:</b> The stakeholder list had been circulated and further work is underway to be presented to the Integrated Care Partnership Mobilisation Group in September.</li> <li>▪ <b>A30:</b> The links with learning disabilities continued to be strengthened, with meetings taking place during August to ensure this is embedded through the work programmes, as has already been done with respect to mental health.</li> </ul> <p>HCM added there was work to do to dovetail this work with adult social care. <b>Action:</b> Before the action is closed, HCM to report to the October Transformation Board meeting on the outcomes of the discussions taking place in August and how work will be taken forward.</p>	A30	Helen Charlesworth-May

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	<ul style="list-style-type: none"> <li>▪ <b>A60:</b> The strengthening of links with work stream deliverables remains work in progress, with an update provided in the SOF Assurance Report on outcomes and benefits quantification. The Chair welcomed this work noted that the Board needs to be confident in the relationship between deliverables, performance and finance.</li> <li>▪ <b>A61:</b> Aligning the budget to SOF priorities is work in progress.</li> </ul> <p>BV commented that it would be helpful for Transformation Board members to be made aware of when changes to meetings and structures have been made. <b>Action:</b> SOF meeting structure to be circulated and also shared on the SOF website.</p>	A65	SOF PMO
4.	<p><b>SOF Assurance Report</b></p> <p>TL presented the SOF Assurance Report which is split into two sub reports; the first to review progress in 2017/18 and the second to report on progress in 2018/19 to date. The Chair welcomed both reports and commented it is important to reflect as well as looking forward to new ways of working.</p> <p><b>(i) Part 1: 2017/18</b></p> <p>The Triple Aim is the key to achieving a sustainable health and care system, amended recently to the quadruple aim taking into account “meaning of work”. SOF has a role to play in contributing to achieve these aims, sitting alongside other system wide programmes and individual organisational operational and financial plans. The SOF contribution includes transforming out of hospital place based model of care, developing of an integrated health and care system, transforming outpatient services, and changing how we work together to provide seamless pathways of care for patients.</p> <p>The report sets out achievements in 2017/18 with a focus on planning and starting to implement the longer term clinically and financially sustainable models of care. TL characterised 2017/18 as establishing the building blocks for integrated care and making early progress in delivering more joined up care, giving a sense of what can be achieved. Key achievements of note included the establishment of system leadership arrangements and underpinning principles, agreed system priorities, the development of a three year financial framework and an improved financial position, the launch of a new integrated 111 and out of hours services, a new MSK pathway approved, success through the hard re-set of patient flow with significant improvements in ED performance as a result, improvements in delayed transfers of care, Devolution asks developed as part of New Frontiers and a series of co-production events which were well attended and received.</p>		

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	<p>Given the complexities of system working, requiring new and collaborative ways of working, there is inevitably learning from our early experiences and a continuing commitment to learn and adapt accordingly. It is however, clear that significant improvements in performance can be achieved when partners work as a purposeful integrated care system, and this will now be applied to the improvements required in planned care.</p> <p>Actions taken in response to early learning have focused on alignment with strengthening alignment with organisational planning, ensuring the right balance between the focus on delivering for today and planning for tomorrow, further strengthening communications, the criticality of a fully-fledged service strategy and the need to better quantify the benefits to be derived from transformational programmes.</p> <p>KS spoke of the financial framework with this year (2018/19) being critical to developing years 2 and 3 of the financial plan. The system has a £9m deficit underpinned by £30m of transformational funding and is required to plan for a sustainable position by 2020/21. Further savings achieved through SOF will be important to support organisational savings plans. Work will continue to link NHS plans with the Council plans to ensure alignment of financial plans.</p> <p>With regard to the system performance framework, KS reported on an iteration of the dashboard consisting of a broad range of performance measures, from a benchmarking position. Consideration is being given to how best to use this going forward to systematically improve performance.</p> <p>The Chair spoke of being quite a long way into this work and there have been a lot of achievements, and it is now time to capitalise on the foundation work to accelerate delivery. JP added that this should not be seen as a five year plan and there will not be an end point, it will always be an evolving and moving plan to transform services. BV spoke of being overt about the links with Devon and how this impacts on the east of the County.</p> <p>AF reported that it was important to take time to reflect on the good work that has, and continues, to take place and to find appropriate points in the future to stop, reflect and then move on. The golden thread through all this work is the out of hospital place based community services integration for patients.</p> <p>From a HealthWatch perspective, AS commented that it is important to demonstrate the evidence of how these transformational changes are affecting the users of services.</p> <p>PC spoke of working on the culture of the system to be “can do” with lots of work programmes happening with apprentices and the Kings Fund OD Programme to develop the workforce to deliver the services for the future. A happy workforce delivers good services.</p>		

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	<p>MS spoke of comparing what we have in place for winter this year compared to last year and taking the time now to modify work streams accordingly, and some of this can be achieved through importing models of care from elsewhere and tailoring to the local needs.</p> <p>CQ welcomed the honest reflections within the report and can see real learning in the plans and this should be celebrated further.</p> <p>The Chair spoke in summary of the discussion – system leadership is challenging and will not always be defined by a timed plan. System leaders need to understand the ongoing 3-4 year plans, whilst always having the delivery challenges for today. It is important to capture the learning on the back of planning for tomorrow. What is not quite so clear is when these plans will be delivered and when will the changes start to be noticed, particularly for service users, and when the benefit can be expected. It is important to now take forward the learning and use the actions to accelerate the work of the STP.</p> <p><b>(ii) Part 2 – 2018/19</b></p> <p>TL reported that this year is Phase 3 – taking major steps towards joining up how care is provided through the development of an integrated health and care system and therefore moving from planning to delivery.</p> <p>The presentation included a summary of the work completed to date with regard to quantifying benefits and impacts in respect of the triple aim, with work continuing to ensure all work streams can quantify their benefits and assess when these benefits can be realised. TL reported that some significant projects remain in planning stages with some still in the discovery phase pending gateway 1 review. The SOF PMO team is working with programme and project leads to understanding the impact of their work ahead of winter, and to further quantify the impacts, and by when, aligning this work with organisational plans. The next Assurance Report should demonstrate the benefits in more detail. HMC noted the need for social care outcomes and benefits to be more clearly articulated.</p> <p>With regard to the status of projects, TL reported that those marked with an asterisk are the priorities which are intended to demonstrate impact in 2018/19. For outpatients and frailty there are expected improvements in performance with the releasing of capacity for example, however, there is no formal reliance on cash savings from SOF project at this time. SRO arrangements have only recently been agreed.</p> <p>TL reported that the Model of Care work stream is rated as Green in respect of progress against high level milestones rather than delivery of benefits.</p>		

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	<p>BV commented that it would be helpful to define “model of care” and “pathways” for Board members. JP spoke of significant work underway in the background and that the model of care work stream (under SOF) is just a small element. HCM spoke of in the broadest sense the model of care being about right care, right place in the community unless acute care is needed. It was noted that as the Integrated Care Partnership mobilises into a Partnership Board, this will require a discussion about the scope of the model of care work and of this Transformation Board.</p> <p>More detail was provided on projects RAG rated amber or red, including mitigating actions.</p> <p>PC spoke of the NHS needing to be more focused on benefits rather than outcomes, and therefore current projects are being challenged accordingly through the gateway process. Mapping of those benefits is the priority.</p> <p>TL reported that some projects are in the discovery phase and the change delivery framework is about forcing the thinking of benefits early in the project life, to support prioritisation of system projects and ensure benefits can be delivered. AF spoke of the ultimate aim being to describe the place and treatment for a patient. AS added that it is important to understanding how peoples’ experiences improve, and not just service users.</p> <p>BV questioned about definitions announced nationally – system, place, &amp; neighbourhood. AF commented that this refers to national policy context and population sizes, noting a system would be 500,000 to 1m population. JP confirmed this links to localities and a placed based approach, recognising that this is all within a system.</p> <p>CQ referred back to the benefits discussion and spoke of the narrative and hearts and minds versus the metrics. The communication of success stories will help to connect with the hearts and minds of staff and will directly speak to patients and carers. This is just as important as the metrics. AS endorsed these comments as important for the communications strategy going forward. JP confirmed that the communications and engagement strategy is being finalised and this will be mindful of a consistent narrative, particularly about integration.</p> <p>The Transformation Board ENDORSED the following work areas (noting the amendment as shown in <i>italics</i>), and noted these will inform the content of future reports:</p> <ul style="list-style-type: none"> <li>▪ Mapping out the benefits to be realised through SoF programmes, and the timescales for delivery.</li> <li>▪ Determining the impact of SoF Programmes on the contribution to be made both ahead of winter and over the next 2 years.</li> </ul>		

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	<ul style="list-style-type: none"> <li>▪ Continuing our focus on designing and mobilising an Integrated Care System which supports us in the delivery of integrated, place based out of hospital care, subject to gateways.</li> <li>▪ Developing more fully the service strategy for out of hospital place based models of care, and mapping key milestones and intended impacts in 2019/20 and 2020/21.</li> <li>▪ Supporting work to strengthen the financial framework by agreeing how we align NHS and social care financial planning.</li> <li>▪ Developing more impact from our communications <i>and workforce</i> to help drive forward our work.</li> <li>▪ Building on the success of the 'hard reset' across urgent and emergency care, with the same forensic focus on securing improvements in planned care, <i>and ensuring lessons learned have been captured and completed.</i></li> <li>▪ <i>Being ready to respond to national policy (ie, ASC Green Paper and the £20b investment announcement with priority areas for investment.</i></li> </ul>		
5.	<p><b>Moving Towards a Self-Regulating System</b></p> <p>The report recommends the system being able to move towards the ability to be self-assuring and self-regulating. TL reported that discussions have taken place between Chief Officers and Regulators on the establishment of a System Performance and Improvement/Assurance Group. This Group over time would replace a number of existing regulatory bilateral meetings.</p> <p>A self-regulating system would have agreed system objectives and a system risk register. The intention is to co-produce a shared risk appetite ahead of winter which it is hoped will assist with maintaining performance over the winter months.</p> <p>The first step is a facilitated workshop with executive colleagues to consider alignment of strategic objectives, risk appetite and to review the system performance improvement arrangements. A second workshop would then take place for Transformation Board members to receive the recommendations from the first workshop.</p> <p>With regard to facilitated discussion, it was noted that TL and AF would take the lead on organising this. The Chair spoke of the value of having consistent facilitation across both workshops. BV commented that Prof Sir Chris Ham would be facilitating a Board meeting of the three NHS organisations in October and therefore, the timing of these workshops should be mindful of that event.</p>		

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	<p>BV also referenced the work that has been ongoing for some time through the Committee in Common approach which has touched upon protocols, behaviours and principles of working together.</p> <p>The Chair added that briefing the Overview and Scrutiny Committee of the outcomes of these workshop would be beneficial, to gain their support and comments.</p> <p>The Transformation Board ENDORSED the direction of travel and approach of two facilitated workshops. It was agreed to organise the first workshop for late September and complete the work by the end of the calendar year.</p>		
6.	<p><b>Transforming Our Model of Care</b></p> <p>JP started by reiterating the commitment to achieving large scale change, and the importance of ‘test and learn’ methodology to ensure clinical support and longevity of changes. The feedback from the co-production events was overwhelming; to get on with small changes. JP also spoke of recognition that what may work on the mainland may not work for the Isles of Scilly.</p> <p>Examples of where test and learn is underway includes rapid access frailty in West Cornwall Hospital, more point of care testing in Camborne Redruth Community Hospital to prevent avoidable acute admissions, and working with voluntary transport organisations to help with getting patients home quickly. Work is also underway to get a unified GP voice as far as practical. It is acknowledged that moving acute services into the community will require a shift of budget and workforce.</p> <p>With regard to Edward Hain, Fowey and St Barnabas Community Hospitals, JP reported that a briefing is being presented to the Overview and Scrutiny Committee at its October meeting which will include a timeline outlining when a decision would be made for these three sites. That briefing will be shared with this Board.</p> <p>Finally, JP reported that the CCG Governing Body agreed to co-opt Helen Charlesworth-May onto the Governing Body to further enhance working together across health and care.</p> <p>HCM spoke of there being a compelling case for change to improve quality, with the emphasis being on convincing the public that hospitals are not good places to be unless clinically required and that there are better alternatives available.</p> <p><b>Adult Social Care</b></p> <p>HCM noted that Adult Social Care has a programme of change, both internally and outward facing to services users and health colleagues.</p>		

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	<p>The immediate focus has been on re-shaping reablement services to generate better outcomes for more people and to increase productivity. This is a key contributor to the winter plan to reduce delayed discharges. This work will have shared learning for other out of hospital services. It was recognised that there are different risk appetites across different areas and organisations and these need to be discussed.</p> <p>AH expressed a wish to contribute to future reports on the work happening on the Isles of Scilly.</p> <p>In summary of the discussions, the Chair spoke of the importance of winning hearts and minds and improving ways of working to make the difference, building on all the learning from the co-production.</p> <p>The Chair spoke of the importance of the public seeing the alternatives made available to them before changes are made, and in turn, seeing sustainable improvements across the health and care system.</p> <p>The Chair reported that the Local Government Association has published a Green Paper on Adult Social Care in light of the delays of the Green Paper being released nationally.</p> <p>The Transformation Board NOTED the update.</p>		
7i.	<p><b>Engagement Update: Wave 3 Learning and Themes</b></p> <p>Sharon Davidson provided an update on progress since the completion of Wave 3 co-production events in February, March and April and briefed the Board on the engagement approaches being taken in SOF's next phase of co-production and engagement.</p> <ul style="list-style-type: none"> <li>▪ 75 engagement events took place with all reports available on the Shaping Our Future website. This bottom up approach provided good feedback and views to shape 'test &amp; learn' work.</li> <li>▪ Greater support for digital initiatives.</li> <li>▪ Staff event being planned for October</li> <li>▪ Local solutions being co-produced for rapid improvements – through 'test and learn'.</li> <li>▪ Key feature is to empower those who provide the services to make the changes.</li> <li>▪ Next steps – wider engagement with local people and groups who represent their communities.</li> </ul> <p>CQ spoke of pulling out the benefits from all SOF work and sharing as widely as possible.</p> <p>The Transformation Board NOTED the report and ENDORSED the approach being taking for the next phase of work.</p>		

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7ii.	<p><b>Strategic Communications Update</b></p> <p>The report provides assurance for the communications activity to date and seeks agreement on future activity planned.</p> <p>The Transformation Board ENDORSED the report.</p>		
8.	<p><b>Feedback on Health and Care Leadership Forum</b></p> <p>The purpose of the Health and Care Leadership Forum is to bring together NHS board members and political leaders. Recent events have focused on learning from another STP area and on adaptive leadership.</p> <p>The proposal for the next event in September is to use the time to reflect on progress to date and bring everyone up to speed on what is coming up over the next quarter and beyond – the opportunities and the risks. The views of the Board were sought on how these events should be used going forward.</p> <p>PC spoke of it being good to have learning events but the importance and emphasis should now be on discussion, challenge and support. BV endorsed a more interacting style and commented that sustainability is always being mentioned and therefore it would be beneficial to give time to discussion on how this can be achieved. BV also mentioned that debates on value for money and accountability would be useful.</p> <p>The forum would also be the right place to enhance relationship with non-executive directors, chairs and politicians about what is of concern to them.</p> <p>It was suggested that a set of key messages should be agreed at these Forum meetings for wide circulation across stakeholders. CQ offered support from the Leadership Academy as required.</p> <p><b>Action:</b> BV proposed a Task and Finish Group to plan a programme for future Leadership Forum events. Clinical and democratic input into the Task and Finish Group was agreed as important. SH was asked to confirm democratic representation.</p>	A66	SOF PMO
9.	<p><b>Any Other Business</b></p> <p>There was no other business.</p>		
10.	<p><b>Dates of Future Meetings</b></p> <p>Monday 8 October 2018                      11.00am – 1.00pm</p> <p>Thursday 17 January 2019                10.00am – 12noon</p>		