

System Leadership Board (SLB)

Notes of the meeting held On Thursday 12th October 2017, 9.30-12.30pm At Boardroom, Voreda House

Present

Stephen Childs (SC - Chair)
Stephen Eames (SE)
Stephen Singleton (SS)
Mark Alban
Julian Auckland-Lewis (JAL)
David Blacklock (DB)
Michael Smillie (MS)
Julie Clayton (JC)
Brenda Smith (BS)
Niall McGreevy (NMG)
John Howarth (JH)
Ramona Duguid (RD)

Chief Executive, CCG
Chief Executive, NCUH
Director, CLIC
ICC GP Lead, CCG
Programme Director, PMO
Chief Executive, Healthwatch
Director of Finance, CPFT
Head of Comms, CCG
Corporate Director, CCC
ICC GP Lead, CCG
Deputy CEO, CPFT
Programme Director, IHCS/ACS

In Attendance

Kirsty Roberton (KR)
Lisa Gibbons (LG)
Emma Graham (EG)
David Lee (DL)
Eleanor Hodgson (EH)

Programme Manager (NECS)
Transformation & Delivery Manager, NECS
Project Management Officer, NECS

1. Welcome & Apologies

The Chair welcomed everyone to the meeting. Apologies were noted from Charles Welbourn, David Rogers, and Ged Blezzard.

2. Declarations of Interest for today's agenda

The Chair is currently employed as the Managing Director of North of England Commissioning Support (NECS).

3. Minutes of the previous System Leadership Board held on 14th September 2017

The minutes of the previous meeting were agreed as an accurate record.

Matters Arising (Attachment 2)

Integrated Health and Care System (IHCS)

The final paper has been submitted and will be circulated in due course. The Chair thanked RD for putting this together.

Mental Health Integrated Care Communities (ICC) Proposed Model

ACTION - KR agreed to confirm with AA that feedback regarding timescales has gone back to the Integrational Steering Group.

4. Strategy

a. Cumbria and the North East (CNE) STP Update

The Chair reported that a suggestion has been made to consolidate all three Sustainability and Transformation Partnerships (STPs). He confirmed that Alan Foster has been formally nominated by Lynn Simpson and Richard Barker as the leader of this single STP for CNE, commencing his new role on 1st October 2017.

Vulnerable Acute Service

Chris Gray, Director of the CNE Team, is currently leading a piece of work across CNE looking at where we have vulnerable acute services. The intention is to move to a single plan for the whole of the North East. Next meeting scheduled for November 2017.

Discussions are ongoing about the regional workstreams, with a more pragmatic approach proposed. Further details to follow at the next meeting of this board.

The proposal of a joint Commissioning Group (CCG) Committee across CNE has been approved by eleven out of the twelve CCGs. A meeting took place last week between these eleven CCGs, minus Sunderland CCG. John Rush has been confirmed as the Chair of this Joint Committee. This Committee has a tight remit and its programme of work that will be planned very carefully in advance. Work will continue behind the scenes to persuade Sunderland CCG to join.

b. Governance Arrangements

Executive Role

An 'Enhanced executive leadership proposal' was produced by JAL and circulated around this group. It is proposed that the new executive level accountabilities are introduced across the transformation programme to achieve the following objectives:

- Clearer Executive leadership within existing programme governance;
- Increased clinical leadership at programme level.

JAL confirmed that although there is already good representation at project level, it is important to also get clinical input from a quality and safety perspective. He stressed the importance of the programme itself being front and centre in terms of each organisation's leadership agendas. All of the components of the transformation programme will be explicitly led by named Executives going forward. **All in support of this paper.**

c. IHSC/Accountable Care System (ACS) Update

Presentation from RD. Seeking agreement in principle today to:

- Work with key partners around how a Committee in Common (CiC) could work and organisational approvals;
- Bring a formal paper back to the December SLB meeting.

The Chair's view is that this is absolutely the right time to do this with a single STP emerging. JAL stressed the importance of having a board to drive the transformation. It is important that the group's agenda has two clear domains, namely top level guidance for the transformation programme, and providing guidance for the ACS. BS suggested that additional input from Katherine

Fairclough (KF) would be valuable in terms of how information is fed back to CCC members. There is a Health & Wellbeing Board Development Group meeting on 26th October 2017 and this session will be used for the development of ACS. It may be beneficial to have earlier conversations to talk through any concerns. NMcG stressed the importance of engaging with General Practitioners (GPs) and local communities.

ACTION – RD agreed to circulate this paper to all.

d. System Leadership & Organisational Development (OD) Strategy

i. Vision & Narrative

ACTION - CLIC development to be added to November's SLB agenda.

A series of slides were presented by SS around the new vision and narrative.

ACTION - JC agreed to circulate these slides to all.

The proposed new vision is:

"The health and care of our people, will be run with our people, for our people: Building the first new health and care democracy".

What does 'health & care democracy' mean as an idea?

- Equality & fairness
- More power and responsibility for our communities and Health & Care professionals
- Communities listened to and involved in decision-making Better solutions developed by professionals and patients together Better decisions because we make them together
- More accessible/fewer boundaries, more involvement

Our Guiding Principles:

- Courage - we are brave
- We are committed and courageous we have lots of reserves to draw on, for us all be the best we can. We are breaking new ground. It will not always be smooth, easy or free-of-risk, but we are made of tough stuff and more than ever, we must believe in ourselves.
- Strength - we are strong
- We are driven, relentless and persistent.
- Our determination to do the right thing gives us all strength to keep going and achieve great things.
- Creative - we are original and innovative
- We are resourceful and inventive, full of radical and innovative ideas. We must draw upon our ideas to do things differently, be new and forward thinking. Taking standard ideas and re-shaping them to fit our local needs.
- Generosity - we are kind and respectful
- Developing, testing, learning and growing means we sometimes need to be more forgiving, patient and respectful of others - and of ourselves.
- We have spirit, we are committed and determined to always do our best.

BS asked that consideration is given to the font size of the word 'Care' in the logo, as it is smaller than the word 'Health', and the text is a different colour, which could suggest that the two components are not equal. It was agreed that further development work is required around this. DB raised concerns

around the labelling 'North Cumbria', instead of 'WNE Cumbria'. In response, SS confirmed that there are eight individual ICCs within this North Cumbria framework.

Next steps include briefing senior system leaders; senior and middle manager sessions; mixed organisations to bring people together (led by a Chief Executive Officer and a Senior Clinician – late November/early December 2017); conversations with Third Sector, Providers and Community groups (late November/early December 2017); developing initial creative brand templates and a phased communications plan (mid-November 2017). An engagement event has also been provisionally scheduled for 17th January 2018, and it has been proposed that Chris Pointon, partner of the late Kate Granger, is invited to this event in connection with the 'hellomynameis' work.

ACTION – JC agreed to liaise with Kath Hughes and Rhia Heron and feedback to Suzanne Hamilton.

ACTION – BS agreed to take this back to CCC members for their comments. It is imperative that this happens before moving on to the next steps. SS offered his support to BS.

e. Communications Update

A draft press release has been circulated and staff updates will be sent out in conjunction with JAL. It was also confirmed that this information has also gone out to CCC networks in the format of team briefs.

f. Maternity – Better Births Plan

The paper was presented by Eleanor Hodgson and is a response to the requirement for a Local Maternity System (LMS) plan, which came out of the National Maternity Review. Requires to be submitted nationally by 31st October 2017. Previously presented and approved at a recent NCUHT Standards & Quality meeting, this plan will be presented to the CCG next. SE confirmed that this could also potentially go to NCUHT's October Board meeting.

ACTION – It was agreed that final sign-off of this plan should be delegated to SC and SE.

EH confirmed that this is the first time there has been an end-to-end maternity plan in one place and they are working closely with other two LMSs. She also reported that there has been a lot of input from external sources and the Public Health element has been developed alongside Claire King (CCC) as part of the Health and Wellbeing strategy. Co-production and engagement work will continue over the coming months. A co-production exercise has been planned for West Cumberland Hospital and SE suggested that these discussions should be aligned.

ACTION - EH agreed to ensure that the coproduction element is clearly evidenced within the plan.

g. Estates Plan

Presentation from MS. Key points included:

- Strategic thinking in place and multi partner based;
- Immediate and Medium term “Must Do’s” have been identified and work is in progress;
- Programme governance is key;
- OBCs for Cancer Centre, WCH, Community Hospitals;
- Requirement to build the whole infrastructure (Technology & Estate).

Areas being progressed:

- There is enough clarity on the Community Hospital bed changes to plan those remaining 6 inpatient sites in line with PCBC;
- There is enough clarity on Estates changes to support Maternity and Paediatric changes following the consultation;
- Access to national capital has been secured for the Cancer, WCH and Community Hospitals business cases;
- Trust/Trust Estates and Facilities teams are integrating and they are working to establish future delivery vehicles;
- The two PFIs (each requiring significant risk management) are getting the active attention they need;
- ETTF – Carlisle bid has gone in and other schemes are in the planning phase – dependent upon the ACO model maturing.

A suggestion was made to repeat this agenda item at regular intervals.

ACTION - MS agreed to liaise with JAL regarding the provision of regular updates to the programme.

h. ICC Update

The Business Case document was circulated around the group in paper format. The hubs are expected to be rolled out in Phase 1 and the key elements of model are the Rapid Response element, and the Discharge to Assess (D2A) model (Home First or Home Soon pathways). BS confirmed that a costed model went to the Directors of Finance (DoFs) meeting in July and again in September 2017, and they have been working intensively since to reduce the level of investment required in Year 1. It is anticipated that the start date will be January 2018. Targeting four ICC areas in Q4, areas where the biggest investment can be achieved. All eight ICCs are expected to be up and running by April 2018. This Business Case will be finalised and re-presented to the DoFs on 16th October 2017. SE suggested that this paper should be supported.

ACTION – to be reviewed by the DOFs for financial approval

5. Governance and Performance

Programme Director Assurance Report

A summary report was provided by JAL which highlighted each workstreams’ key risks and issues. MA raised an additional risk surrounding the ICCs and the removal of beds.

ACTION – KR agreed to add to this to the Risk Register.

BI Report

Exception reports to be added to programme director assurance report

System Finance Report

Slides circulated prior to meeting, presented by MS. MS confirmed that the DoFs are actively monitoring the implementation of the Business Cases that have been signed off so far.

Integrated Commissioning Group

The Integrated Commissioning Group has been established to develop, implement and performance-manage strategic commissioning intentions, which are aligned across each of the commissioning organisations. The Group will form part of the IHCS governance, and will report to this Board.

PR reported that there is good representation from all three organisations, North Cumbria CCG, CCC and NHS England, and they are aiming to produce these strategic commissioning intentions by the end of December 2017. The three individual organisations will then be required to sign these off. The overall goal is to have a very clear set of commissioning priorities which the provider system can respond to.

In response to a question from DB about the inclusion of service users in the decision making processes/consultation leading up to the commissioning strategies, PR confirmed that the engagement process will be reviewed between now and December 2017.

The first draft of these strategic commissioning intentions is expected to be presented at December's SLB meeting.

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6. Recommendations from PAG/Business Case Review
- ICC – as per agenda item 4h

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7. **AOB**
No other business for discussion.

DATE AND TIME OF NEXT MEETING

9th November 2017, 9.30am-12.30pm

Conference Room, Rosehill, Carlisle
