NORTH CUMBRIA HEALTH & CARE

CONFIRMED MINUTES OF SYSTEM LEADERSHIP BOARD PUBLIC MEETING HELD ON THURSDAY, 6 SEPTEMBER 2018 AT LEP CONFERENCE CENTRE, REDHILLS, PENRITH

Members Present:				
NCUH	**CPFT**	**NC CCG**	**GP Representative**	**CCC**
Ms Gina Tiller, Chair (NCUHT & SLB)	Prof. Robin Talbot, Chair (CPFT)	Mr Jon Rush, Chair (NCCCG) *(left at 11.40)*	Dr Niall McGreevy, ICC GP Lead (NCCCG)	Mr Colin Cox, Director of Public Health (CCC)
Mr Stephen Eames, CEO (NCUHT & CPFT)		Mr Peter Rooney, COO (NCCCG)		Mr Derek Houston, Senior Manager for Integrated Commissioning (CCC)
Prof. John Howarth, Deputy CEO (CPFT & NCUHT)				
Mr Malcolm Cook, NED (NCUHT)				
In Attendance:				
Mr Julian Auckland-Lewis, Programme Director (NCUHT)	Mrs Harriet Mouat, Governor Support Officer (CPFT)	Mr Michael Smillie, Director of Finance & Strategy (CPFT & NCUHT)	Ms Julie Clayton, Head of Communications (NC CCG)	Mrs Ramona Duguid, Director of Integration (IHCS)
Mr Kevin Windebank, Governing Body Lay Member (NC CCG)	Clare Edwards, Health Partnerships Officer (Cumbria CVS) *(left at 11.10)*	Ms E Russell, Urgent Care Lead North Cumbria (CPFT)	Dr Craig Melrose, Associate Medical Director, ICCs (CPFT)	Mr David Blacklock, Chief Executive (Healthwatch Cumbria/People First)
Apologies:				
Mr David Rogers, AO (NCCCG)	Mr Chris Jones-King, Assistant Director of Integration and Partnerships (CCC)	Ms Heike Horsburgh, NED (CPFT)	Ms Catherine Whalley (CCC)	Dr Mark Alban, ICC GP Lead (NCCCG)
Mr Daniel Scheffer (CPFT & NCUHT)	Katherine Fairclough, CEO (CCC)	Dawn Roberts, Executive Director (CCC)	John Whitehouse, Governing Body Lay Member (NC CCG)	

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Agenda No.	Minute	Action by
1.	**Welcome and Apologies for Absence** Ms Tiller, Chair welcomed everyone to the first public meeting of the System Leadership Board (SLB) and apologies were noted. Ms Tiller apologised that she would have to move a couple of items up the agenda to allow people to leave the meeting early. Items 8 and 11 were taken before Item 3.	
2.	**Declarations of Interest** There were no declarations of interest.	
NATIONAL/REGIONAL/LOCAL DEVELOPMENT UPDATES		
3.	**National Update - NHS England & NHS Improvement** Mr Eames, CEO advised that the update is included in Mrs Duguid's presentation at Item 5. However, he provided a preface to the update. The Prime Minister agreed the outline for a new 10 year NHS plan and an increase in funding increase by 3.4% year on year 2023/24. The key parts of this plan for the SLB are: improving health; reducing health inequalities and making further progress on integrated health and social care building on the development of the integrated health models.	
4.	**Regional Update - Cumbria and the North East Integrated Care System** Mr Eames advised that the North Cumbria Integrated Health and Care System is working with colleagues in the North East as they are developing their aspirant programme of work to become an ICS. Mr Eames added that the Integrated Care Partnerships were are different stages of development in comparison to North Cumbria. He will continue to update at each meeting and reiterated that North Cumbria has a key role in leading the change across the wider region.	
5.	**North Cumbria Integrated Health and Care System (IHCS) Update** Mrs Duguid, Director of Integration presented a high level overview on the local, regional and national picture on Integrated Health and Care Systems (IHCS). The presentation covered the background and local priorities we have signed up to as part of the Memorandum of Understanding. Our MOU includes the priority pieces of work: • Population health • Primary Care and Integrated Care Communities • Mental health • Children and young people (including child and adolescent mental health) • Acute service review • Financial strategy Mr Blacklock, Healthwatch asked if the SLB were confident that they are	

	taking people in the communities along with us in relation to the priority areas of work. Mrs Duguid responded to say that some of the local priority areas have had significant engagement undertaken, for example as part of the public consultation and co-production is in place in other key areas of work. However, she stated that more can always be done to ensure our public and informed and engaged in how we are taking our priorities forward. Mr Eames commented that engaging people in the integrated care communities is important. Mr Rush commented that where we have worked with communities, i.e. Alston where there was an issue but involving the community had provided a positive solution.	
6.	**Cumbria County Council Update** Mr Cox, Director of Public Health advised that the Health and Wellbeing Strategy is in its final year and a refresh has commenced and expected to be complete in early 2019/20. The Health and Wellbeing Board met last week and discussed the review of the strategy and emerging frameworks are consistent with the direction of travel and actions will be consulted on with the public in the next three months and reported back to the Health and Wellbeing Board in February 2019. Mr Houston, Senior Manager for Integrated Commissioning advised that the CQC Review of the Cumbria health and care system took place this year and an action plan has been agreed and an update reported to the Health and Wellbeing Board in October. Mr Houston provided assurance that most work streams are on track and asked how this should be reported into SLB going forward. He advised that the Health and Wellbeing Board will incorporate a wider range of people shaping and influencing the work programme and fulfilling partnerships which was identified by the CQC review.	
Strategy		
7.	**Mental Health Futures Programme Update** Mr Eames referred to the report circulated with the agenda prior to the meeting and highlighted that due diligence has been completed and considered by the respective Trust Boards. The three Trusts have agreed to proceed to develop an outline business case which is due to be completed at the end of October. Mr Eames advised that listening events for public, patients, carers, partners and staff are being held around the county during September which will inform the work of the service improvement project and feed into the outline business case. The SLB will receive an update at the November meeting.	
8.	**Third Sector Programme Report** *(This item was taken after Item 2 - Declaration of Interests)* Ms Edwards, Health Partnerships Officer presented an update report on the work she has been undertaking across the system in relation to the third sector with a specific focus on the integrated care communities. Ms Edwards stated that the third sector have a huge amount to offer against the challenges faced with demand, recruitment and offering real	

	solutions to take forward. Ms Edwards stated that the third sector wasn't being mobilised fully to support some of these challenges, including how carers are supported across the system. Ms Edwards highlighted some background information from the report, on the size and contribution made into the health and care system by the third sector and their key role in supporting the delivery of Integrated Care Communities (ICCs). Ms Edwards highlighted three case studies that illustrated where third sector service and/or intervention has prevented hospital admission or a delayed discharge. Ms Edwards advised that currently the ICCs do not have clear plans for integrating third sector organisations into their planning and management processes and highlighted the benefits and challenges identified in the report. There is also significant concerns about information governance processes which prevent existing third sector representations from co-locating in the ICC hubs or discussing patient cases who have not consented to their information being shared and there is currently no solution to this issue. The report offered seven recommendations and advised that the first recommendation on representation at a strategic level on all relevant senior delivery groups by the Health Partnership Office is largely achieved and she has been made most welcome. Ms Edwards also advised that solutions are being worked towards on developing a system wide model on the inclusion of third sector representation at multi-disciplinary team meetings. Ms Tiller welcomed this report to the SLB and commented that there were some striking statistics particularly on the number of carers. Prof. Howarth, Deputy Chief Executive commented that Ms Edwards has not been in post long and has done a fantastic job. This report offers a baseline analysis of what we already know about ICCs, patient pathways, leadership and partners with Healthwatch and CVS. He endorsed the report and advised that the information governance issues are legitimate but need to be resolved. Prof. Talbot, CPFT Chair commented that there was strong support for voluntary agencies but unfortunately system process issues can get in the way, including an integration of DBS etc which needs to be simplified. Mr Cooke, Non-Executive Director commented that the report provided an excellent view of the third sector which is an essential and key part of the system integration and felt the information governance process needs to be addressed. Mr Eames commented that as part of the national programme, digital technology is to be improved nationally and regionally. We need to get a view centrally from the team working across the 14 integrated care systems on how we address the information governance issued. **Action SLB/1: Mr Eames to raise this with the national teams to influence how this can be addressed.**	**SE**

	Ms Edwards responded that the information governance issues are very complex and with the new GDPR laws it is all focused around consent however messages to the third sector have been muddled and there is concern in the third sector that it is not IG issues around consent that is the sense that the third sector are not professional enough to handle confidentiality is very damaging. Dr McGreevy, ICC GP Lead welcomed Ms Edwards' appointment and you offer valid challenges to the system and offered a challenge back on how this role can represent all third sector organisations. Ms Edwards responded that an options paper aimed at a delivery level was provided to Workington ICC and she was happy for this to be shared more broadly at system level. **Action SLB/2 – Ms Edwards agreed to share her options paper on third sector involvement with ICCs with the SLB.** Mr Cox, CCC Director of Public Health welcomed this strong report which highlights gaps and sets challenges to the system. In relation to public health, the third sector and it is critical both in delivery of services but helps build strong local societies. It is critical we get this right and we should not underestimate the challenges. Ms Clayton, NCCCG Head of Communications provided an update on the coproduction work with Healthwatch developing a toolkit, developing a framework for the system to work with the third sector and commented Ms Edwards challenges back to the third sector to come and work with the NHS. Mr Auckland-Lewis, Programme Director commented that ICC leaders are committed to third sector involvement and reminded the SLB that this is only week 9 of the implementation plans for ICCs which are developing in practical ways on involvement; patient flows; operational planning and MDTs etc. Mr Rush, NCCCG Chair commented that the challenges were well made and although we have talked about information governance there is also risk about we contract and support smaller third sector organisations. The SLB needs to consider your proposals on the ICCs and commented that there was some crossover with his Stakeholder Engagement paper later on the agenda. Ms Duguid echoed others comments and offer two important points ; Ms Edwards has been in post since May and the money we funded for this post and the gains/challenges should be at the forefront of our minds about where we spend money, also in relation to Mr Rush's point about funding, the third sector receive a plethora of bids that get placed on the smaller organisations don't have the capacity to coordinate and we need to consider what help we can offer as a system to support these organisations thrive and grow to fill gaps across the system. We have set up a co-ordination group to support Ms Edwards in her role and the priorities she has set out. Mr Eames suggested that we take the recommendations in the report	**CE**

	and include in our system action plan for the next meeting. There are also other practical ways in which the third sector can be involved other that what has been discussed today and an example of this is the elderly frail, if we mobilise the third sector it will offer a better experience for patients and connection with the Carer Strategy. Ms Edwards commented that there is a strong sense around population health agenda and we have already missed massive opportunities of not involving the third sector early on and there are some key organisations who could have supported services to be even more effective. The System Leadership Board agreed to take forward the recommendations in the report and to communicate with the central system team on their views on information governance etc. *Ms Edwards left the meeting after this item.*	
Delivery		
9.	**Public Consultation Implementation Update** **9.1 Community Hospitals** Ms Russell, referred to the assurance report circulated with the agenda prior to the meeting and highlighted the timelines for bed closures in Alston, Maryport and Wigton; the staff consultation and training and development opportunities. The operational sustainability has been challenging particularly in Maryport and Wigton which has resulted in a slightly earlier move from an in-patient unit to the clinical day bed unit and enhanced community services at Maryport Hospital. Ms Russell reported that since the inception of this project the following community services have been developed which correspond to some of the deliverables in the Community Appliance Group plans: • ICCs – all 8 hubs are operational 8am – 6.30pm and this will be extended to 8pm in the autumn • Home First Teams supporting patients to go home from 7 days per week – the CIC team have been up and running for some time with great success. Four therapists have been recruited to WCH and will start in October, currently staff at WCH are on-call Mon-Fri to undertake this role. • Workforce and recruitment – 90 new ICC roles are delivering more care outside hospital and have been filled either by new posts or through the staff consultation process. • Community hospitals – staff moving to ICC roles in October have been undertaking training and development. Ms Russell also provided individual reports on each community hospital on the 'we said we would deliver/we have delivered/resource and activity'. Ms Russell asked the SLB to approve the proposed bed closures and timing of these closures. Ms Tiller thanked Ms Russell for this clear report including caveats.	

	Prof. Howarth emphasised the redeployment of staff and the successful implementation at Alston, and the increased patient contacts per day at Maryport and Wigton. Mr Smillie, Executive Director, advised that the business case for the refurbishment of the community hospitals has been finalised with the Department of Health and charitable funding including from League of Friends has been secured. Mr Windebank, NCCCG Lay Member commented that as Chair of the Implementation Group he wished to praise this clear report which is easy to follow and provides assurance; and he is impressed with the work done so far. Mr Rooney, NCCCG Chief Operating Officer, also gave thanks for the clear positive report and to the staff delivering the changes. He advised that we need to be clear with the public how the plans are progressing; the CCG is comfortable with the progress and assurance given. Ms Tiller commented that it is clear there have been developments but we were all aware that these were difficult timescales from the start of the project. Prof. Howarth commented that it has been challenging for all involved but the models are stronger due to engagement with the public and staff and we are doing the best for our communities. Dr Melrose, Associate Medical Director, ICCs commented that the change in service delivery and close working with General Practices at Maryport was very exciting. Ms Russell commented that the staff groups have been amazing, even though it has been a difficult time, they have developed and embraced the future models of care. Ms Tiller commented that we were clear at the start that we would be asking staff to work differently, in different places and it is fantastic to hear about the progress made. Ms Tiller thanked Ms Russell for her clear report. **9.2 Maternity** Mr Auckland-Lewis advised that a number of things have happened since the implementation of the agreed options; the midwifery led care pathway has been redefined on both hospital sites; an Alongside Midwifery Led Unit (AMLU) has been established at WCH and the unit at CIC will be ready soon; an audit of the AMLU at WCH has been coproduced and implemented and a high level plan has been arranged to move 100-200 complex birth pathways to CIC from WCH in light of future paediatric changes. Mr Eames clarified that the analysis to be reported in November 2018 is in terms of engagement. **9.3 Children**	

	Mr Auckland-Lewis advised that a number of things have happened since the implementation of the agreed options; the setup of the Short Stay Paediatric Assessment units (SSPAU) on both sites, with not change to beds, has started; plans are being developed for 'children know to the ward', 'CAMHS patients who are on the wards' and 'shared care oncology'; the ICC model includes two children's pilots where Consultant Paediatricians and GPs are working together to provide a focussed service in GP practices which will change the way that out of hospital care is delivered and a business case is being prepared for funding which includes some additional nursing and medical staff. The business case is due to be submitted for considered in October. **9.4 Stroke** Mr Auckland-Lewis advised that as part of progressing the plan for this work a second CT scanner at CIC is considered critical to support the new Hyper Acute Stroke Unit (HASU) however installation of the scanner is complex and requires considerable associated construction work. Other adjacent CIC building works dictate that final installation is planned for early in 2019/20 financial year. HASU clinical staff recruitment remains a risk and plans to recruit key staff and develop existing staff continue to be a priority. A phased approach for the implementation of the Early Supported Stroke Discharge (ESSD) service will commence in February 2019; stroke pathways will remain unchanged in the interim period although patient pathway improvement work will continue. Ms Tiller thanked Mr Auckland-Lewis for his clear reporting.	
10.	**Transformation Programme 2018/19** Mr Auckland-Lewis, Programme Director provided an update on the transformation programme. • **Integrated Care Communities** Mr Auckland-Lewis referred to the presentation slides circulated with the agenda prior to the meeting and highlighted the development timeline, the weekly performance targets for each ICC on admission avoidance and bed occupancy reduction; and the key updates for each of the ICC services. Mr Eames commented that the public may find this report difficult to understand but this is a really bold step in changing the way we operate health services in North Cumbria. Part of this has already happened; a lot of media yesterday on the development of ICCs and that is because we planned to shift about 100 staff from acute settings into ICCs to help reduce our reliance upon hospital based care. This is the first phase of a programme that we are committed to keeping people out of hospital. It was also announced yesterday that as part of the plans there is a reduction of 16 surgical beds at CIC; but we are building up WCH services for better outcomes and a better environment for patients;	

	moving care from overnight to day treatments and have a contingency for recovery; and some of the facilities have been reorganised at CIC to allow for increased capacity for pre-assessing patients for surgery which potentially prevents hospital stays and putting that on the ground floor. There is some risk involved in this but it is the right way forward and we need to use our hospital beds for acute care for the minimum time possible. Ms Tiller commented that there is no alternative we have to implement the agreed changes for the benefits of patients. As a system we should be proud of what we have done so far and committing to risk as it is the only way to make it work. Mr Houston asked for clarity on whether the changes to the beds at the acute were part of the public consultation. Mr Eames responded that the consultation stated that there would be a reduction in acute beds but was not detailed specifically. We are only doing this when we are clear that there is capacity in the community services to cope with the impact. We are also varying of use of our beds on a daily/weekly basis for example winter pressures, we do have contingency plans to increase beds if needed.	
Governance		
11.	**Stakeholder Engagement** *(This item was taken after the Third Sector Programme Report)* Mr Rush, NCCCG Chair referred to the report that had been circulated with the agenda prior to the meeting and provided a short presentation highlighting the key points on what they did and heard at the stakeholder event held in July, and what they will do and will not do following that event, including building stronger links with the third sector. Mr Rush also highlighted that this is not public engagement but stakeholder engagement, although there can be crossover at times. Mr Houston advised that as part of the CQC Review the Council set up stakeholder events around the county which included third and independent sector and staff, which were run twice, which allowed conversations and a better understanding on developments across sectors. As part of the CQC review action plan and engagements plans the Council is looking at establishing these meetings on a more regular basis. It would be better to not set up two competing sets of meetings but to work with Ms Clayton on coordinating these functions. Mr Cooke suggested the system needs to widen the scope and think differently about engagement, which could include NEDs, Governors Council and Lay Members. Prof. Talbot commented that as a Foundation Trust we have members and a Governors Council and how we build and join up all these networks that already exist. Mr Rush commented that their engagement is also about tapping into what is already taking place, not to stop anything.	

	Ms Clayton commented that engagement is a two-way process and we need to hear from all our stakeholders. Ms Tiller commented that we can see clearly what the recommendations are and to get good involvement from stakeholders you need to let them know what you have heard and what you can and cannot do.	
Any Other Urgent Business		
12.	**Questions from members of the public relating to the agenda** Mr Les Blacklock, CPFT Staff Governor commented that there are two significant events taking place; one on the potential merger between CPFT and NCUHT and the potential transfer of mental health, learning disabilities and children's mental health services. His question/concern was that the mental health services was playing second fiddle to the merger. Mr Eames responded that both significant events are top priorities and outlined how these were being progressed over the forthcoming months. Mr Blacklock, Cumbria Healthwatch Chief Executive commented that with regards to the potential changes to the mental health services he felt that this was not strongly on the radar of people in communities. Mr Eames commented that a huge amount of engagement work has been done but there is never enough. He asked that Ms Clayton and Mr Blacklock discuss outside of this meeting how we can promote this further with Healthwatch. **Action SLB/3: Ms Clayton to liaise with Mr Blacklock, Healthwatch to support further engagement with local people.**	**JC**
	Closing comments: Ms Tiller thanked everyone for attending. There has been some good debate and this process will only work with all partners involved. **Date, time and venue of next meeting** **Schedule of Meetings 2018/19 /** **(LEP Conference Centre, Redhills, Penrith)** 1 November, 10.30 – 12.00 10 January 2019, 10.30 – 12.00 7 March 2019, 10.30 – 12.00	

Confirmed minutes approved by:

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Ms Gina Tiller, Chair