

Minutes

Meeting Title: STP Transformation Board

Date: 17 February 2017

Time: 9am – 11am

Location: 2N.03, New County Hall, Truro

Attendees: Kate Kennally (Chair) (CExec Cornwall Council), Trevor Doughty (Strategic Director, Cornwall Council) , Cllr John Pollard (Leader, Cornwall Council), Cllr Andrew Wallis (Cabinet Member, Cornwall Council) Dr Barbara Vann (Chair, Cornwall Partnership Trust), Rachael Rothero (STP Programme Director), Tracey Lee (Interim Programme Director), Theo Leijser (CExec Council of Isles of Scilly), Christine Savill (Council of Isles of Scilly) Jim McKenna (Chair, Royal Cornwall Hospitals NHS Trust) Kathy Byrne CExec, Royal Cornwall Hospitals NHS Trust), Jackie Pendleton (Interim Chief Officer, Kernow Clinical Commissioning Group, Dr Peter Merrin (Chair, Cornwall & Isles of Scilly Local Medical Committee).

Additional Attendees Nick Hayden (Programme Manager, Cornwall Council), Ethna McCarthy (Director Strategy & Business Development, Royal Cornwall Hospitals NHS Trust) and Jenni Hosen (Cornwall Council, minutes)

K Kennally welcomed those present and confirmed this meeting would be looking at the arrangements for moving from the end of Phase 2 into Phase 3 of the Programme. She welcomed some new faces to the Board including:

- Jayne Howard (Chair of Healthwatch Cornwall) invited to attend following the Boards' aspiration of involving the public/patient/user/carer sector;
- John Pollard (Leader of Cornwall Council) and Andrew Wallis (Cabinet Member for Young People) in place of Jim McKenna in his previous role as Cabinet Member for Adult Care;
- Jim McKenna (in his new role as Chair of Royal Cornwall Hospitals NHS Trust)

Theo Leijser and Christine Savill joined the meeting via conference call.

Apologies Phil Confue, Amanda Fisk, Christina Quinn, Joe McEvoy, Iain Chorlton, Peter Stokes, Andy May, Simon Bell, Frances Gillen, Ann James, Phill Mantay.

1. **Apologies and Minutes of the previous meeting**

Apologies were noted from those listed above.

Minutes of 27 January 2017 were agreed as an accurate record.

Update of actions identified in the action log from last meeting

See attached updated actions log.

2. **Update of headline messages from the STP Leaders event**

K Byrne & P Confue had attended a meeting of national STP leads on 31 January. Also at the meeting were reps from NHS England and NHS Improvement, the Local

Government Association Chief Exec and the Head of the Care Quality Commission. It was an important event and much was discussed. There was a strong message that STP would be increasingly seen not only at the strategic level but also as managing the day to day issues such as delayed discharges, acute bed availability etc. STPs are here to stay but may alter with further guidance due out shortly. There may be fewer STPs than there are now and there were hints of transition support. A refreshed two year forward view plan is to be published. There was talk of giving STPs 'decision rights'. Public and staff engagement is key. Streamlining of NHS England & NHS Improvement expected with support to be devolved locally. Further guidance to come out shortly.

Overall, it was a useful meeting to get a sense of what is going on nationally and where things might be heading, so that we can be prepared as opportunities are presented to us – which we should grab with both hands.

B Vann advised that she had also attended a recent Kings Fund meeting on Governance and Accountability with similar speakers, looking at models from other parts of the country. She was reassured that others were not much further ahead than Cornwall, even those having had a tranche of funding. She noted the need to get away from the short term contracting cycle for the way forward. They were talking about 10-15 years contracting times. The commonality of messaging indicated their direction of travel towards merging further down the line.

A Wallis thought we should ask the question 'who are we doing this for?' Is the STP for the public benefit or just following the government's agenda for cuts? He felt that what we do with our money should be for the benefit of residents. A Wallis also asked if we are being clear with our citizens about whether our plans can and should close the financial gap and asked what our approach is with central government if we can't.

K Byrne noted that the answer isn't straight forward. Whilst we have regulators to answer to, we have to have a local plan that works for Cornwall. It's a complex issue but firstly we need to complete the detailed appraisal required in the next phase to test whether our plans can close the financial gap.

P Merrin felt there was perception of a lack of coherent narrative overall. He felt we should sell the local narrative strongly and divorce from the national one.

K Kennally said that nationally they were looking at the role and responsibility of STPs. This Board has an important role to play in developing a sustainable health and social care system. We need to look at what the regulator changes will mean for this Board. We need to keep testing governance and accountability, noting what we are doing locally in shaping our future transformation programme for Cornwall and the Isles of Scilly. We are working towards a Full Business Case for June/July which will be an operating blueprint for health and social care services. This needs to look at whether the £277m figure is closable and if not, what level of gap there will be in order to discuss with government about how we move forward. We need to develop confidence in Cornwall's model.

J McKenna welcomed this iteration of the position, as there had been a sense that leaders were 'doing the government's bidding'. We need to be able to determine locally what is best for Cornwall.

J Pendleton agreed we need credible answers to the finance questions.

J Howard commented that the document had been shared in community hospitals etc and the sense was that it was just following the government agenda. She was

reassured to hear the message above and felt this was an important message to get across to the public.

K Kennally agreed that the Board members need to be ambassadors for the changes being proposed and ensure there is a credible business case to take any challenge and to ensure that every £1 in the health care system is being well spent, building a sustainable system into the future.

3. Programme Update

• *Programme roles & responsibilities*

K Byrne gave an update on some of the revised roles, with the aim of utilising the strengths of the individuals involved in the Shaping our Future programme.

These included:

- Programme Board to oversee the programme work;
 - Dr Iain Chorlton added to Programme Board as Chair of the Clinical Cabinet;
 - Dr Peter Merrin added as Chair of the Local Medical Committee;
- A patient/public reference group would be set up;
- Kathy Byrne – Senior Responsible Officer for the Programme and Lead Chief Executive ;
- Phil Confue – Lead Chief Executive for Finance, Outcomes & Benefit realisation;
- Jackie Pendleton – Lead Chief Executive for Engagement, Primary Care and Clinical Leadership;
- Rachael Rothero – Programme Director stepping down and Tracey Lee replacing her from 28 February on an interim basis until recruitment can be completed;
- There is a need to increase joint resources for the core team, to have a separate jointly-funded pot and advertise the positions. There may be approx. 12 posts that would be jointly resourced to get the outcomes we want. This will lead to a different way of functioning in the future.

K Kennally was pleased that clear leadership was in place and felt this was a sensible way forward to deliver the programme. She thanked Rachael for the significant work she had done since July on the Outline Business Case and with the Executive Delivery Group building the team that works and thinks together and developing the proposals which will now enable us to move forward to Phase 3. She welcomed Tracey into the role – she was joining at an important time.

J McKenna echoed his thanks to Rachael and welcomed Tracey. He noted that it had been an extremely challenging process thus far. In terms of Kathy's significant changes in role at the Royal Cornwall Hospitals NHS Trust, he requested that the Board consider an additional place for membership from Trust to allow suitable feedback to the Royal Cornwall Hospital Board. He suggested that Thomas Lafferty be invited to join the Board, and this was agreed. **KK/CS**

• *Update from Away Day*

K Byrne gave an update from the joint session with Chief Officers and the Executive Delivery Group on 14 February where the aim was to gain a common understanding on what the future might look like. Some of the key issues covered included:

- Accountable care system – better define what this will look like
- Refine plans for Shaping Our Future public consultation
- More effective communications with staff and public on current steps to

integrate services

- Review commissioning contracts to reflect SOF principles
- Pick up pace on areas for working more collaboratively now, with consultation
- Agree criteria for decisions reserved for 'system' rather than individual organisations (complex exercise)
- Work smarter with regulators to minimise waste and align work as a system
- Bring forward way to make things happen sooner rather than later
- Actions from the meeting – Executive Delivery Group to take responsibility for driving the above issues forward
- Relationship between Chief Officers and Executive Delivery Group needs to be closer

- **Resourcing**

KB reported 25% of some officer time from NHS England and NHS Improvement had been secured to support local systems and support providers of the Shaping Our Future programme. Jackie would be attending a meeting of the South West STPs on 1 March to consider resourcing issues.

K Kennally suggested this be set out in more detail at the next meeting to see if members happy with the support offer from the regulators, and if not, to discuss the way forward. **TL**

- **Highlight report**

R Rothero gave a brief summary of the current Programme Highlight Report.

- The Programme status is still Amber. Whilst the plan to complete the Outline Business Case is on schedule there has been significant delay to mobilising the next phase of the programme – likely to be 2 months.
- The Programme Brief has been signed off setting out the framework for delivery for the next phase
- Changes to the STP senior leadership as outlined in K Byrne's update above.
- The Engagement report is due to come back to the next Board meeting in March
- Scrutiny dates have been set up as detailed in the report with evidence gathering sessions to be held in public over four dates in March. People can either attend the public meeting or submit written feedback.
- Caroline Court as Director of Public Health has taken on an advisory role to the sub committee of scrutiny.
- Work is being done on scoping the resource requirement need and this will come back to the next Board meeting

K Kennally advised that arrangements for sign-off of the Outline Business Case would go to Health and Wellbeing on 23 March. It was noted that the report would be published on 16 March and STP meet on 17 March so it was agreed this should be circulated by 9 March to enable Board members to comment. **NH**

A Wallis queried how the Board can scrutinise what in effect is its own piece of work. K Kennally said the scrutiny sub committee were in place to provide appropriate scrutiny to the plans.

- **Update from Chair of Clinical Cabinet**

J Pendleton read out the following update on behalf of Dr Chorlton.

The Clinical Practitioner Cabinet (CPC) meets in the week before the Transformation Board. Items discussed this month included:

A review and reflection on clinical engagement to date, in particular how this had positively supported the events with the public, community network panels and providers in December and January. Areas for development include the engagement with clinicians and practitioners within our provider organisations and how we can they can be involved in the development and appraisal of plans. We expect to review and comment on significant changes to service provision and we will start this work with a review of the Musculoskeletal pathway that has been developed between primary and secondary care.

Representation from primary care and their input into the CPC, as well as a public health view were also discussed. An invite has been extended to the medical director of Plymouth Hospitals NHS Trust and inclusion of allied health professionals is also being considered.

We received evidence from the Clinical Senate, regarding the evidence base for community based models of care and we were also provided with the draft Primary Care Plan and the final Social Care Plan. We have asked for further information regarding both of these plans from the Clinical Commissioning Group and Cornwall Council and plan to provide further support to their future implementation.

J Pendleton advised the clinicians were keen to get involved and make a positive contribution. The message needs to be spread wider across the whole clinician piece.

J Howard agreed the importance of spreading the message from the public point of view and to involve staff in this.

A Wallis suggested having a clinician to front the engagement as this was much more effective and 'believable' than it being led by the communications department.

K Kennally agreed the right people to sell the message and the work of the clinical cabinet is absolutely key. The wider lessons from the engagement sessions can be considered at the next board. **JP**

B Vann advised having someone from a financial background to attend future engagement sessions.

- ***Scrutiny Sub Committee Process and Timetable***

The slides circulated to the meeting showed the list of organisations that were invited to provide evidence and the timetable of meetings.

K Kennally advised that changes in services are always of concern to the public so plans put forward need to be credible and have support of leaders and all those involved.

The Isles of Scilly need to feel engaged in the approach and the right arrangements in place for the next phase.

There will be an opportunity for written submission from SOF colleagues and K Kennally urged all board members to actively contribute to the work of the sub-committee. **ALL**

The outcome report and recommendations would need to go to the Council's Cabinet and then Full Council would consider the Full Business Case.

J McKenna felt it was important that system leaders and the organisations involved were all engaged with this.

B Vann confirmed the Cornwall Partnership Trust were happy to engage.

T Leisjer confirmed the IoS are engaged with the process. They will find the right member to take part in the sub committee and will also take this to their Full Council meeting in due course.

C Savill confirmed the IoS Healthwatch were engaged and representation was in hand.

J Howard confirmed Healthwatch Cornwall were setting up a sub committee and would be involving the IoS in that.

There was discussion around the scope of the One Vision document and RR advised a paper would come to the next meeting of the programme board. TD and BV to have a discussion separately about some process issues relating to this.

J McKenna confirmed that comments would go through Jack Cordery in advance of the Health and Wellbeing Board on 23 March and a process was in place for this.

K Kennally said it was important to make reference in the programme brief to agreeing a message to Members around One Vision. **TL**

A Wallis suggested the programme lead should be at the table and K Kennally agreed this should be considered at the Programme Board when One Vision is being discussed. **TL**

It was agreed to extend an invitation to the Chair of the Scrutiny Sub Committee to attend the 17 March STP for a 15 minute slot on the work of the Sub Committee and any headline messages. **TL/CS**

- ***Final programme brief***

This report was for noting only. Members were thanked for their comments since the last meeting, including Dr Merrin for his clinical input. It was noted that attention should be made to linking this to the One Vision Programme. **TL**

4. Phase 2 review

R Rothero presented her update report. Appendix 1 showed the original deliverables and the report shows the outcomes against those.

In particular, point 15 of the report covered finance, scrutiny, communication and engagement. There was a recommendation to report back to the Transformation Board in March setting out highlights and key findings.

Point 30 referred to work to be completed at the start of the next phase, ie:

- Detailed Work-stream Plans - in line with those set out in the programme brief
- A Resourcing Paper – setting out the capacity required for the next phase
- Monitoring and Control Report – setting out the reporting arrangements and the approach to the management of risk.

The recommendations of the report were:

- To agree to close phase 2 of the STP Programme and move into Phase 3.
- To support the transfer of the following tasks from phase 2 into phase 3.
 1. Report in March to the Health and Wellbeing Board and Transformation Board addressing where we can the areas in point 15.
 2. Next Transformation Board the outputs to the work that needs to be completed in point 30.

K Kennally noted that the report detailed an important approach around the STP's 'assurance'.

J McKenna supported the approach.

The report was noted and it was agreed the recommendations should be added to the forward plan. **NH**

The financial element was an important factor to build in confidence.

5. Collaboration Agreement Overview

Ethna McCarthy joined the meeting to give an overview of the collaboration agreement, which was a formal governance arrangement. It looked at the redesign of services going forward. The purpose of the briefing was to inform colleagues about the work underway.

B Vann advised that work was well advanced and this could be in place in a short period of time. It was an effective and efficient direction of travel for the strands of work involved.

J McKenna was fully supportive of the aspiration behind the Agreement.

P Merrin raised the point that there was no guarantee that Cornwall Partnership Trust would always be involved as it was subject to commissioning. If another provider came in, where would that leave the STP?

It was noted that contract assurity was essential and accountability needs to be in the right place.

T Doughty noted that the outcomes are what really matters, not the organisations, and the document is in the spirit of this.

E McCarthy said it was important that the right services be grouped together.

K Kennally welcomed the development, noting the importance of the relationship with the commissioning workstream. There were important issues around Best Value, market testing and shaping, and what freedoms and flexibilities there would be with central government around devolution as we build the Full Business Case. The next important step would be to see how it fits with the commissioner workstream. There should be an away day arranged to test out the 'what ifs', eg if services were not good. **TL/EM**

6. Key strategic documents for consideration and comment

T Doughty presented the report of 'The Adult Social Care Offer, Cornwall, 2016' which

covered the transformation of adult services, dovetailing into the STP, and the collaboration between Accountable Care Systems and Accountable Care Organisations in the future. He gave an overview of the last 25 years to explain why we need to transform.

- A key point was to change the mindset of provision to 'what families need' rather than a starting point of 'allocating resources'. Work is needed with staff to build this culture change into the integrated teams.
- On commissioning, we need to shape/manage the market more fundamentally in future and move to more flexibility in price of home care contracts to deliver better services.
- Supported housing needs to be better joined up and housing should meet the needs of the increasing elderly and vulnerable population.
- On learning disability, we should move away from residential care and more into people having their own tenancies.

This would be a genuine transformation process and a core building block for the STP.

K Kennally confirmed that adult care was a key priority for Cornwall Council, with a 10% increase in the budget in real terms. This investment has to be underpinned by the STP offer. The opportunity should be taken over the next year to build the supply chain for delivery of social care.

P Merrin felt that 'prevention' is just deferment, with significant spend still to come later in life.

T Doughty noted that we currently 'over treat', and that allocating less resource was the only way forward.

B Vann was thoroughly supportive of the paper though would need a discussion outside of this meeting with TD on reablement. **BV/TD**. It would be helpful to see a cohesive provision (including third sector etc).

This adult transformation plan would be the delivery vehicle for the totality of the 'business as usual' savings for adults. There is, however, a further £13.5m in the Council's budget linked to integration which needs to be delivered through the integrated care workstream and back office savings. The link to the Cabinet board papers would be circulated, which set out the context and wider resourcing. **CS**

T Leijser confirmed that the approach chimes with the Isles of Scilly in joining up services through the Cornwall Partnership Trust, enabling people to live longer and more independently. As the STP develops they will be looking at how to make this transformation work with all partners involved, and at what building blocks need to be put in place.

B Vann asked if the Fynamore report around the discharge process was available. K Byrne agreed to forward the report to the Board members. **KB**

7. Forward plan of meetings

Members were content with the visibility of issues on the forward plan.

A Wallis asked how best to share what was being discussed at the Board and suggested positive PR through social media etc, in order to gain public buy-in as we go along. J

Pendleton would be taking this forward and was keen that key messages would come out of it. **JP**

8. AOB

None.

Date of next meeting: 17 March 2017. 9 – 11am. 2N03, County Hall, Truro