

Minutes

Transformation Board Meeting in Public

Minutes of the meeting held on 17th January 2019 10.00am – 12.00pm in Grenville,
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, Cornwall Council
(IC)	Iain Chorlton		Chair, NHS Kernow
(TD)	Trevor Doughty		Strategic Director, Children, Families & Adults, Cornwall Council
(AF)	Amanda Fisk		Director of Assurance & Delivery, NHSE (South West)
(TL)	Tracey Lee		SOF Programme Director
(JP)	Jackie Pendleton		Chief Officer, Kernow CCG
(RR)	Cllr Rob Rotchell		Portfolio Holder, Adults, Cornwall Council
(KS)	Karl Simkins		SOF Director of Finance
(AS)	Amanda Stratford		Chief Executive, Cornwall Healthwatch
(BV)	Dr Barbara Vann		Chair, Cornwall Partnership NHS Foundation Trust

In attendance:

Joanne Beer	Director of Winter and Partnerships, University Hospitals Plymouth NHS Trust and Chair of Plymouth A&E Delivery Board
Steve Brown	Service Director for Wellbeing and Public Health, Cornwall Council
Cllr Robert Francis	Chairman, Isles of Scilly Council
Karen Kay	Urgent and Emergency Care Executive Lead for Cornwall and the Isles of Scilly
Aishling Khan	Senior Manager – Services to Community (DCS and DASS), Isles of Scilly Council
Phil Orwin	Interim Chief Operating Officer, Royal Cornwall Hospitals Trust
(WV) Wendy Vincent	Minute Secretary, SOF PMO

Apologies:

Kevin Baber	Chief Operating Officer, University Hospitals Plymouth NHS Trust
Phil Confue	Chief Executive, Cornwall Partnership Foundation NHS Trust
Adrian Davis	Lead Member for Adults, Council of the Isles of Scilly
Cllr Sally Hawken	Portfolio Holder, Children and Wellbeing, Cornwall Council
Jonathan Katz	Chair, Kernow Health Community Interest Company (CIC)
Theo Leijser	Chief Executive, Council of the Isles of Scilly
Mairi McLean	Chair, Royal Cornwall Hospitals NHS Trust
Christina Quinn	Director, NHS SW Leadership Academy
Kate Shields	Chief Executive, Royal Cornwall Hospitals NHS Trust

Agenda No	Item discussion	Action No	Action By
1.	Apologies for Absence		

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	<p>Apologies were noted as shown above. The Chair opened the meeting with congratulations to Kate Shields and Mairi McLean on their recent substantive appointments at RCHT, welcoming permanent leadership at the Trust.</p>		
<p>2.</p>	<p>Public Questions See appendix</p> <p>The Chair reported one question had been received from Mr Vernon White: <i>In view of the high probability of abrupt and severe climate breakdown, has the Transformation Board built in a programme of adaptations to all its future plans?</i></p> <p>The full response was read out at the meeting with Mr White present. It was noted that the response would subsequently be sent to Mr White, (as appended to these minutes).</p> <p>KK added that Cornwall's resilience planning was recognised as robust, and that we are well placed as a partnership to respond. She added that the Council would be debating climate change at the full Council meeting on 22nd January 2019.</p>		
<p>3.</p>	<p>Minutes of Previous Meeting – 8th October 2018</p> <p>The minutes were agreed as a correct record of the meeting.</p> <p>Action Log Updates</p> <p>A67 – Initial system planning paper on the agenda. A68 – Pathways learning to be formally reviewed in 2019/20, once resourcing in place. A71 – System risks will be reviewed by each of the four system boards, and will transition into principal system risks for system strategic objectives in 2019/20.</p> <p>In terms of other updates, the Chair advised that she has been in discussion with Jennifer Howells, NHS England Regional Director, about the appointment of an independent chair, seeking the input of Transformation Board members. It was confirmed that national guidance confirming the requirement for an open and transparent appointment process has recently been released, and that we are in discussions with NHS England and NHS Improvement about taking this forward, with the input of Transformation Board members locally.</p>		
<p>4.</p>	<p>Shaping Our Future Stocktake</p> <p>An updated version of a presentation provided to NHSE/I colleagues at a stocktake meeting in November 2018 were presented, providing a broader reflection of the system working than the usual assurance report. TL focused on those areas not</p>		

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	<p>addressed elsewhere on the agenda.</p> <p>TL noted that the recognised maturity of system planning locally had led to success in securing significant funding over recent months, including a range of capital funds (totalling £41.5m) and £4m digital transformation funds. There are also tangible examples of more integrated working, including in relation to robust winter planning, which has proven effective to date. The place based model of care is moving into delivery phase, and we are gaining credibility as a system that is on an improvement journey, for example as evidenced by the delivery of planned improvements in 52 week waits, with the ambition to over-deliver on the agreed trajectory by year end. System Chairs and Chief Officers across the NHS and the Council are meeting fortnightly to build relationships and strengthen cohesion across the system.</p> <p>An update was provided on the impacts of mental health investments in 2018/19. In particular attention was drawn to the reduced waits for Child and Adolescent Mental Health Services (CAMHS), and the work underway on the Sowenna inpatient unit, which is due to open in June 2019 (delayed slightly due to changes in building regulations). It was also noted that there have been no out of county non specialist adult mental health placements to date in 2018/19. A conference was held in October 2018 to look at our mental health priorities, and this is informing the development of a new mental health strategy.</p> <p>Attention was drawn to the Care Quality Commission's (CQC's) most recent inspection report about the Royal Cornwall Hospitals Trust published in December 2018 confirming that the Trust has improved from 'inadequate' to a rating of 'requires improvement'.</p> <p>CFT has confirmed that all their remedial actions have been addressed, and a follow up inspection will take place in the Spring to test the improvements made.</p> <p>TD reflected on the Joint Targeted Area Inspection of Child Sexual Abuse in the Family Environment undertaken by Ofsted, the CQC, HM Inspectorate of Constabulary and Fire Rescue Services and HMI Probation in October 2018. Inspections have taken place in areas with a positive Ofsted report. Cornwall was the second area to be inspected. A largely very positive report has been received, noted the visible cohesive leadership and robust strategic planning, along with some areas for further improvement. TD noted that the inspection was a great test of partnership working, and that he would be submitting an action plan by 6th March 2019.</p> <p>TL provided a high level update on the system's response to the CQC (Section 48) Place Based Review, which reinforced the importance of the work undertaken to re-connect with services users. A more detailed review is underway, testing the impact of interventions put in place.</p> <p>Key reflections from the STP Stocktake undertaken with the</p>		

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	<p>regulators in November 2019 included the system being recognised for the improvements made in system working and in integrated delivery on the ground, achieved through strengthened collaboration at operational level. The importance of strengthened communications was reinforced.</p> <p>KS gave an update on the system financial position, where the underlying financial position is extremely challenging, but is currently forecast to meet the planned £9m deficit, including NHS sustainability funding, albeit with some risk.</p> <p>KS confirmed that the system performance scorecard reflects the position for all key providers. IC explained that there is a very good understanding of the issues within the system. Trend lines have now been included, and this will be a key focus for system boards to review in future. It was also noted that work continues with NHS England and NHS Improvement to move to a single assurance process across the system.</p> <p>KK noted the need within the score card for tracking of the s48 measures. AS noted that progress is very evidence based, with little analysis of people's experience, and that there is more to do with the data captured from the friends and family test.</p> <p>JB noted their collaboration with HealthWatch Plymouth, who are carrying out independent reviews of the discharge to home experiences of patients. Results will be available within a couple of months.</p> <p>ACTION: KK requested that TD provide KS with headline indicators for children's services to be added to the scorecard.</p> <p>ACTION: AS to connect with Devon HealthWatch to understand how they review the discharge to home service, and consider how we might do something similar locally. AS to provide a report on patient experience to the May 2019 Transformation Board.</p>	<p>A75</p> <p>A76</p>	<p>TD/KSim</p> <p>AS</p>
5.	<p>Effective management of winter pressures</p> <p>PO provided the update. He noted that an Urgent Treatment Centre has been established at Truro, which is providing an alternative to A&E, and is allowing the system to turn patients around more quickly. Elective orthopaedics have moved to St Michaels Hospital, Hayle, supporting the continuation of planned surgery over winter. Where cancellations have taken place, these are being re-booked quickly. The level of delayed discharges of care are low, and 92% of emergency patients have been seen in 4 hours, which is above the 90% trajectory.</p> <p>Discussions are taking place with ambulance services to ensure patients receive domiciliary care whenever appropriate.</p>		

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	<p>Joanne Beer, University Hospitals Plymouth NHS Trust offered congratulations to Cornwall on its ED performance, and provided an update from Devon. She noted the challenges arising from the high level of GP vacancies in Plymouth. There has been an increase in non elective demand, but good progress in delayed transfers of care. Community capacity has been extended, and the next focus will be on internal flow at the hospital. A £2.5 million capital investment has taken place to extend ED capacity in Plymouth, with associated new staff due to start in April 2019.</p> <p>Karen Kay explained that whilst the services experienced for patients in the East of the county are somewhat different, the aim is for the outcomes to be comparable, and that both systems can learn from one another.</p>		
6	<p>Approach to development of aligned whole system plan and endorsement of emerging system strategic objectives and priorities.</p> <p>The plan provided is a whole system plan for Cornwall and the Isles of Scilly for 19/20. KSim sought support for the proposed strategic priorities to help build the system plan, noting that when the slidedeck was developed, the full planning guidance had not yet been received, and there will therefore need to be some slight amendments. The next check point with NHS England and NHS Improvement is February 2019. KSim also noted that key financial information was received on 16th January 2019, and had also not yet been tailored into the plan.</p> <p>A single set of system strategic objectives, based around delivery of the quadruple aim, set the framework for the system plan, and all present ENDORSED the use of the system strategic objectives by all key partners, with the agreement that the strategic objectives need to more explicitly reflect that improvements must be informed by user experience and co-production.</p> <p>ACTION: All Boards to endorse the finalised system strategic objectives and adopt internally.</p> <p>KS noted the emerging strategic commissioning priorities, grouped around three themes: making sure everyone gets the best start in life, delivering world class care for major health problems and supporting people to age well.</p> <p>It was agreed that further work is required about the positioning of mental health, and the need to be more specific about the improvements to be achieved in 2019/20, in line with other commissioning priorities.</p> <p>KS took members through the emerging system priorities for Urgent and Emergency Care, Planned Care, Integrated Community Care and Children and Young People.</p>	A77	CEOs

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	<p>Feedback was received as follows:</p> <ul style="list-style-type: none"> • The importance of making the focus on user experience explicit within the plan • The need to consider whether Integrated Community Care needs a specific mental health component • Is improving access to services sufficiently prioritised within the plan? • What are the priorities to improve the experience of people with a learning disability? • The ICA priorities should reflect the Isles of Scilly priorities as a particular highlight. <p>HCM noted that the green paper for adult social care has been delayed and will not be available in a timescale that will inform this plan.</p> <p>The board were asked to sign off the approach and emerging priorities with the addition of the elements as discussed at the board. This was AGREED, subject to the plan going through each Board.</p>		
7.	<p>Updates on key priorities:</p> <p>Our Strategy for Planned Care</p> <p>Ethna McCarthy explained that the Vision and Strategy for Planned Care has been informed by discussions with a broad range of stakeholders including the Citizen’s Advisory Panel, Referral Management Services and GPs. The vision is for local people to be offered safe, high quality, planned care in the right place, at a time which is right for them. The aim is to obviate the need for avoidable urgent and emergency care.</p> <p>The Planned Care Board has agreed the following four transformation programmes:</p> <ul style="list-style-type: none"> • Outpatients • System Pathways (initial priorities: Musculo-Skeletal (MSK), Cardiovascular Disease, Falls and Frailty) • Delivery (reducing delay) • Elective blueprint <p>There is a huge workforce agenda, with delivery of the strategy being dependent on changes to how people work.</p> <p>IC expressed that we should be making a difference in 2019/20, recognising that the blueprint will be more forward looking.</p> <p>The board endorsed the paper.</p> <p>Action: Planned Care Strategy to come back to the May</p>	A78	Phil Confue

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	<p>Transformation Board.</p> <p>Developing a new model of care for the Isles of Scilly</p> <p>KK welcomed Isles of Scilly colleagues to the meeting.</p> <p>Aisling Khan provided the board with an overview of the paper, explaining that the Isles of Scilly had a range of separate facilities (community hospital, care home and health centre) of variable quality and condition. The aim of the project is to develop an improved and integrated health and care service offering for the Islands.</p> <p>A Project Initiation Document has been prepared with an Outline Business Case to be developed by March 2019. Monies have been secured via wave 5 of the One Public Estate programme, and the Council has also led a bid for Wave 7 OPE funds to support the development of a Full Business Case subject to a satisfactory OBC.</p> <p>Cllr Francis apologised that Dr Davis was not able to be present and thanked Aisling for her work and initiative to date for the Council of the Isles of Scilly. He noted the potential of the project to act as an exemplar for the provision of integrated care in more isolated areas, and sought the ongoing input of all parts of the system. EMcC also noted the potential for digital solutions to some of the service delivery challenges, including access to outpatient services.</p> <p>Transformation Board members were supportive of the work taking place, and the progress being made.</p> <p>Action: Aisling Khan to present an update at the Transformation Board in May</p> <p>Action: KSim to work with AK to ensure the Isles of Scilly priorities are appropriately captured in future iterations of the system planning priorities for 2019/20.</p> <p>KK wished Dr Davis a speedy recovery.</p> <p>One Vision update</p> <p>Trevor Doughty confirmed that positive workshops are taking place about the operation of integrated place based services including public health nursing, from April 2019.</p> <p>Prevention update</p> <p>Steve Brown was welcomed to his first meeting of the Transformation Board. With regard to the update on cardiovascular disease and health checks, he welcomed the commitment from the NHS to continue health checks to improve outcomes. He gave an update on social prescribing, and the firm foundation this provides for the envisaged roll out by 2021, allowing us to build on local</p>	<p>A79</p> <p>A80</p>	<p>Aishling Khan</p> <p>KSim</p>

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	<p>Term Plan and the timescale for the five year plan.</p> <p>With the recent success in securing capital, KK noted the importance of ensuring we have the right capacity and capabilities to manage a significant capital programme.</p>		
9	<p>Feedback on the Health and Care Leadership Forum</p> <p>A very positive Health and Care Leadership Forum was held on 5th December 2018. The Forum received Integrated Care Area updates from Dr Penny Atkinson, Dr Neil Waldron and Karen Roach, who described the bottom up progress to date in developing services in response to local need, future priorities for improvement and support needed from system leaders to support their development.</p> <p>Examples were given which demonstrated the importance of strengthening integration, for example GPs not always being aware when patients are being admitted or discharged and equipment stores on either side of the road, one for health and one for social care, and frontline staff restricted in which equipment can be accessed.</p> <p>In particular, system leaders were asked to support the establishment of a West Integration Board, with representation from health and care leaders to ensure that issues affecting progress at a local level can be unblocked.</p> <p>Kate Shields gave an update on Managing Winter Well Together. A number of positive suggestions came forward including:</p> <ul style="list-style-type: none"> • redesign of daily operational and escalation processes around the localities to ensure the best possible use of community assets to reduce avoidable admissions and impact positively on delayed transfers of care; • increasing dialogue between consultants and primary care to support timely discharge and reduce avoidable admissions; • reviewing that the winter plan has sufficient resilience in respect of patients with mental health crises; • strengthening in reach into care homes; <p>KShi shared reflections from the recent STP stocktake meeting, and KK reflected on the recent learning from a visit made by some of the health and care leaders to Manchester, where devolution and integration is more developed. They are working on the basis of being clinically and politically led, supported by expert management. Those present were asked to reflect on how we better link with local councillors, who are very familiar with local issues and needs.</p> <p>The next Health and Care Leadership Forum will be held on the 20th March 2019, 5.30 – 7.30pm. BV noted that planning for the</p>		

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	meeting had taken place earlier that day, making use of the ICS leadership framework.		
10	Any Other Business No other business was discussed		
11	Dates of Future Meetings Thursday 9 th May 2019, Grenville, New County Hall, Truro		

Question from the public:

In view of the high probability of abrupt and severe climate breakdown, has the Transformation Board built in a programme of adaptations to all its future plans?

Response:

The SoF Transformation Board is overseeing a programme of transformation to bring health and care organisations closer together to provide a better and more joined up service for local people in Cornwall and the Isles of Scilly.

Responsibility for responding to the impacts of climate changes is an integral element of our routine responsibilities, and as such information is available to support our strategic planning with regard to how climate changes will impact on the health and care needs of our local population.

In addition, responding to abrupt and severe climate breakdown is the responsibility of Local Resilience Forums (multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others). They plan and prepare for localised incidents and catastrophic emergencies. They work to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities. Therefore, organisations have in place plans to deal with incidents such as flooding, extreme weather and fuel shortage.