

Minutes

Meeting Title: STP Transformation Board

Date: 16th August 2016

Time: 10.30-12.30

Location: Grenville Room, New County Hall

Membership: Joyce Redfearn (Chair), Phil Confue , Kate Kennally, Trevor Doughty, Barbara Vann, Jim McKenna, Rachael Rothero, Katherine Hudson, Christine Savill, Theo Leijser, Kathy Byrne, Christine Quinn, Amanda Fisk, Marie Mclean, Ann James, Joe McEvoy, Iain Chorlton, Jackie Pendleton, Peter Stokes, Donna Abraham (Minutes)

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Apologies

Barbara Vann, Nick Hayden, Theo Leijser, Christine Saville, Marie McLean Amanda Fisk, Ann James (Phil Mantay attending)

1 Minutes from the previous meeting – 26th July 2016

Apologies were noted from those listed above.

The unratified minutes from the meeting on 26th July 2016 were approved.

Select Committee – JM confirmed that he and RR had met with the Chair of Scrutiny who agreed to this approach, the setting up of this sub group to the committee and the process around it. JM will be speaking with the Isles of Scilly on Thursday. The idea of this approach is to help the committee to understand what we are doing and why. They will also help us to work on our solutions and shape the OBC rather than just be scrutineers /decision makers at the end of the process.

Organisation Updates

The Chief Officers were asked to provide an update from their organisation.

JP – CCG

- Focus is currently on 16/17. CCG have to present a new financial recovery plan by the end of August.
- Focus is also on A&E performance and waiting times. A delivery group has been set up to move improvement forward.
- New 2 year contracts are to be signed in December however JP doesn't feel that we have anything in place to be able to do anything different by December. Discussions are now taking place about what can be achieved by December to enable us to commission differently.
- CCG restructure is ongoing. The new Governance structure is now in place. Staff structure is being looked at in the with the STP. There is also a need to look at engagement with member practices.

KK - CC

- Key issues regarding Cornwall post EU referendum. KK has formed a Brexit Group to put together a series of asks to government for the autumn statement. KK welcomes any health any health input into this work.
- CC are looking at governance structure post 2021 and will be working with partners on this to ensure a joined up direction of travel. Health partners will be invited to give evidence to the governance review. KK has asked CCG, via the Cornwall Deal Monitoring Board to look at the NHS guidance around devolution and consider how this links to the STP and OBC.
- CC are looking at strengthening leadership within in the organisations and are restructuring the Director and Head of Service levels which will include increasing leadership capacity with in ASC.
- ASC is showing a projected overspend for 16/16 of £10m and so financial recovery action planning is now taking place. KK asked health colleagues to ensure co-operation from clinicians and practitioners in this work.
- Additional resources have been brought in to address delayed discharge issues. 11 current staff and 7 new posts have been put forward for this work.

PC-CFT

- Urgent Care Pathway – additional support workers are being recruitments and joint teams are being formed.
- Discharge to assess work is making some impact.
- Significant safeguarding issues within Community Hospitals – 6 are now under safeguarding and there may be a need to put all Community Hospitals under safeguarding following a recent review. CQC have been contacted regarding their

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inspection 12 months ago. It may mean closing beds as some staff have been suspended and there may be further staffing issues. This will have implications across the system. Protection plans are now in place for patients and CC are assisting in the investigation.

- There are also issues with backlog maintenance at Community Hospitals.
- Workforce is becoming an issue
- Financially CFT are on track.

KB – RCHT

- Delayed transfers are the main issue and we are looking at redesigning patient pathways to ensure suitable long terms care and support. CC are contributing to this work which is very welcomed.
- Looking to reduce the number of beds open to delayed transfer and the issues in Community Hospitals show how essential this is.
- Main focus is 16/167 finance – we need to contain the pressures.

JR thanked everyone for their updates and was pleased to see that organisations are working together to try and address key issues.

3 Unassailable Truths

The Board received the draft list of Unassailable Truth. KB provided the original principles and Chief Officer colleagues have contributed to the updated version.

The Board went through the principles.

Discussion took place around the statement that Cornwall are over funded. It was agreed to amend this wording to better explain this and that funding will be reduced over the years ahead.

The Board agreed some amendments and additional principles to be added.

ACTION: KB and DA will update the document and recirculate with the minutes. KB will share this with her Board later this week.

KB/DA

4 Programme Update

RR provided the Board with this months highlight report updating them on progress. The programme is currently Amber and there are some emerging issues around financial modelling and resources to undertake this work by the end of September.

RR has met with SROs and those completing the detailed design work and it is moving forward at pace. People are committed to delivery within the timescales which is really positive. The challenge will be continuing at this pace.

Finance submission 16th September – KS is concerned that there is nothing new to feed in and will be meeting with NHSE finance leads to clarify what the expectation is.

Sign off process for SOC and OBC

RR took the Board through the sign off process and milestones.

Isles of Scilly are yet to confirm their sign off requirements. Sign off by Health & Wellbeing Board to be clarified.

EDG and the SROs have been asked to look at the SOC to ensure that the document to be signed off at the Transformation Board on 30th September is appropriate for the public domain following sign off. **ACTION:** The Board agreed that they would liaise with their SROs to ensure they had sight of the final SOC prior to the Board on 30th September.

All

We will be testing the OBC with the Clinical Senate mid October for them to challenge our proposals.

The Board **agreed** the sign off process.

Clinical and Practitioner Engagement

RR provided a paper setting out the proposed way forward for embedding consultation with clinicians and practitioners into the OBC.

The Board **agreed** this engagement plan.

IC confirmed that he would be happy to be part of discussions to identify suitable clinical leads for this engagement. **ACTION:** RR to follow up with IC.

RR

RR confirmed that in terms of engagement with Unions, Adrienne Murphy and Workforce lead will be presenting an engagement plan to EDG. **ACTION:** RR will share this plan with Chief Officers once agreed at EDG.

RR

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RR explained that finance resourcing is a programme issue and capacity to support workstreams on the detailed financial modelling needs to be identified.

KS explained that resources used for the PwC financial modelling are no longer available meaning a lack of capacity to support workstreams. One option would be to commission resource from PwC or another consultancy in order to provide capacity quickly.

KK is happy with this approach but asked for clarity around current spending against the £1.4m budget committed by organisations for the STP work as it would be expected that finance capacity would be funded from that **ACTION:** KS to provide an update on spend to date against this budget and potential consultancy costs.

KS

Strategic Overview of approach to 16/17 savings

KS provided a paper setting out the Month 4 position for 2016/17.

There is a significant financial challenge across health of £121.8m savings and £17.1m for Cornwall Council. At month 4 we are £4.1m off plan. The approved health system financial deficit for 2016/17 is £43m and at present a deficit of approximately £81m is being forecast.

One pressure is RCHT face significant workforce pressures and agency spend to try to maintain services. Delayed transfers have a big impact here.

CCG have discussed the recovery plan with NHSE who advise that the deficit cannot be dealt with in isolation but there needs to be a whole system approach. Discussions need to take place with regulators regarding this significant move in deficit.

KS explained that there is also a 16/17 impact on 17/18 due to funding of £10m for resources being awarded if we deliver in year on a quarterly basis and also due to CCG facing reductions in resource funding based on the end of year deficit (RAB). Therefore funding from two areas could be lost for 17/18 if we do not deliver this year.

KK and JM thanked KS for his report and noted how helpful it is to be able to have a whole stem control total view. The Board **agreed** that this whole system paper should go to the organisations' Boards each month.

KS noted the need for us to look at cost reduction and control as a matter of urgency and how the system can support each other to reduce costs. There was an accepted gap of £20m in the control total at the beginning of the year, the concern is that this will worsen further as pressures arise over the coming months. The Board agreed that we need to agree where cost reductions can

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be made and the Board recognise that this may impact performance. Regulators need to be aware of this and advise which is more important.

JR asked the Board for their thought on how to address this issue. Feedback included:

- We need to manage this as a whole system not individual organisations.
- Where are contracting discussions taking place, can we reduce costs via contracts.
- We need to be mindful that activity reduction doesn't mean cost reduction.
- We need to address issues with prescribing and overutilization of healthcare services. Stemming the number of people using healthcare – this is a public issue as much as a commissioning and provider issue.
- We need to look bottom up – this is what we can afford and this is what we have i.e number of beds, number of certain operations, number of certain prescriptions
- Capital receipts could be used as one off cash.
- We could enforce formula across GPs.

Next steps were agreed:

- KS to convene a meeting of DoFs to discuss cost reduction options to be presented to the Chief Officers.

A special meeting of the Chief Officers Group to take place asap when this information is available.

6. Collective capacity building for change

JR asked the Board to consider for next time whether they feel that as a system we have the collective capacity for change.

ACTION: The Board will discuss at the next meeting.

Agenda

Date of the next meeting:

- 30th September – 8am-10am, 2N.03, New County Hall
- 31st October – 1pm-3pm, 2N.03, New County Hall