

Minutes

Transformation Board Meeting in Public

Minutes of the meeting held on Friday 6 April 2018, 10.00am to 12noon in Room G.09, Knowledge Spa, Royal Cornwall Hospital, Truro

Present:

(KK)	Kate Kennally	<i>Chair</i>	Chief Executive, Cornwall Council
(KB)	Kathy Byrne		SOF System Leader & Chief Executive, Royal Cornwall Hospital
(PC)	Phil Confue	<i>(from 11.15)</i>	Chief Executive, Cornwall Partnership Foundation NHS Trust
(AD)	Cllr Adrian Davis		Representative from the Council of the Isles of Scilly
(TD)	Trevor Doughty		Strategic Director, Children, Families & Adults, Cornwall Council
(SH)	Cllr Sally Hawken		Portfolio Holder, Children and Wellbeing, Cornwall Council
(JK)	Jonathan Katz		Chair, Kernow Health Community Interest Company (CIC)
(TL)	Tracey Lee		SOF Programme Director
(JM)	Jim McKenna		Chair, Royal Cornwall Hospitals Trust
(JP)	Jackie Pendleton		Chief Officer, Kernow CCG
(KS)	Karl Simkins		SOF Director of Finance
(MS)	Malcolm Stewart		SOF Clinical Director
(AS)	Amanda Stratford		Representative from Cornwall Healthwatch
(BV)	Dr Barbara Vann		Chair, Cornwall Partnership NHS Foundation Trust

In attendance:

(JB)	Jo Beer	<i>(representing Kevin Baber)</i>	Interim Director of Integrated Urgent Care, Plymouth NHS Trust
(CV)	Caroline Vinnicombe		Notetaker, SOF PMO

Apologies:

Kevin Baber	Chief Operating Officer, Plymouth NHS Trust
Chris Blong	Vice Chair, NHS Kernow Clinical Commissioning Group
Dr Iain Chorlton	Chair, NHS Kernow Clinical Commissioning Group
Amanda Fisk	Director of Assurance & Delivery, NHSE (South West)
Thomas Lafferty	Director of Corporate Affairs, Royal Cornwall Hospitals Trust
Theo Leijser	Chief Executive, Council of the Isles of Scilly
Dr Peter Merrin	Chair, Cornwall & IOS Local Medical Committee
Christina Quinn	Director, NHS SW Leadership Academy
Cllr Rob Rotchell	Portfolio Holder, Adults, Cornwall Council

In Attendance for Specific Agenda Items:

Sharon Davidson	Head of Strategic Communications & Engagement
Patricia Keeling	Interim Director of Cornwall IT Services

Agenda No	Item discussion	Action No	Action By
1.	Apologies for Absence The apologies were noted as shown above.		
2.	Minutes of Previous Meeting – December 2017 The minutes were agreed as a correct record of the meeting.		

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	<p>Action Log Updates</p> <p>A24: Stakeholder Map – this action remains open, noting the item on communication priorities on the agenda for this meeting. The stakeholder map will be published on the Shaping Our Future website.</p> <p>A30: Integration of Mental Health and Learning Disabilities into work streams – Tryphaena Doyle, the new Programme Manager for the Model of Care work will ensure integration of both mental health and learning disabilities within each project. It was agreed that pending the implementation of a framework to support this, the action will remain open.</p>		
	<p>Other Updates from the December 2017 Minutes</p> <p>Shaping Our Future Clinical Director – KB reported that Dr Malcolm Stewart, previously Medical Director at the Royal Cornwall Hospitals Trust, was now in post as the SOF Clinical Director. This is an important role across the system to help with quality improvement, engaging with all care professionals. He will be chairing the Clinical Practitioner Cabinet.</p> <p>Integrated Care System – the Chair reflected on the minutes of the December meeting when the term Shadow Accountable Care System was used, noting that this was the correct terminology at the time of the meeting. However, the Chair stated that the terminology being used now is Integrated Care System, better reflecting the aims locally.</p>		
3a.	<p>Shaping Our Future Assurance Report</p> <p>TL reported on the challenges in 2017/18 to move the work streams forward at pace and scale. This is informing our delivery approach in 2018/19, particularly with regard to how we resource priorities.</p> <p>A series of gateway processes have been agreed for the system turnaround priority projects for 2018/19, with projects being reviewed through ‘check and challenge’ meetings in April to understand and identify the benefits to be realised in-year. A status report for each Project will be presented to the Portfolio Board on 27 April for ratification.</p> <p>TL provided a summary of key messages, not addressed elsewhere on the agenda:</p> <ul style="list-style-type: none"> ▪ Head of Strategic Communications – Sharon Davidson now in post and will be presenting on early priorities later in the meeting. 		

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	<ul style="list-style-type: none"> ▪ SOF Budget for 2018/19 – the overall budget has now been agreed, comprising of contributions from all partner organisations and including the re-prioritisation of resources within organisations to make this work business as usual. ▪ System governance update – the Planned Care Delivery Board and Digital Transformation Board have now been established. ▪ Dashboard on 2017/18 priorities, with a focus at the meeting on additional red rated work streams as follows: <ul style="list-style-type: none"> - Integrated Care in the Community – this is linked to the capacity challenges in 2017/18, which are now being addressed. It was noted that the establishment of Personalised Care and Support Plans is a CQC section 48 requirement. - Pathways: Did not have the resources required in place to progress this at pace in 2017/18. Dr Malcolm Stewart is supporting this work recognising that evidence based pathways from elsewhere must be tailored and implemented in Cornwall at pace to give us the leverage and intended impact in 2018/19. The MSK hips and knees business case has been approved and is being implemented. It was noted that although the Pathways work stream is red rated, predominantly linked to capacity, there is a lot of work underway. Additional capacity has been identified in 2018/19. - Transformation of Outpatients: Seen as a significant recovery priority for 2018/19, but with leadership yet to be determined. - Specialist and vulnerable services: To be reviewed as part of the work plan for the Planned Care Delivery Board. ▪ North Cumbria Visit – A very informative visit from colleagues from North Cumbria during March, who shared their experiences and learning with local Executive Teams, the Clinical Practitioner Cabinet and the SoF Health and Care Leadership Forum. ▪ Resources and project leads – being confirmed in the context of the system priorities for 2018/19. Being mindful of the learning from North Cumbria, the focus for this year will be on ensuring the right strategic and operational resources are in place to deliver short term benefits whilst looking to build the longer term transformed model of care, and using all resources appropriately and efficiently. <p>Action: BV requested knowing the names of the project leads in future assurance reports.</p>	A59	SOF PMO

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	<p>Action: The Chair requested seeing stronger links of the work stream deliverables/outcomes in the system performance metrics.</p>	A60	SOF PMO
<p>3b.</p>	<p>Financial Report</p> <p>KS provided a summary of the Month 11 financial position, reporting the health system forecast at that time was a c£40m deficit noting that year end positions were being finalised and there would be movement (a likely improvement) in NHS positions relating to sustainability funding for providers and release of planned reserves in the CCG.</p> <p>For the CCG, JP confirmed the financial position would improve by c£4m to a c£33m deficit following the receipt of prescribing cost benefits of c£0.7m and £3.7m 'headroom reserve'. TD reported that the adult social care year end position was still to be finalised but likely to be smaller than the c£2.1m forecast at month 11. JM reported that RCHT has an improved year end position from earlier in the year as reported although noting that the 18/19 financial plan position is likely to be a higher deficit than in 17/18 and therefore a challenging year ahead.</p> <p>Underlying operational pressures continue to impact on organisations financially with the aim to progress financial improvement in line with the three year financial framework.</p> <p>The Chair spoke of moving towards a shared system understanding and alignment of the underlying positions, and the plan to return to a sustainable financial position.</p> <p>Action: BV requested seeing the budgetary issues set against the SOF priorities. KS confirmed this was work in progress and will be presented to future meetings.</p> <p>Action: The year-end consolidated financial report to be circulated to Transformation Board Members.</p>	<p>A61</p> <p>A62</p>	<p>Karl Simkins</p> <p>Karl Simkins</p>
<p>3c.</p>	<p>Local Performance Report (December 2017)</p> <p>The Transformation Board noted that this is the Quarter 3 report (December 2017), when overall performance across the acute indicators was showing Red, reflecting the operational challenges. The Quarter 4 report (March 2018) is currently being prepared, and will reflect the recent improvements in patient flow performance.</p> <p>"Gold Command"</p> <p>The Chair took this opportunity to ask for an update on the improvements in patient flow and ED (Emergency Department) performance over recent weeks.</p>		

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	<p>KB reported that the system had been experiencing extreme winter pressures from mid-December. The A&E Delivery Board met last month and agreed a 'hard re-set' of the system to make the necessary improvements for patient safety and patient flow through the system. Therefore, a critical incident response was initiated known as "Gold Command" with agreed actions to regain control of the system. This has been achieved successfully. Within two weeks of initiating Gold Command the acute hospital was decongested and was able to de-escalate from Black to Green. This level of performance has since been sustained, leading up to the Easter bank holiday weekend.</p> <p>KB spoke of the spectacular response and support from all partners, enabling ED performance standards to be met for the first time in many months locally. This has been an example of what can be achieved through shared will. There has been learning every day of the barriers to address and the next step is to identify how to continue this momentum. It has been extremely resource intensive – recognising there is also a cost to demand failure. There is recognition for strengthened capacity planning at a system level to match resources to need and demand, and to make sure the right capacity is in the right place. This will be addressed by the integrated care system.</p> <p>BV echoed all that has been said and added that understanding the system wide issues and embedding co-operation across partner organisations addresses patient experience and safety.</p> <p>JM spoke of the positive impact that improvements have had on frontline staff. AS added the importance of embedding this way of working. Healthwatch is working with RCHT to look at patient experience in the areas which have been highlighted by the Care Quality Commission to be able to quantify the efforts to improve.</p> <p>MS reported that the learning needs to be focused on system working to prevent these situations occurring in the first place, and therefore the redesigning of the system as a whole is critical to sustaining patient flow in the future.</p> <p>The Transformation Board acknowledged the very significant tactical regaining of control of the system, and the successful achievement through working as an integrated care system.</p> <p>The Chair noted there were no patient experience measures in the Local Performance Report and commented therefore that the help of Healthwatch is very welcome, in order to see the impact of this work, and to provide confidence to the public.</p> <p>Care Quality Commission (CQC) Section 29a Notice</p> <p>KB reported that the CQC report on RCHT would be published today following their unannounced inspection in January 2018.</p>		

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	<p>By way of context, the Section 29a warning notice was issued to the Trust following the CQC inspection in July 2017. The unannounced visit in January 2018 was the follow up to the Section 29a notice. The Section 29a notice was re-issued to the Trust highlighting the areas that still required improvement. The Trust will be responding to the re-issued Section 29a by the deadline of 13 April 2018, setting out the improvements made since January 2018.</p> <p>JM spoke of recognising the huge efforts and progress being made and the contributions from partner organisations as fundamental to further progress as a system.</p>		
<p>4.</p>	<p>Planning for 2018/19</p> <p>NHS operational plans are currently being finalised, as part of the three year financial framework to bring the system back into financial balance by 2020/21. A clear set of system priorities have been agreed by the Portfolio Board, in support of individual organisational plans, and this has helped to shape the system narrative. Work is now underway to map and align the organisational Cost Improvement Plans with the SOF plans.</p> <p>Action: The Chair requested for the Local Government Authority to be added to the narrative on page 4.</p> <p>The Transformation Board ENDORSED the enhanced system planning approach for 2018/19.</p>	<p>A63</p>	<p>SOF PMO</p>
<p>5.</p>	<p>Community based model of care development</p> <p>JP provided an update on the model of care development work and reported that the Clinical Practitioner Cabinet endorsed the draft blueprint, recognising this will be an evolving document.</p> <p>This working draft is now being socialised locally and has been shared with the Clinical Senate for their input. JP emphasised that this is a framework with some standardised elements, but which allows the localities to implement according to their needs.</p> <p>With regard to co-production, JP reported that the focus has changed to what can change or be implemented now without the need for consultation. For example, embedding a standardised care plan, and progressing the incentive of “time to think” beds to allow time to assess a patient for their care needs rather than admitting them.</p> <p>Test and learn pilots are being planned to inform thinking towards the model of care. JP confirmed that wider engagement events are being planned before the summer.</p>		

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	<p>BV welcomed seeing children and young people referenced in this work and commented that supporting the needs of young people needs to be a stronger explicit feature of all components of the programme. JP confirmed that this feedback had been picked up elsewhere and was being addressed.</p> <p>The Chair spoke of this work being critical to being able to see tangible changes and improvements, particularly against the indicators within the local performance dashboard.</p> <p>The Chair also commented that it would be good to see the emerging model of care informing capital submissions to secure additional funding to enable the planned changes.</p>		
6.	<p>Integrated Care System Update</p> <p>The Transformation Board RECEIVED the briefing providing an update on strategic commissioning and the emergent integrated care partnership.</p>		
7.	<p>Health and Social Care Devolution: New Frontiers</p> <p>The Chair set the context for the New Frontiers publication and reported that the 'Futures Group' is leading the work to prepare for a post Brexit context, supported by the Local Enterprise Partnership (LEP). The document is focused on future strengths and unique offers to make to central government.</p> <p>The Chair also reported that initial guidance has indicated that there will not be a "Devolution Part 2" for Cornwall as a whole and that further devolution opportunities will be through a series of individual negotiations. The Government is keen to engage with Cornwall and it is important that the offers and asks are very clear. Early discussion with the Treasury has indicated that having place based offers will be of particular interest.</p> <p>The health and social care chapter was discussed at the Health and Wellbeing Board on 22 March 2018. Members were broadly supportive of the role that devolution can play in the transformation of health and care locally, particularly with regard to the potential for transformation funding (capital and revenue) to support the shift to a community, place based model of care with a greater emphasis on prevention. The version presented to the Transformation Board incorporates some minor changes made to reflect feedback from health colleagues at the Health and Wellbeing Board.</p> <p>Tracey Lee described how the chapter provides a strong platform on which to start discussions with Government noting that Cornwall and the Isles of Scilly have a united vision and agreement on system priorities, with system leads identified.</p>		

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	<p>The proposals build on our status as the first rural community to receive devolution, demonstrating the potential to act as a test bed for how services can be transformed in rural and island communities. In this regard, conversations will focus on what Cornwall can offer to Government as well as what can be achieved through devolution.</p> <p>Health and social care colleagues hosted a visit from the Treasury on 27th March. Feedback from Treasury colleagues was that it was the most wide-ranging and stimulating discussion they have been involved in for some time. The visit was used to demonstrate how devolution is central to realising transformation plans locally. A radical upgrade in our focus on prevention, the development of community based services and the role of digital based care were the focus, as critical components of the journey of improvement for the health and social care system.</p> <p>There was acknowledgement of the radical investment needed in prevention, recognising how challenging this is to achieve in the context of current financial and service pressures. Discussions also focused on the role of transformation funding to support workforce transformation and build new models of care at pace without compromising patient safety or care provision.</p> <p>Demonstrations were provided to Treasury colleagues about how digital technology can be used to much better effect for rural and island communities to enhance care and release workforce capacity. Local universities are keen to support these developments. There was recognition that Cornwall is technically ready for a significant upscale in digital developments. BV referred to work in Wolverhampton in respect of a system wide intelligence platform which was referenced at the recent Provider Trust Chairs Meeting, and which might be of interest to inform our thinking locally.</p> <p>BV questioned the role of NHS Property Services and their position within this process. The Chair confirmed that the intricacies of estates management was raised with Treasury colleague who were interested to hear about how the infrastructure and funding streams supporting estates impacts at a local level. Further information is being prepared by the SoF Director of Finance to share with Treasury colleagues on the complexities of these issues.</p> <p>BV also questioned Public Health involvement. The Chair confirmed that Public Health are fully engaged and are actively driving forward the underpinning work required for the radical improvement of the prevention agenda.</p> <p>The Transformation Board were supportive of the direction of travel with regard to devolution proposals for health and social care, as set out in the New Frontiers document.</p>		

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8.	<p>Presentation: Digital Transformation Priorities</p> <p>Patricia Keeling, Interim Director of Cornwall IT Services, was welcomed to the meeting. She presented the digital aspirations for Cornwall, and noted that digital technology will underpin many SOF work streams and is the key enabler to doing things differently.</p> <p>Building digital capability will focus on:</p> <ul style="list-style-type: none"> ▪ Connected Care – single integrated digital care record, noting the 25 April deadline for a collective application for funding to be one of five exemplar regions. ▪ Managed Care – system wide care pathways and care plans, support for new models of care, disease based registries. ▪ Intelligence Led Care – real time bed analysis, command and control approach. ▪ Self Care – supporting citizen engagement and access to care records, encouraging healthier lifestyles. ▪ Safe Care – best practice, clinical decision support, process, equipment and consumables. ▪ Virtual and Remote Care – platforms for virtual clinics, care in homes and localities through telehealth and telecare, remote monitoring. <p>Six priority areas have been agreed:</p> <ol style="list-style-type: none"> i. Robust, secure infrastructure and connectivity. ii. Optimising patient flow across the health and social care system. iii. Access to information, decision support tools. iv. Outcome based Business Intelligence to enable service improvement. v. Patient and citizen accessible technology and ownership of personal records. vi. Support for health promotion and “keeping well”. <p>Acknowledging the range of projects across the system which are often funding led, a set of Core Principles have also been agreed to provide a framework to help inform smarter decisions when it comes to digital priorities, and recognising the importance of matching the digital solutions to the model of care developments.</p>		
9.	<p>Feedback on the SoF Health and Care Leadership Forum</p> <p>KB provided a summary of the events held to date, making particular reference to the latter event and the learning from North Cumbria colleagues, who were very generous in the sharing of their experiences and challenges. It was good to hear of them addressing very similar matters and issues to those in Cornwall.</p>		

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	<p>BV echoed these comments and emphasised the importance of building on those discussions and using their good practice to develop work locally through the Integrated Care Partnership. BV also commented that it would be good to return the favour and share with North Cumbria colleagues our own best practice and experiences.</p> <p>JM spoke of being inspired by the ethos of working together and how North Cumbria were able to galvanise public engagement and turn initial concerns into positive support and championing of service improvement initiatives.</p> <p>The Chair welcomed the Health and Care Leadership Forum and added that the value of external and peer experiences cannot be underestimated as an opportunity to learn and grow.</p>		
10.	<p>Communications Priorities and Update</p> <p>Sharon Davidson, newly appointed Interim Associate Director for Strategic Communications for Shaping Our Future was welcomed to the meeting. SD spoke of immediate communications and engagement priorities, stakeholder relationship mapping and support offered from NHS England, drawing particular attention to:</p> <ul style="list-style-type: none"> ▪ Development of a Communications and Engagement Strategy ▪ Enhancement of Social Channels ▪ Using BBC radio to signpost the presence of Shaping Our Future at this year's Royal Cornwall Show ▪ Joint work with Healthwatch to produce a short health information film explaining the aims of the SOF programme ▪ Staff and public newsletters – a monthly staff newsletter is being developed and the second edition of the public newsletter will be released in April and then quarterly. ▪ A proactive stakeholder relationship management process with assigned SOF individuals to act as trusted first point of contacts ▪ Support from NHS England to develop corporate awareness materials and utilise their planning and intelligence gathering tool. <p>AS welcomed the priorities being proposed, particularly the use of social media.</p> <p>JP reported that the results of the recent 360 degree survey of NHS Kernow Clinical Commissioning Group are now published, with improvements being seen for all the metrics. Of particular note is the feedback that the public feel able to influence local plans and that their feedback is being listened to and being recognised.</p> <p>The Transformation Board ENDORSED the direction of travel for the engagement and communication.</p>		

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11.	<p>Launch of refreshed Shaping Our Future Website</p> <p>SD provided a demonstration of the refreshed Shaping Our Future website – www.shapingourfuture.info</p> <p>The Transformation Board expressed thanks to Leanne Baker and local NHS colleagues for the development of the refreshed website and also to the Citizen Advisory Panel who have been advising on the content and usability of the website.</p>		
12.	<p>Questions from the Public</p> <p>There were no questions from the public submitting in advance of the meeting. For future meetings, time will be allocated at the start of the meeting for public questions.</p>		
13.	<p>Any Other Business</p> <p>Helen Charlesworth-May, Strategic Director of Adult Social Care and Health commences in post on Monday 16 April 2018.</p>		
14.	<p>Future Meetings</p> <p>The Transformation Board will meet on a quarterly basis in July, October 2018 and January 2019. Action: These dates will be published on the SOF website by the end of April.</p>	A64	SOF PMO