System Leadership Board (SLB)

Notes of the meeting held
On Thursday 14th September 2017, 9.30am-12.30pm
At Conference Room, Rosehill

Present

Stephen Childs (SC - Chair)	Chief Executive, North Cumbria CCG
Stephen Eames (SE)	Chief Executive, CFPT/NCUHT
Charles Welbourn (CW)	Chief Finance Director, North Cumbria CCG
Mark Alban	ICC GP Lead, North Cumbria CCG
Julian Auckland-Lewis (JAL)	Programme Director, STP
David Blacklock (DB)	Chief Executive, Healthwatch
Michael Smillie (MS)	Finance Director, CPFT
Julie Clayton (JC)	Head of Comms, North Cumbria CCG
Colin Cox (CC)	Director of Public Health, CCC
Ramona Duguid	Programme Director (ACS), CPFT/NCUHT
Stephen Singleton	Director, CLIC
John Howarth	Deputy Chief Executive, CPFT/NCUHT

In Attendance

Lisa Gibbons (LG)	Transformation & Delivery Manager, NECS
Emma Graham (EG)	Project Management Officer, NECS
Stuart Beatson (SB)	Consultant Psychiatrist
Andy Airey (AA)	North Cumbria CCG
Simon Desert (SD)	GP

1. **Welcome & Apologies**

Kirsty Roberton, Niall McGreevy, Rick Shaw, David Rogers, Helen Ray, Brenda Smith.

Chair's Update

The Chair welcomed everyone to the meeting and proposed that the meeting is brought to an early close due to work surrounding a paper that is due to be submitted to NHS England (NHSE) and NHS Improvement (NHSI) this afternoon.

2. **Declarations of Interest for today's agenda**

The Chair is currently employed as the Managing Director of NECS.

3. **Minutes of the previous System Leadership Board held on 13th July 2017 (Attachment 1)**

The previous minutes were agreed as an accurate record with the following exception:

Page 6 – Item 5c - Delivery of Mental Health Futures
MS requested that the action timescale is amended to read 'October 2017 meeting'.

Matters Arising (Attachment 2)
Term of Reference
To be carried forward for discussion at the next meeting on 12th October 2017.

4. **Strategy**

a. Integrated Health and Care System (IHCS)/ Accountable Care System (ACS) Update

The Chair confirmed that, as a system, we are committed to doing the right thing by West North East (WNE) Cumbria. The earliest date that we could join the forerunner group of integrated systems was originally April 2018 although it has since been intimated that it could happen earlier in October 2017. RD has been refreshing our proposal to join this group although she confirmed that there is no new content within the refreshed version.

The Executive Summary section contains information about our key successes and how we have articulated core building blocks. There are also clear sections around why WNE Cumbria should be included in the first wave, and how we are going to mobilise our system in terms of being ready to move in this direction. Culture and Organisational Development (OD) are also referenced in the document. Other key sections include Integrated Commissioning, Co-production & Engagement, and Workforce Design & Innovation and the document sets out how these elements will be better served by working in a truly integrated way. The last section is around the broad direction of travel that we are working towards.

RD suggested that we should make reference to this Board in terms of endorsing the document. Members were then asked for their comments. In response:

SS suggested that the diagram on the last page of the document, which contains the four phases, could feature earlier in the document as his view is that this gives a real sense of purpose as well as evidencing that we have given this considerable thought. He also suggested changing the wording around hospital mortality to 'expected range' and using new language in the Transitional Funding paragraph instead of 'proceeding at risk'. CW confirmed that our ambition is the single control total and the flexibility.

The Chair reported that Richard Barker is aware that we are getting on with our plan and doing what needs to be done in terms of transforming our services. He also noted that it is an important achievement to be developing 8 Integrated Care Communities (ICCs).

SE confirmed that the submission will include similar broad commentary about all partners working together, as contained in the original STP submission. CC raised concerns that this lack of formality might cause concerns. RD confirmed that an update is expected to go to the CCC cabinet meeting later this month and it is important to carefully consider what is included in this paper.

The Chair then summarised the key points, namely: the way we present the finance element; communicating to different audiences; governance; ICCs; and ensuring that we are capturing the 'people factor'. It was agreed that the covering letter

should include all of these points. The Chair also reported that phase 4 of the diagram has been revised and the final draft will reflect this, as well as including a narrative to interpret it. The paper will be presented to NHSE and NHSI this afternoon. **ACTION – The Chair agreed to circulate the final document around this group.** The Chair also expressed his thanks to RD for all of her hard work on this paper. All in support.

b. County Wide Services

SE reported that there is an emerging agenda about country wide services provided by the Cumbria Partnership Foundation Trust (CPFT). He confirmed that some option appraisal work has been done and shared with commissioners, and broadly speaking they have agreed that the timetabling is likely to run into 2019. By the end of 2017 we should be able to provide a very clear sense of direction to everyone, although this may take some time to work through. He also confirmed that the Mental Health model that we would like to adopt is a high local and national priority. To this effect, there will be a meeting within the next 6 weeks where the commissioners and providers will be asked to consider what the options are for the future, and how we intend to get there. DB expressed an interest in hearing our plans for engagement with Learning Disability groups.

c. System Leadership & OD Strategy

i. Vision & Narrative

SS reported that a decision was taken to test the narrative for our vision of a new 'Health and Care Democracy'. He asked that members test this with their teams and stakeholders (if they have not already done so), and provide feedback on 25th September 2017. The narrative is important and we have to get it right.

ii. Progress against plan

The first part of the development plan is testing it with staff and the public and this will then lead to a new brand identity. The Working Together Group (WTG) is progressing forward. At individual service user level, we need to deliver a personalised co-produced framework. It was noted that great progress has been made, however engagement with Primary or Secondary Care required improvement. Consideration should be given to whether young people are properly represented. Organisational Development is core to the change programme and SE confirmed that the necessary frameworks are in place to take this forward.

ACTION - SS agreed to circulate an 'Evaluating System Co-production' document.

d. Co-production Update

JC reported that the mandate circulated sets out the priorities for working together and working with communities. The Communications team are also looking at all the Business Cases and Implementation Plans to make sure that co-production has been thoroughly considered. In terms of the co-production framework, it is important to log everything that we are doing. This framework is considered to be a very NHS-orientated document which will develop considerably as we move forward. It will also be circulated to a much wider group in the future.

JC also confirmed that Maternity and Paediatrics are very involved with the WTG. Some very challenging conversations have been had but it is interesting to hear the

public's concerns. CC thinks the work done so far is very positive. **He agreed to meet with JC to go through this – ACTION CC/JC.**

e. Mental Health – ICC Proposed Model

Presentation from Stuart Beatson, Consultant Psychiatrist. This is an update following feedback received at a previous meeting.

Attachment 11 - Mental_Health_and_I

When building the new clinical model, it is important to concentrate on the areas where our current performance is low. SD confirmed that Primary Care welcomes the enthusiasm to improve Mental Health services. It was agreed by all that it is important to have the right model in place. AA suggested that the timescale involved to get the new service in place is 21-24 months but this was not accepted as a reasonable timescale by the Board because of the urgency of this work. This will have to be worked through and agreed upon. **AA agreed to feedback comments to the Integrational Steering Group – ACTION.**

CC communicated BS's concerns that this is a very health-focused presentation and it is important to incorporate Social Care into this work. It may also be beneficial to link in with the Police service around their processes for dealing with mental health related situations. CW stressed the importance of engaging with patients regarding changes to services and it was agreed that there must be a strong element of co-production.

The Chair summarised the key points, namely: pace; engagement with ICC leads and the emerging programme; and information systems, which are considered a significant issue at the present time.

f. Transformation Funding Case

See System Finance Report section 5b.

5. Governance and Performance

a. Programme Director Report

JAL reported 6 areas of progress, namely:

- Co-production work is ongoing with the 3 Alliance groups;
- 5 Business Cases have been signed off;
- A Risk Share agreement is now in place;
- The Composite Workforce element is progressing well;
- Successes in the recruitment of Paediatricians; and
- A full set of reports were received from workstreams last month.

Gastroenterology – delayed due to workforce issues but a 6-week recovery plan is now in place to get this project back on track.

Maternity - The key actions at this stage were to develop midwifery-led care, and to have Alongside Maternity Led Units (AMLUs) in place in Whitehaven and Carlisle. The AMLU is in place in Whitehaven, but the AMLU at the Cumberland Infirmary Carlisle

(CIC) may be delayed due to other building work that is going on. This is now not expected to commence until the first quarter of 2018/2019.

Delayed Transfers Of Care (DTOC) – The consultancy firm are expected to come back to us today with a proposal and they will be helping us with the practical side. A decision is required in terms of funding this work.

Development of ICCs – This project has taken longer to come to fruition than originally expected. The Business Case will be reviewed by the Directors of Finance on 6th November 2017.

Digital Care – This is an extensive programme. We need to determine what the priorities are but there are no significant concerns here.

Escalated Risks include the recruitment issues in Maternity and not having the necessary operational management arrangements in place to deliver the level of change required. A Business Case in respect of this was reviewed by the Directors of Finance last week.

System Risks include recruitment concerns across the board (stocktakes required in key areas) and concerns that, as a system, we might not be able to deliver level of change required. Our mitigating action is having a Programme Management Office system in place which is supported by Organisation Development. It is expected that the residual risk score will decrease as we move forward.

Delivering Financial Balance – We are very focussed on making sure that all the Business Cases that have been signed off actually deliver the level of savings expected.

The System Scorecard is undergoing development and we hope to have an updated version by next month. It is important to be very clear about how efficiency savings are reported. CC offered to support this piece of work.

6 Key Decisions

Paediatrics – SE confirmed that, following the updated job plans and job adverts, NCUHT has potentially recruited four Paediatricians, as well as having the opportunity to recruit an additional two. The others have all been initially recruited via Skype on fixed-term 12-month contracts. Agreement is requested from the system to recruit the additional two candidates. On the basis that this is a significant opportunity which should not be lost – and might lead to a £250k maximum cost pressure – All SLB were in support. Previous experience of recruiting via Skype suggest there may be drop outs.

b. System Finance Report

This is included in the ACS submission and work is in progress with Deloitte. CW confirmed that we are in a better position than we were. The timetable is being reconsidered by NHSE. SC asked what we should be presenting on Tuesday afternoon to NHSE/NHSI. In response, CW confirmed that we should present the Risk Share document as well as what is already included in the ACS paper.

c. Risk Share Agreement

As a group, the Directors of Finance have agreed to come up with a way of sharing the financial gap between the three organisations, CPFT, NCUH and the CCG. This document is very much a contingency plan for what we will do if we do not achieve our targets. As the ACS develops, we will need to look revisit the mechanism for sharing risk.

The Directors of Finance are looking for endorsement of the general principles of this agreement, namely:

- Recommend to Board/Governing Bodies to adopt a risk share approach based upon the principles of Option 1 for 2017/18.
- Agree that the Finance Directors Group develop detailed proposals for implementing the risk share under delegation of the Accountable Officers.
- Acknowledge that if, at the end of Quarter 3, system balance is considered by all parties to be unachievable further work is undertaken to "cap" organisational exposure as an alternative to Option 1.

All in support.

d. Integrated Commissioning Group

This item was deferred to the next meeting on 12th October 2017.

5. **Recommendations from Provider Alliance Group (PAG)/Business Case Review**

LG confirmed that five Business Cases, namely Early Supported Stroke Discharge (ESSD); Hyper Acute Stroke Unit (HASU); Maternity; Paediatrics; and Diabetes, have been supported for development, but have yet to be reviewed by the Directors of Finance.

6. **Any Other Business**

Regional STP

JC reported that negative media coverage has been received in the North East. SC confirmed that the critical point is to get into the Vanguard group for ACS.

Maternity Review

MS reported that the response has gone in and was positively received. Richard Evans has since emailed The Chair to request further information.

DATE AND TIME OF NEXT MEETING

12th October 2017
9.30am-12.30pm
Conference Room, Rosehill