



Shaping our Future Transformation Board	Date: 24 May 2017 Time: 3.00 – 5.00pm Venue: Trelawny, County Hall
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Present:

(KK) Kate Kennally (Chair)	Chief Executive, Cornwall Council
(CB) Chris Blong	Vice Chair, Kernow CCG
(KB) Kathy Byrne	SOF System Leader and Chief Executive, RCHT
(IC) Dr Iain Chorlton	Chair, Kernow CCG and Chair of Clinical Practitioner Cabinet
(PC) Phil Confue	Chief Executive, Cornwall Partnership Foundation NHS Trust
(FG) Francis Gillen	Director IM&T, SWAST Nominated Representative
(JH) Jayne Howard	Cornwall Healthwatch Representative
(TL) Tracey Lee	SOF Programme Director
(JM) Jim McKenna	Chair, RCHT
(JP) Jackie Pendleton	Interim Chief Officer, Kernow CCG
(KS) Karl Simkins	SOF Director of Finance

In Attendance:

(HC) Helen Childs	Joint SRO, System Reform
(NH) Nick Hayden	Head of SOF Programme Office
(JPrice) Jonathan Price	Joint SRO, System Reform
(CV) Caroline Vinnicombe	Notetaker, PMO Support Officer

Apologies:

Kevin Baber	Chief Operating Officer, Plymouth Hospitals Trust
Phil Dommett	Chair, Kernow Health CIC
Trevor Doughty	Strategic Director of Children, Families & Adults, Cornwall Council
Amanda Fisk	Director of Assurance & Delivery, NHSE (South West)
Thomas Lafferty	Director of Corporate Affairs, RCHT
Theo Leijser	Chief Executive, Council of the Isles of Scilly
Dr Peter Merrin	Chair, Cornwall & IoS LMC
Christina Quinn	Director, NHS SW Leadership Academy
Dr Barbara Vann	Chair, Cornwall Partnership Foundation NHS Trust

Agenda No	Item Discussion	Action No	Action By
1.	Apologies for Absence Noted as above.		
2.	Minutes of the Previous Meeting (21 April 2017) and Actions Review The minutes were approved as a correct record of the meeting. The action log was reviewed and the following updates noted: <ul style="list-style-type: none"> ▪ Action 21: Use of £12m social care funding – noted that there is a report on the agenda for this meeting, under Item 9. Closed on Action Log. ▪ Action 23: Portfolio Plan and the effect the General Election could have on the timetable. Update noted. Closed on Action Log. 		

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3.	<p>Consolidated Performance Management Report</p> <p>(a) Programme Director's Update</p> <p>TL provided a summary of the Programme Director's Update, drawing particular attention to the following:</p> <ul style="list-style-type: none"> ▪ Resourcing – there remain key capacity gaps for a PCBC (Pre Consultation Business Case) project manager and a business change manager for system reform. Digital leadership is also needed. ▪ Modelling – The Academic Health Science Network (AHSN) South West has been appointed to lead the modelling work and have moved this work on considerably. Information governance issues are being resolved. ▪ NHSE communications team visit – This report took place earlier in the month with the report due imminently. A summary will be presented to a future Transformation Board meeting, as an integral element of the communications and engagement report. • Care Quality Commission (CQC) Placed Based Report – the place based report is expected for presentation to the July 2017 Portfolio and Transformation Board meetings. Action: It was suggested that the CQC be invited to attend that meeting to discuss their findings, and the relationship with the local inspections scheduled over the coming months. KB reported that both RCHT and CFT have been informed of CQC inspection visits which will take place within the next four months. ▪ Red RAG rated work streams <ol style="list-style-type: none"> a. <u>Pathways</u> – there are significant savings attached to this work stream, for which associated programmes of work have yet to be identified. The CCG has secured some additional resource to support this work, which needs to be extended in its scope to reflect pathways to all acute providers serving Cornish citizens. b. <u>Out-patients</u> – there are also significant savings attached to this programme, with as yet no corresponding schemes. The AHSN are undertaking some work linked to the Carter Recommendations. There is however recognition that this needs to be broadened to reflect out-patient activity across all acute providers serving Cornish citizens. c. <u>Specialist Services</u> – CCG discussions are on-going regarding key priorities and the potential for a joint SRO with Devon. It will be important to reflect the breadth of specialist services, and not just focus on acute services. It was noted that some of the specialist mental health services are already being considered on a Peninsula wide basis. d. <u>Productivity</u> – this is being discussed at the System Reform Delivery Group on Friday in terms of separate productivity savings above and beyond current plans. ▪ Risks Log – red risks and issues will be discussed at the Portfolio Board in future, with only red risks then presented at the Transformation Board. Those which remain of concern include digital leadership and the maturity of some datasets to support the modelling work. Additional analytical support has been confirmed within social care to help with this work. 	A26	PMO (TL)

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	<p>PC questioned the risk score for the modelling work given that good work is underway. TL confirmed that the risk remains high due to the level of data that is available from some services. The risk would be re-phrased accordingly.</p> <p>CB questioned whether the risk registers will be combined across the systems. TL confirmed that this work is planned in respect of system wide risks. In response NH added that the Council internal audit team review the SOF paperwork and governance arrangements on a monthly basis.</p> <p>The Transformation Board RECEIVED the Programme Director's Update.</p>		
3.	<p>(b) Finance Report KS reported that final accounts are being signed off in individual organisations over the coming weeks. The next meeting of the Transformation Board will receive a Month 2 financial report.</p> <p>The Capped Expenditure Process (CEP) being applied to the Cornwall health economy was noted. There is a need for health organisations to show additional net costs removed from budgets, which will inevitable mean challenging decisions for service provision. IC spoke of his concerns about the potential consequences on services.</p> <p>A bid for future STP capital will be submitted tomorrow (26 May). This will be a theoretical bid based on high level assumptions and pending the completion of detailed work and the co-production engagement phases for the PCBC.</p> <p>KB spoke of looking forward post General Election, and if there was a call for capital bids the system would need to be ready and able to submit a viable claim.</p> <p>KB provided feedback from the national STP Leaders event earlier this week where it is clear that STPs are now expected to move away from the organisational development phase into the delivery phase. It was recognised that a "shadow" ACS will help power this work forward. KK spoke of the urgent need to progress the financial modelling over the summer. KS also noted the work planned to review the SOF resourcing budget line by line in order to understand the gaps and flexibilities. Action: A formal resourcing position following review will be reported to Chief Officers.</p> <p>The Transformation Board NOTED the contents of the report, and NOTED the capital bid submission which had been previously discussed and endorsed at the Portfolio Board.</p>	A27	PMO (KS)
3.	<p>(c) Clinical Practitioner Cabinet A summary report of the recent Clinical Practitioner Cabinet (CPC) meeting was tabled. IC confirmed that Malcolm Stewart, Medical Director at RCHT had agreed to be the Deputy Chair of CPC. Invitations to join the CPC membership had been extended to Therapies, Pharmacy and SWAST. Also, the role of SOF Clinical Director was discussed in detail and a job role is being finalised.</p> <p>KK requested an update on the evidence based case for change which was due to be discussed at the CPC but was not on the recent agenda. TL spoke of there being work on-going and this will run alongside the work of the pre consultation business case. There will be further discussions at the next CPC on this work and the clinical priorities.</p>		

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	Action: PMO to review and update the work plans for all meetings.	A28	PMO (NH)
4.	<p>Political Leadership – Cornwall and the Isles of Scilly</p> <p>KK reported that the Council of the Isles of Scilly meets tomorrow (25 May) and will confirm their Chair following that meeting. It was noted that there are 16 Members, a reduction from 21, and that there will be new leadership given that the previous Chair was not re-elected onto the Council.</p> <p>KK reported that the Full Cornwall Council met yesterday (23 May) and Cllr Adam Paynter was elected as the new Leader of the Council. Cllr Paynter is the Leader of the Liberal Democrat group and the Councillor for the Launceston North and North Petherwin electoral division. Cllr Julian German was elected as the Deputy Leader and is the Independent Member for the Roseland.</p> <p>KK reported that in his first address, the new Leader of the Council stated that adult social care and integration are priorities.</p> <p>It was noted that the new Cabinet will be confirmed by 7 June and following that the Portfolio Holders for Adult Social Care and Children and Families will join this Transformation Board. It was also noted that a new Scrutiny Committee has been established for Children and Families and will oversee the One Vision work.</p> <p>JM spoke of the importance of building and strengthening working relations with the local MPs post the General Election.</p>		
5.	<p>Integration of Mental Health into SOF Portfolio</p> <p>PC provided a summary of the report prepared by Dr Ellen Wilkinson, SRO for Mental Health. It is the aim to integrate mental health into all SOF work streams, and this will be achieved by using the King's Fund ten priorities for the integration of mental and physical care. The importance for mental health to be integrated was recognised, noting the importance of ensuring that this does not lose a particular focus.</p> <p>IC confirmed that the Clinical Practitioner Cabinet would be supportive of this work and would like to understand the detail further. Action: CPC to receive a more detailed briefing at its next meeting.</p> <p>Recognising that mental health and learning disabilities are not the same, it was agreed that both should be integrated into all the work streams. Action: Jon Price and JH tasked with reviewing this.</p> <p>Action: The job description for Experts by Delivery should also place an emphasis on recruited clinicians being responsible for ensuring work streams are taken forward in a holistic way, recognising the physical and mental health needs of service users.</p>	A29 A30 A31	PMO JPrice, JH JP
6.	<p>Communications and Engagement Strategy: Co-Production Plan</p> <p>JP reported that senior communication and engagement support had been secured with the Commissioning Support Unit (CSU), with a view to them taking over the strategic lead for this work.</p> <p>The timeframes for the locally based co-production and engagement phases were highlighted as a challenge to the Portfolio Board. The proposed plan is to undertake multi professional group sessions across all the identified areas, with both clinical and lay persons involved in each session.</p>		

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	<p>Following discussions within the CCG with GPs and other staff with regard to the need to secure the right inputs, informed by the baseline modelling data, a further revised timeframe was approved by the Portfolio Board. This would see the first three of these engagement sessions being held during July, which will then provide a baseline position for the subsequent events, and allow sufficient time to properly consider the feedback from the local events, and undertake wider community engagement where required</p> <p>The revisions to the timeline would have an impact of approximately eight weeks over the course of the whole timeline, taking the decision making post consultation to November 2018.</p> <p>It was also noted that taking a deviation from the current timeline would add costs to the overall programme as well as pressures on the day to day challenges to deliver savings. Action: The Portfolio Board therefore requested a refresh of resources and an understanding of the split of the finances between 2017/18 and 2018/19 to be presented to its June 2017 meeting.</p> <p>JP reported on other communication and engagement activities and confirmed that the SOF Newsletter and Stakeholder Analysis Map would be available at the end of May.</p> <p>There was full support from Transformation Board members for the co-production approach.</p> <p>In the ensuing discussion, JH spoke of the public waiting for the June engagement phase and therefore there needs to be enough information available at each event in order to satisfy their needs and ensure genuine engagement and co-production. JM spoke of his personal contact within some communities and their positivity to be part of the co-production approach.</p> <p>JP acknowledged the need to support these events with clinical leadership. It is also important to be able to give answers to questions raised in the first phase of events to show the public that we have listened and we will continue to listen. The information to be provided for each event will detail the assets available in that area, the modelling figures for activity and some set parameters and fixed points, in order to encourage good discussions at local levels.</p> <p>KK suggested that a briefing be provided to CALC (Cornwall Associate of Local Councils) ahead of the co-production events, and also inviting the Town Clerk and/or a couple of local councillors to each engagement event could be extremely beneficial. Action: JP to follow through with the SOF Strategic Lead for Communications and Engagement.</p> <p>The Transformation Board noted that KK and KB will brief the new Cabinet Members, informally towards the end of June. It was also noted that an informal Scrutiny introduction session had been scheduled for 16 June.</p>	A32	PMO (KS)
7.	<p>Transforming our Care Co-ordination Capabilities – Flash Discovery</p> <p>The Transformation Board noted that work is progressing ahead of the two week visit by GE Healthcare Finnermore in early June. A series of interviews and visits are being planned across all health and social care organisations.</p> <p>It is recognised that this is a challenging timetable and the co-operation from all organisations is appreciated.</p> <p>Two risks have been highlighted early by GEHCF – availability of primary care data and agreeing the information sharing protocol.</p>		

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	<p>Communication of this work is critical and must focus on the potential benefits realisation for the whole health and care system. This is very much a stepping stone in the digital roadmap for Cornwall.</p>		
<p>8.</p>	<p>System Reform Update</p> <p>i) Expression of Interest to be a first wave Accountable Care System (ACS) The Expression of Interest (EOI) to be a first wave ACS was submitted by 12 May deadline. The local and regional appraisal process has been completed and the EOI forwarded for national assessment, supported by both NHSI and NHSE.</p> <p>It was noted that the EOI is unlikely to meet some of the national criteria due to the Cornwall health and social care financial and performance challenges. However, it has still been supported in recognition that this process would help the system move forward. A supporting statement from NHSE has been provided with some additional conditions.</p> <p>KK recognised the work undertaken to develop an Expression of Interest in such a short timeframe which clearly describes our agreed end stated.</p> <p>ii) Definition of ACS The Definition of an ACS was noted.</p> <p>iii) Update following System Reform Workshop (4 May) JP reported that work has commenced to build a strategy from the outputs of the System Reform workshop.</p> <p>KB reported that the A&E Delivery Board has been re-defined to focus on addressing the performance issues, recognising that this is critical work.</p> <p>Action: Performance dashboard to be developed for the July 2017 Transformation Board meeting, building on the commitments set out in the Expression of Interest.</p> <p>It was noted that the NHSE South STP Dashboard for Q1 will be available in early August.</p>	<p>A34</p>	<p>PMO (KS)</p>
<p>9.</p>	<p>Proposals for Use of Additional Social Care Funding JP provided a summary of the proposals to utilise the £24m over three years, with investments being made within 4 themed areas – (i) Assessments and Reviews, (ii) Market Stabilisation, (iii) Patient Flow and (iv) Prevention.</p> <p>In terms of governance arrangements, the proposal requires Members' agreement and this is also being presented to the CCG Finance Committee next week.</p> <p>FG spoke of concerns about the use of expertise, skills etc currently available within the system and the risk of recruiting from one organisation for the benefit of another. Action: FG to liaise with JP/HC to understand the detail of the plans further.</p> <p>CB referred to the proposed dedicated Director of Social Care post. It was noted that this has been discussed previously and that there was agreement that this leadership role will be an important investment to drive forward the improvements needed.</p>	<p>A35</p>	<p>FG, JPrice, HC</p>

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	JM questioned when the impact of this investment on reducing delayed transfers of care might be seen. Action: JP and JM to discuss outside the meeting.	A36	JPrice, JM
10.	<p>Strategic Case for Devolution</p> <p>TL presented the proposed content of the Strategic Case, noting that it is designed to complement the SOF pre consultation business case and accelerate our SOF ambition. The focus is intended to be on accelerating delivery, supporting system reform and taking a step change in the focus on prevention and tackling inequalities.</p> <p>The timeframe for submitting the devolution case will need to align with SoF plans and address the state of readiness locally to take on devolved functions. This timeline will be discussed through the System Reform Delivery Group.</p> <p>A set of initial devolution opportunities, worked up by the Executive Delivery Group during phase 2 was presented in the pack. The next step is to further develop the proposals into an outline case for change. In addition the PMO will work with the devolution programme to explore how other devolution programmes can further support the SoF objectives</p>		
11.	<p>Updated SOF Governance Arrangements</p> <p>TL provided a summary of the proposed updates for the SOF governance arrangements. These being:</p> <ul style="list-style-type: none"> ▪ Two delivery groups established – Model of Care Delivery Group and System Reform Delivery Group – with the need to establish a separate Executive Group deferred, to be reviewed in three months’ time. ▪ Re-naming of the Programme Board to the Portfolio Board to reflect the scale and scope of work. ▪ Proposed reduced frequency of the Transformation Board meetings to bi-monthly given its assurance role. <p>CB referred to the updated governance framework in the 5 Year Forward View and asked for SOF to review to ensure compliance or not where appropriate. TL confirmed that this had been completed, and reported previously to the Transformation Board.</p> <p>CB’s comments about the importance of forging a relationship with the new Health and Wellbeing Board were supported. CB also spoke of a workshop between the CCG and the Health and Wellbeing Board prior to their first meeting in July.</p> <p>The Transformation Board SUPPORTED the proposal to reduce its meeting frequency. JM commented that there needs to be good communication flow between each meeting.</p> <p>Action: A summary of the monthly Portfolio Board meeting will be sent to Transformation Board members, and the governing bodies/boards of the constituent organisations.</p>	A37	PMO (NH)
12.	<p>Corporate Calendar and Forward Plan</p> <p>Action: Forward Plan to be updated to reflect the agreement for the Transformation Board to move to bi-monthly meetings, from July onwards.</p>	A38	PMO (NH)

