



# Minutes

## Transformation Board Meeting in Public

Minutes of the meeting held on 9<sup>th</sup> May 2019, 12.00pm – 2.00pm in Grenville,  
New County Hall, Truro

### Present:

(MB) Mark Boden	Chief Executive, Isles of Scilly Council
(TB) Tim Bishop	Executive Director of IM&T, South Western Ambulance Service NHS Foundation Trust
(IC) Iain Chorlton	Chair, NHS Kernow
(PC) Phil Confue	Chief Executive, Cornwall Partnership NHS Foundation Trust
(TD) Trevor Doughty	Strategic Director, Children, Families & Adults, Cornwall Council
(PH) Paul Hobson	Non Executive Director, Royal Cornwall Hospitals NHS Trust
(TL) Tracey Lee	SOF Programme Director
(JP) Jackie Pendleton	Chief Officer, Kernow CCG
(TLaf) Thom Lafferty	Director of Strategy and Performance, Royal Cornwall Hospitals NHS Trust
(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)	Chair, Cornwall Partnership NHS Foundation Trust

### In attendance:

Steve Brown	Service Director, Wellbeing and Public Health, Cornwall Council
Alison Cook	Service Director, Children's Health and Wellbeing, Cornwall Council
Cllr Robert Francis	Chairman, Isles of Scilly Council
Aishling Khan	Senior Manager – Services to Community (DCS and DASS), Isles of Scilly Council
(WV) Wendy Vincent	Minute Secretary, SOF PMO

### Apologies:

Kevin Baber	Chief Operating Officer, University Hospitals Plymouth NHS Trust
Amanda Fisk	Director of Assurance & Delivery, NHSE (South West)
Kate Kennally	Chief Executive, Cornwall Council
Helen Charlesworth-May	Strategic Director, Adult Social Care and Health, Cornwall Council
Adrian Davis	Lead Member for Adults, Council of the Isles of Scilly
Cllr Sally Hawken	Portfolio Holder, Children and Wellbeing, Cornwall Council
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.	<b>Apologies for Absence</b> Apologies were noted as shown above.		

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2.	<p><b>Public Questions</b></p> <p>On this occasion there were no questions from the public.</p>		
3.	<p><b>Minutes of Previous Meeting – 8<sup>th</sup> October 2018</b></p> <p>The minutes were agreed as a correct record of the meeting.</p>		
	<p><b>Action Log Updates</b></p> <p>A68: Whilst the action remains open, PC noted that the benefits from new pathways can take 2-3 years to realise.</p> <p>A75 A proposed list of metrics has been developed and this will be considered and agreed at the One Vision Board meeting on 5<sup>th</sup> June 2019.</p> <p>A76: On the agenda</p> <p>A77 All boards have endorsed the system strategic objectives. Closed</p>		
4.	<p><b>System Operational Plan 2019/20</b></p> <p>JP introduced the operational plan produced for the whole system, recognising that the planning guidance relates to NHS requirements. An executive summary of the plan had been included with papers to the Transformation Board.</p> <p>The system operational plan has been submitted to the regulators, who have been positive about the plan, whilst providing some constructive challenge about a number of areas, which the system will respond to by 15<sup>th</sup> May 2019. Cornwall and Isles of Scilly is considered a low risk system compared with many areas of the country. This feedback was welcomed by members, and considered reflective of the progress made over recent months.</p> <p>JP also reflected on the recent two day visit to Cornwall by Adam Sewell-Jones, Interim Regional Director, and Ned Naylor, Deputy Director Primary Care and System Transformation, NHS England/Improvement. During their visit, they toured a variety of health settings in Cornwall. They were particularly impressed with a Social Worker based in the Emergency Department at Royal Cornwall Hospitals Trust. System leaders received very positive feedback about our evident progress as a cohesive system.</p> <p>AK reported on a recent visit by the regulators to the Isles of Scilly too. Discussions took place with local clinicians and again feedback was very positive about the work underway to integrate care.</p> <p>BV thanked everyone for the excellent work that has been recognised across Cornwall and the Isles of Scilly, before inviting</p>		

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	<p>system leads to describe the priorities set out in the system operational plan.</p> <p><b>Prevention</b></p> <p>SB talked about prevention and population health being one of the five core system work programmes. He was pleased to report on the progress made in increasing the proportion of people being offered health checks, and the impact that the out-reach worker was having, for example reaching out to fishing communities. Social prescribing is proving very successful, and Public Health will be working closely with primary care networks to ensure that the social prescribing growth in primary care is taken forward in a joined up way for maximum impact.</p> <p>There is a particular focus on tackling smoking in pregnancy, with the shift to supporting women with raised CO2 levels proving very effective, and also identifying issues with defective boilers and gas fires. In the last three months of 2018/19, 270 women were referred for support and advice.</p> <p><b>Children and Young People</b></p> <p>AC described the focus on early years, working closely with maternity services. She also described the investment in schools to improve access to mental health support for children and young people.</p> <p><b>Integrated Community Services, including plans for Isles of Scilly (IoS) Model of Care</b></p> <p>JP described the operational pressures being experienced across the system, but particularly in the acute sector, as a result of urgent and emergency demands, and the importance of the work prioritised for 2019/20 to increase capacity in community based services and increase the focus on proactive care that reduces avoidable emergency admissions which are not in the best interests of patients. JP noted that at the A&amp;E Delivery Board meeting earlier that day, the possibility of a hard reset of community based provision was being considered, as had proved effective for urgent and emergency provision last year.</p> <p>JP noted that there are particular challenges to address for patients requiring end of life care, and to ensure they receive a good experience. JP also described the pressures on domiciliary care capacity and care home beds, particularly for patients with dementia, and that there are no quick fixes. It was confirmed that there are a multiplicity of contributing causes, exacerbated by the migration of staff to the tourism industry during the summer. Cllr RR described the work taking place with the care home sector to address qualitative interventions at scale, and ensure people are being placed in homes that are fit for purpose. This will include market development over the next 18 months.</p>		

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	<p>BV asked how the system could go about increasing capacity and infrastructure. JP set out the contractual requirements, and confirmed that NHS Kernow and Cornwall Council would need to lead a procurement process.</p> <p>BV noted that discussions been taking place for some time, and requested a plan of action be brought to the next meeting of the Transformation Board.</p> <p><b>Action: Assurance to be provided at the August meeting of the Transformation Board with regard to the progress made in determining short and medium term solutions to address current challenges with end of life care, nursing home capacity and quality and dementia bed capacity in particular.</b></p> <p>BV also asked how sustainability is being addressed in the context of reducing levels of Better Care funds (BCF). JP advised that diagnostic work is being undertaken (Embrace Care), by Newton Europe which will help shape the work required over the next few months to address the decreasing level of BCF.</p> <p><b>Action: The Embrace Care diagnostic findings to be presented to the August Transformation Board.</b></p> <p>AK provided an update on the work to develop a new model of care for the Isles of Scilly, with funding support from One Public Estate. The outline business case will be ready by the end of May, with a meeting planned for June with all finance leads to consider the best way forward. It was recognised that articulating how benefits will be realised will be challenging, and that this will need to be approached in a flexible way between May and September, recognising the exceptional and unique needs of the islanders. AK noted that there has been international interest in the approach being planned on the Islands, with its application to other extreme rural communities.</p> <p>The Isles of Scilly Council are looking to the Transformation Board for help and support in moving the project forward and securing the required capital to ensure the provision of fit for purpose Care Home and Hospital facilities, and key worker accommodation to ensure the requisite workforce is available on the islands. Members were advised of the limitations on the level of integration that can be achieved without enabling infrastructure.</p> <p>PC advised that NHS Property Services could prove a key stumbling block in enabling transfer of the hospital back to local control. Cllr Robert Francis asked if there is anything else the Isles of Scilly Council can do to help resolve this. <b>Action: PC suggested raising the issue in discussions with the Cabinet Office, and ensuring it is on the agenda for discussion at the Council's Scrutiny Committee.</b></p> <p>The constraints on availability of capital were also highlighted.</p>	<p>A75</p> <p>A76</p> <p>A77</p>	<p>HCM</p> <p>HCM</p> <p>MB</p>

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	<p><b>Planned Care</b></p> <p>PC gave an overview of planned care priorities, noting the progress made in access during 2018/10, with a reduction to only three patients waiting more than 52 weeks from referral to treatment at RCHT. Discussions are continuing with University Hospitals Plymouth to address the disparity in access that currently exists for people in East Cornwall.</p> <p>JP noted the contractual arrangements in place in 2019/20 which will allow for direct contractual arrangements with UHP, whilst emphasising the strong focus on working alongside and supporting the improvement journey in Plymouth.</p> <p><b>Urgent and Emergency Care</b></p> <p>Key challenges had already been addressed during the meeting. TB described the challenges SWAST were facing in managing the predicted growth in demand, but recognised the positive engagement taking place with Cornwall.</p> <p>The Board were asked to endorse the ICS system governance chart to support the delivery in 2019/20. The Board were advised that whilst system governance had not changed, it was being depicted in a way which better represented the bottom up planning and design taking place within Integrated Care Areas (ICAs).</p> <p>JP recognised the impact of having ICA representation on system boards, particularly in providing essential local intelligence and assessing how effective potential mitigations might be.</p> <p><b>The revised depiction of system governance arrangements was ENDORSED by all present.</b></p>		
5.	<p><b>Year End Assurance, Finance and Performance Position</b></p> <p>TL described how the end of year assurance report reflected on more cohesive working across the health and care system during 2018/19, enabling progress to be made in developing the transformation plans whilst delivering on challenging financial plans and tackling operational and performance improvements. She cited the more effective management of winter pressures, and that not one person with an acute mental health condition had to travel out of county for non-specialist inpatient care in 2018/19. Over the last six months, the system had also been successful in securing significant external funds to support delivery of transformation plans, with c£40m capital for Treliske and West Cornwall Hospitals and £4m of digital funds over the next three years. As previously discussed, the maturing of our system working has been recognised both regionally and nationally.</p>		

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	<p>TL also drew on the learning from 20181/19 to inform approaches in 2019/20, including the risks of project and programme creep and the dilution of focus this can cause, the importance of aligning sufficient capacity to identified priorities, and the beneficial impacts of introducing gateways processes to proposals.</p> <p>It was confirmed that Integrated Strategic Commissioning has now closed as a separate project, reflecting the shift to a more collaborative approach to planning and designing across the system. This work will now be picked up as part of the Integrated Care System (ICS) development programme with the ambition of being recognised nationally as an ICS by 2020.</p> <p>Governance arrangements are being strengthened with a single system oversight meeting with regulators, reflecting the move to stronger system working and a greater onus on self regulation.</p> <p>KS gave an update on digital developments, with the first tranche of national funding supporting the Nerve Centre implementation in RCHT. Cornwall is part of the regional programme looking to see how all systems can be better joined up.</p> <p>KS also noted the likely constraints on capital funding in 2019/20.</p> <p>TL highlighted by exception amber and red rated projects, and the mitigations planned to address the issues. She noted that the Self-Management programme has been endorsed by Clinical Practitioner Cabinet, and noted the importance of this now being taken forward within the context of the new ten year health and wellbeing strategy, and be taken forward as an integral element of new pathways being developed.</p> <p><b>Action: PC asked that the use of Statistical Process Control Charts be considered for reporting system performance in future.</b></p>	A78	KSim
6	<p><b>Recruitment of Independent Chair</b></p> <p>BV confirmed that the job description for the Independent Chair has been approved. The post is due to go out to open advertisement in the near future; dates are in the process of being finalised. Invitations will be sent out for Transformation Board members to be part of the recruitment process.</p> <p><b>Action: A paper setting out arrangements would be presented at the August meeting.</b></p>	A79	BV/MMcL
7.	<p><b>Focus on People's Experience of Care and Support</b></p> <p>With regard to action noted A76 from the January 2019 Transformation Board meeting, the work to better understand and respond to patients' experience of transfers of care had been</p>		

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	<p>postponed due to current pressures at RCHT This piece of work will be carried out at a later date, and a meeting is taking place this month to take this forward. TL noted that if we wait until operational pressures lessen, we may not capture a true picture of people's experiences in a system under pressure. TLaff committed to ensuring that RCHT works with Healthwatch to capture this important patient feed-back.</p> <p>.With regard to the development of the long term plan, Healthwatch Cornwall and the Isles of Scilly will be undertaking focus groups in May to seek views on the general plan, perinatal mental health services (Cornwall) and cancer services (Isles of Scilly). They have also promoted a national survey conducted in April. A report will be produced in June.</p> <p>Going forward Healthwatch want to capture the opinions of a more diverse audience, and in this regard are developing a virtual citizens' panel using a community platform to develop a tool which will capture the views of a representative sample of c1,500 local citizens. Seed funding has been provided from NHS Kernow. Feedback will be sought at the Royal Cornwall Show, and the platform will be tested In September and October, focused on seeking views on the draft health and wellbeing strategy priorities. There is a lot of interest in this innovative project.</p> <p><b>Action: BV noted the potential confusion with the SoF's Citizen Advisory Panel, and it was agreed to review terminology.</b></p>	A80	JP
8.	<p><b>Workforce Transformation</b></p> <p>PC described the work taking place to refresh the system workforce transformation plan by June 2019 to inform the long term plan development.</p> <p>BV welcomed this work, and noted the importance of working collaboratively to ensure we find genuine solutions that do not merely move capacity gaps around the system. It was noted that models are being worked through and talks are taking place with Kernow CIC in the context of the new roles to be recruited to Primary Care Networks.</p>		
9	<p><b>Developing our Long Term Plan, shaped by Health and Wellbeing Strategy</b></p> <p>KSim explained that in January 2019 the national long term plan was published, and that we are expecting further national guidance to help shape the development of our long term (five year) plan locally. Work is starting to enable the plan to be prepared by early Autumn, and shaped by all inputs and co-production undertaken to date. It was noted that the STP plans produced in 2016 still provide a lot of useful content.</p>		

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	<p>Locally, the plan will be significantly shaped by the development of a new ten year health and wellbeing strategy. BV welcomed this, and noted that the System Leadership Board has committed to ensuring that Public Health policy is included in all their approaches.</p> <p>Governance through to system and organisational boards will flow through each of the four system boards.</p>		
10	<p><b>Any Other Business</b></p> <p><b>Action: Look at varying the locations for the Transformation Board to support attendance by members of the public.</b></p> <p>Tim Bishop advised the Board that the new ambulances had formally been launched in Newquay. 63 new ambulances have been commissioned by SWAST. The ambulances are currently in Cornwall and Devon, and they have been co-designed with staff. To date 93% of staff have been trained in using the new ambulances, which will be easier to manage on narrow rural roads. One will be available on the Isles of Scilly in due course.</p>	A81	WV
11	<p><b>Date of Future Meetings</b></p> <p>Thursday 15<sup>th</sup> August 2019, 10.30 – 12.30. Conference Room, Carew House, Dunmere Road, Bodmin</p>		