

System Leadership Board (SLB)

**Notes of the meeting held
On Thursday 8th June 2017, 9.30-12.30pm
At Board Room, Voreda, Penrith**

Present

Stephen Childs (SC - Chair)	Chief Executive, CCG
Stephen Eames (SE)	Chief Executive, NCUH
Ged Blezard (GB)	Director of Operations, NNAS
Niall McGreely (NMcG)	ICC GP Lead, CCG
David Blacklock (DB)	Chief Executive, Healthwatch
Mark Brearley (MB)	Strategy Finance Advisor, STP
Michael Smillie (MS)	STP Programme Director, CPFT
Julie Clayton (JC)	Head of Comms, STP & CCG
Brenda Smith (BS)	Corporate Director, CCC
Katherine Fairclough (KF)	Chief Executive, CCC
Prof Stephen Singleton (SS)	Director, CLIC
John Howarth (JH)	Deputy CEO, CPFT
Dr Mark Alban (MA)	ICC GP Lead, CCG

In Attendance

Kirsty Robertson (KR)	Programme Manager, NECS
Lisa Gibbons (LG)	Transformation & Delivery Manager, NECS
Emma Graham (EG)	Project Management Officer, NECS

1. Welcome & Apologies

David Rogers, Bev Reilly, Claire Molloy, Debbie Freake.

Chair's Update

The Chair welcomed everyone to the meeting and apologised for the requirement to finish the meeting earlier than originally planned due to a subsequent meeting. He thanked Sir Neil McKay and advised a letter will be sent to Neil to formally thank him for his role in leading the Success Regime.

2. Declarations of Interest for today's agenda

MB stated that he is contracted to the Sustainability Transformation Plan (STP) Programme and therefore was included in the costs in relation to the financial update (4f). He also stated that his company, UHS Ltd, is associated with Deloitte, who were providing assurance on the full business case.

The Chair is also Managing Director, North East Commissioning Support (NECS).

3. **Minutes of the previous System Leadership Board held on 11th May 2017**

Minutes were agreed as an accurate record.

Matters Arising (Attachment 1 & 2)

WRaPT data should be utilised within the STP business cases. The Workforce Enabling Group will lead on this.

4. **Governance and Performance**

a. SLB Terms of Reference (Attachment 3)

The Chair would like to take the opportunity to revisit the Terms of Reference over the next few weeks, including refreshing the membership.

ACTION (The Chair) – Revised Terms of Reference to be tabled at the next meeting on 13th July 2017.

ACTION (All) – Any comments on current draft Terms of Reference to be sent to KR by 22nd June 2017.

b. STP Governance Structure v0.6 (Attachment 4)

KR tabled the new draft governance structure for delivery of the STP programme. She advised that, following the handover from the Success Regime programme to STP, we have been re-aligning the workstreams to reflect the emerging regional STP framework. The Senior Responsible Officer (SRO) Coordination Group is now called the SRO Business Meeting, and this group will hold each other to account for delivering work plans. A discussion took place around the need to understand the role between System Leadership and Organisational Development and it was agreed that further consideration should be given to what work is required. The group leading on Organisational Form is now referred to as the Integrated Health and Care System (IHCS), reporting directly to the SLB. It was confirmed that Maternity services was the current scope of the Implementation Reference Group. BS suggested that consideration should be given for a similar Implementation Reference Group for other workstreams.

ACTION (The Chair/JC) – Consider the scope of the existing Implementation Reference Group.

SE reported that the STP is in the process of appointing a full time Programme Director and they hope to conclude this process next week. He also confirmed that the SROs will be meeting on a weekly basis until the end of August 2017 to ensure momentum of the STP programme and to deliver against

requirements.

As part of the development of business cases and implementation, the members agreed their commitment to quality engagement and co-production at all stages of the process.

c. OGIM – IHSC/ACS (Attachment 5)

SE presented a slide pack regarding the development of the new Health System within West North East (WNE) Cumbria. He confirmed that the future system was built around various key pillars which include Integrated Care Communities (ICC) with a focus on prevention and self-care, and principles of co-design and co-production. These key pillars were the foundation of a proposal submitted as part of the national process. Our current position is that we have a clearly established SLB, Integrated Commissioning Group (ICG), and Provider Alliance Group (PAG). North Cumbria University Hospitals (NCUH) Trust and Cumbria Partnership Foundation Trust (CPFT) have formed a joint group with a joint committee in common, inevitably moving towards the delivery of joint services. He confirmed that discussions with the regulatory bodies were ongoing around the formalities and processes associated with statutory requirements. The board members agreed the need to be clear about longer term goals, having a collective focus, and not underestimating the level of work to deliver the changes required.

ACTION (All) – Any further comments on the presentation to be sent to KR by 22nd June 2017.

d. System Transformation and Activity Change (STAC) Presentation (Attachment 6)

The STAC plan, presented by MB, outlined the requirements for Governance systems to monitor plans across Business As Usual (BAU), the Better Care Fund (BCF) and the STP 5 Year Strategy. The plan highlighted the risk of a residual gap when moving from the Pre-Consultation Business Case (PCBC) to the full Business Case, and there is a requirement to see what adaptive solutions we can find. MB confirmed that this is a fantastic opportunity but, given the short timescale, the Board may need to make decisions and manage risk regarding investment, prioritising schemes with the most return, as well as being able to mobilise these schemes quickly and safely. To assist with the decision making process, a quarter by quarter analysis would be developed to help understand what needs to be accelerated and prioritised. It was noted that our urgent care response is not presently a strong feature of the ICC business case and the Board felt that it should be, as was the need to establish impact on primary care. A discussion took place regarding the activity shift required, engaging with staff, securing cultural buy-in from communities, and ensuring that our priorities are right.

JH asked for it to be noted that GP practices are facing challenges due to

recruitment issues and these practices are the point of most referrals.

e. Draft System Scorecard Report (Attachment 7)

KR presented the Draft System Scorecard which outlines the metrics and benefits for the STP programme which have been developed alongside the SROs. Once agreed, and the data collected the scorecard will then go to the PAG who will report as required to this group.

ACTION (All) – The Chair asked the group to consider the proposed metrics and feedback to KR.

f. Programme Finance (paper tabled at the meeting)

MS presented a report outlining the current funding for the STP Programme. The Board agreed that existing resources have to be used as efficiently as possible. MS confirmed that we will not be committing to a third party for the development of the full BC but an assurance function will be provided by Deloitte.

5. **Strategy**

a. Communication and Engagement Strategy (Attachment 13)

The Communication and Engagement Strategy was presented by JC, which outlined the immediate priorities including developing frameworks of co-production. This was welcomed by the Board as a benchmark and a methodology which we need to embrace and learn from as we go forward. MS confirmed that a lot of good work is already underway and this strategy will help us to build upon this.

b. Organisational Development (OD) Strategy – (Attachment 8)

OD Strategy presented by SS which outlined the commitments of the STP to:

- The collective leadership model;
- Vision and narrative;
- Thinking and behaving adaptively;
- Sponsoring continuous improvement and a learning environment.

He also confirmed that a National group is working on System Leadership.

c. Co-Production Update and Governance (Attachment 9)

Presented by JC highlighting WNE Cumbria Health and Care system commitment to co-production as the approach that we will adopt as we develop, improve, and implement agreed changes to services at all levels of decision making. To achieve this, we need an overarching framework which is flexible and can be used by all. Early priorities are:

- Community Hospitals
- Maternity and Paediatrics
- Hyper-Acute Stroke Unit (HASU) and associated services
- Integrated Care Communities (ICCs)

A session with West Cumberland (WC) forum has been scheduled for the end of June 2017 which will involve looking at how we define things for community buy-in, starting with Maternity. In respect of HASU, JC reported that the Stroke Association have been very helpful and are keen to be involved.

6. **Recommendations from PAG**

a. Health and Wellbeing Framework (Attachment 10)

Presentation received from Colin Cox, Director of Public Health. The Board accepted and agreed this framework however it was noted by all that this has a significant Public Health focus. BS requested that consideration is given to interdependencies with other key workstreams e.g. ICCs.

ACTION (KR/BS) – To map the Health and Wellbeing Framework across the STP programme.

ACTION (KR) – To provide feedback received to Colin Cox.

b. Transport (Attachment 11)

Experience of Care at Distance paper presented by SE. This paper sets out issues in relation to the Success Regime (SR) work around travel and transport, and proposes a way forward within the new STP arrangements. North West Ambulance Service (NWAS) have been a key partner in the development of transport solutions within the SR, and GB confirmed his support for the paper. JH queried if the mapping of movement through the system should include Newcastle, Hexham etc.

ACTION (EG) – Provide feedback received to DF.

c. MSK Business Case (Attachment 12a & 12b)

MSK Business Case presented by MS who asked for agreement in principle from this group today, which was confirmed by the Chair. The general consensus of the group is that it is a good proposal and there will be significant return by moving to this new pathway. It was agreed in principle pending a detailed implementation plan.

7. **AOCB**

No other current business to be discussed.

DATE AND TIME OF NEXT MEETING

13th July 2017, 9.30am-12.30pm

Conference Room, Rosehill
