

System Leadership Board (SLB)

Notes of the meeting held On Thursday 9th November 2017, 11.00am-1.00pm At Boardroom, Voreda House

Present

Stephen Childs (SC - Chair)	Chief Executive, CCG
Stephen Eames (SE)	Chief Executive, NCUH/CPFT
Stephen Singleton (SS)	Director, CLIC
Mark Alban (MA)	ICC GP Lead, CCG
Julian Auckland-Lewis (JAL)	Transformation Programme Director, STP
Helen Ray (HR)	Executive MD of Operations, NCUH
Julie Clayton (JC)	Head of Communications, CCG
Niall McGreevy (NMG)	ICC GP Lead, CCG
John Howarth (JH)	Deputy Chief Executive, CPFT
Charles Welbourn (CW)	Chief Finance Director, CCG
David Rogers (DR)	Medical Director, CCG

In Attendance

Kirsty Robertson (KR)	Programme Manager, NECS
Lisa Gibbons (LG)	Transformation & Delivery Manager, NECS
Emma Graham (EG)	Project Management Officer, NECS
Ramona Duguid (RD)	Programme Director, IHCS/ACS
Dr Colin Patterson	ICC GP Lead, CCG
Mel Bradley	
Amanda Stearn	
Rhia Heron	
Rachel Benn	

1. **Welcome & Apologies**

The Chair welcomed everyone to the meeting. Apologies were noted from David Rogers, Katherine Fairclough, 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 12th October 2017**

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

Matters Arising (Attachment 2)

The Chair confirmed that the following actions can now be closed:

4e Mental Health; 4c Integrated Health and Care System (IHCS)/ Accountable Care System (ACS); 4d System Leadership & OD Strategy; 4f Maternity; 4g Estates; 4h Integrated Care Communities (ICCs); 5 Risk Register; and BI Exception Report.

Integrated Commissioning Group (ICG)

The first draft of these strategic commissioning intentions is expected to be ready for presentation at the December 2017 SLB meeting.

4. Strategy

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

The Chair reported that the proposal for a single Sustainability and Transformation Partnership (STP) will be presented to NHS England (NHSE) on 14th November 2017. Early indications suggest that this proposal will be supported. If approved, this single STP will then convene a formal STP board, which will be chaired by one of the Foundation Trust (FT) Chairs and a Vice Chair. The rest of the membership of this board will then require to be worked through.

The Chair also reported that a Joint Clinical Commissioning Group (CCG) Committee has now been established from 11 out of the 12 CCGs. John Rush has been nominated as the Chair of this Joint Committee.

b. Governance Arrangements Update

Presentation by RD. It was agreed at the October 2017 SLB meeting that further engagement work would be done with stakeholders, with a view to having a formal paper ready at the end of November 2017 in readiness for the December 2017 SLB meeting. RD reported that there are three key areas in terms of the work that has been done with stakeholders:

System principles

- Strategy
- Co-dependencies & impact
- Cost & investments
- Respective interests & collective responsibility

People

- Truly representative of the component parts of the IHCS (including clinical voice)
- Voting and non-voting members/organisations
- Schemes of delegation
- Chair and Vice Chair
- Public view
- Stronger relationships

Practical

- Inputs & outputs into respective statutory bodies
- Could we review the decisions we have taken over the last 12 months to assess impact?
- Fulfilling the requirements of NHSE and NHS Improvement (NHSI)
- What will be the efficiency gain in the system? What could we take out if we have a Committee in Common (CiC)?
- Dispute resolution
- End point/road map

The Chair asked members for their views on having a CiC, including any concerns. All members confirmed that they are satisfied that the necessary conversations are taking place. In response to a concern raised by DB around the differences between Health and Social Care, SS suggested that we could learn from other (different) areas – **ACTION**. The Chair then summarised that the intention going forward is to draw in intelligence from all the discussions that are taking place in our respective organisations.

c. IHSC/ ACS Update

SE reported that we have been accepted into the first wave of ACSs. This decision has yet to be communicated more widely. This news is a fantastic credit to everyone involved. JC advised that the Communications Team are now preparing a

briefing including quotes from all parts of the system **ACTION** – JC agreed to circulate to all.

d. **System Leadership & Organisational Development (OD) Strategy**

i. *Proposal for Developing our Learning and Improvement Collaborative*

This document describes the next stage of evolution of the Cumbria Learning and Improvement Collaborative (CLIC) to enable the Board to confirm its commitment to collaborate in this way and endorse CLIC as an essential building block of the new IHCS. It describes a proposed way forward for our learning and improvement collaborative based on the successful developments over the last three years and includes a proposed definition of the future collaborative and its ways of working. As we move to the next stage of developing a new kind of democratic IHCS it is timely to build upon the foundations that have been established and reaffirm our commitment to CLIC. SLB is asked to consider this proposal, which includes the pooling of current NHS staff working in improvement and OD, creating a new shared budget and improving the system wide engagement and oversight of CLIC, accept its recommendations, and make suggestions about future evolution.

Positive feedback was received from all members. All in support of the paper. CC advised that he is keen to explore further collaboration with Cumbria County Council (CC). **ACTION** – A firm connection has to be made with CCC and this work needs to be aligned as soon as possible. Members also agreed that it is important not to switch off from Rapid Process Improvement Workshops (RPIWs) and we must ensure that we maximize external resources e.g. the North East Leadership Academy. DB asked for consideration to be given to the integration of people and Third Sector.

ACTION – SS agreed to get the existing OD plan updated accordingly and present this updated version back at a future SLB meeting.

e. **Communications Update**

JC reported that the sum of £28,000 has been received from NHSE for Third Sector engagement. This includes £5,000 for ICCs; £3,000 for IHCS; and £5,000 *for working with the third sector through Cumbria Community Voluntary Service (CVS/Action for Health*. She confirmed that CLIC and Healthwatch are working together to bring staff from respective organisations and teach everyone about how we co-produce.

f. **Recruitment Branding (Attachment 5)**

Presentation by Rhia Heron and Rachel Benn. Key points included:

- Using the power of words and imagery to appeal to people's inner ambition and personal vision.
- *'Is this you?'* The campaign uses the idea of the dictionary definition of a hero/heroine and what it means, how it is described. The reader is subconsciously encouraged to think of themselves in a positive way, challenging their feelings about those words and descriptions, what they mean to them and if they personally identify with those characteristics and qualities; do they aspire to be or are inspired to be a hero/heroine. This is then carried through immediately to the next phase to create a person specification that people can identify in themselves and inspire them enough to think, *'Yes, this is me'*.
- Using strong, powerful words that carry weight, inspire ambition and realise dreams, evoke an idea, inspire and encourage all the heroes, experts, nature lovers and innovators to come to live, work and stay in Cumbria.

SC requested confirmation that this is aligned to Primary Care. Full endorsement received from all members present to progress this. SS suggested that we should consider moving away from just an NHS theme for the next evolution of this branding. Rachel advised that this is also being presented at the next Working Together Group (WTG) meeting 27th

November 2017.

g. Primary Care Development

STP Primary Care Delivery Plan presentation by Dr Colin Patterson and Mel Bradley. Key points included:

What is it?

- Assurance framework
- Primary Care element - NHS Five year plan to close the gap between Health, Quality and Finance in the following areas:
 - Urgent and Emergency Care
 - Primary Care
 - Cancer
 - Mental Health
- Align GP Forward View initiatives
 - Investment
 - Workforce
 - Access

The STP delivery plan seeks to make sense of the various initiatives, in particular the GP Forward View, to ensure we are aligned to deliver this from a primary care perspective.

Why?

- Represents Opportunity if initiatives are co-ordinated
- Transform model of care
- Build capacity
- Integrate community services
- Deliver population based intervention
- £500m of investment (plus £900m for premises and IT)
- Brings everything together

6 Key Components

1. Building sustainable and resilient general practice
2. Extending access and enhancing services offered to patients in a primary care setting
3. Increasing the primary care workforce
4. Increasing investment in primary care
5. Development of 'at scale' primary care organisations
6. Ensure effective communications of STP Primary Care delivery plans

Requirement

- By March 2017 to have established at scale Primary Care Organisations covering 50% of the registered population
- By March 2019 to have 100% of the population covered by at scale Primary Care Organisations

Progress to date

- As part of the ICC development, there is an emerging model which includes the following:
 - Place based system
 - Integrated health and social care team
 - The experience
- ICC Footprints have been identified and agreed.
- ICC Managers and Lead GPs have been appointed and are working together to ensure a consistent sustainable approach across North Cumbria
- Work has been done to establish MDTs for patients with complex needs
- The integration of clinical teams has already started across the three Carlisle ICCS

- Hubs are operational across Workington and Copeland ICCs, with regular MDTs taking place.

Challenges include:

- ICCs are not new organisations, but are formally working together in groups
- The ability to recruit the additional workforce required
- Engagement

Plan to achieve regional requirement

- Identify services for inclusion at network level, work up for year two onwards.
- Developing networks with local community services within voluntary, private and public sector provision
- Each ICC area will carry out a population needs assessment, service mapping and develop a detailed commissioning plan
- There will be an integration hub by which the integrated health and social care team can be accessed. This should be easily accessible and easily navigated.
- Further integrating both leadership and teams.
- ICCs to provide a core operating model, with some services being delivered at a network level where they cannot be provided on an ICC footprint.
- Care delivery will be delivered 24/7

Assumptions and enablers

- All applicable parties will be fully engaged and invested in seeing the ICCs succeed
- The funding required to properly implement the business case will be forthcoming
- The BCF will refocus their funding to progress the ICC model
- The reduced admissions of 3,917 and bed days of 32,072 will be achievable and realised

h. ICC Business Case

Positive feedback from the GP Leads Session. The detail still has to be worked out.

5. Governance and Performance

a. Programme Director Assurance Report

A summary report was provided by JA-L, highlighting workstreams' key risks and issues. Key concerns include:

1. Securing progress with the ICC Business Case.
2. The DTOC programme, albeit SE confirmed that a decision is expected this week. If we do receive a decision this week, SC suggested that SLB may need to take a firm escalated decision on this – **ACTION**.
3. Maternity Business Case – A Summit meeting requires to be set up and the data presented at this meeting. JA-L confirmed that all relevant stakeholders will be invited to this meeting. **ACTION** – SC requested that this is a singular meeting and he agreed to endorse the membership to ensure this.
4. Capability as a system to drive through the plans to optimal effect in the right timeframe.

Business Intelligence (BI) Report

Dashboard Exception reports have been added to JA-L's Programme Director Assurance Report and circulated to all prior to the meeting. SC reported that he has invited Matthew Swindells, NHSE's National Director of Operations and Information, to North Cumbria.

b. System Finance Report

Presented by CW, slides were circulated prior to meeting. CW reported that the financial position remains very challenging but the Finance Directors acknowledge that everyone is doing their best.

6. Recommendations from PAG/Business Case Review

Nil - last PAG meeting was deferred until December 2017.

7. AOB

No other business for discussion.

DATE AND TIME OF NEXT MEETING

14th December 2017, 9.00-11.00am

Boardroom, Voreda House, Penrith
