

**CONFIRMED MINUTES OF SYSTEM LEADERSHIP BOARD PUBLIC MEETING
HELD ON 10 JANUARY 2019**

Members Present:				
NCUH	CPFT	NCCCG	GP Representative	CCC
Ms Gina Tiller, Chair	Prof. Robin Talbot, Chair	Mr David Rogers, AO		Mr Colin Cox, Director of Public Health
	Ms Heike Horsburgh, NED	Mr Jon Rush, Chair		Ms Fiona Musgrave Assistant Director – Integration & Partnerships
Mr Stephen Eames, CEO		Mr Peter Rooney, COO		
Mr Malcolm Cook, NED		Mr John Whitehouse, Governing Body Lay Member		
Ms Judith Toland, Director of Workforce and Organisational Development				
Ms Alison Smith, Chief Nurse				
In Attendance:				
Mr Julian Auckland-Lewis, Programme Director (NCUHT)	Mrs Ramona Duguid, Director of Integration (ICS)	Ms Clare Edwards, Health Partnerships Officer (Cumbria CVS)	Ms Julie Clayton (NC CCG)	Ms Sue Stevenson, COO (Healthwatch Cumbria)
Mrs Harriet Mouat, Governor Support Officer (CPFT)				
Apologies:				
Prof. J Howarth, Deputy CEO (CPFT & NCUHT)	Dr Niall McGreevy, ICC GP Lead	Dr Mark Alban, ICC GP Lead	Ms C Whalley, Ass Dir of ASC (CCC)	Mr David Blacklock, Chief Executive (Healthwatch Cumbria)

Agenda No.	Minute	Action by
1.	<p>Welcome and Apologies for Absence Ms Tiller, Chair welcomed everyone to the public meeting of the System Leadership Board (SLB) and apologies were noted.</p> <p>Ms Tiller welcomed Ms Toland and Ms Smith in their system-wide roles.</p>	
2.	<p>Declarations of Interest There were no declarations of interest.</p>	
3.	<p>Minutes of the previous public meeting held on 1 November 2018</p> <p>Minutes of the Public System Leadership Board meeting held on 1st November 2018 were approved subject to the correction of Charles Welbourn was not in attendance.</p>	
4.	<p>Matters Arising and action log update</p> <p>SLB/4 - Ms Duguid confirmed that a discussion took place at the last meeting about how we get over some of the Information Governance barriers around third sector working and multiple conversations have since taken place around how we can get some of the practical solutions implemented.</p>	
OUR TEAMS		
5.	<p>Presentation from our teams on delivering improvements in care: Integrated Care Communities</p> <p>Mr Evans introduced his role in ICCs. He explained that Phase 1 commenced in July 2018 and has been relatively fully staffed for around 2 months. Phase 1 was around putting more capacity in the community to enable better support to patients who are at risk of hospital admission; where there is a threat to their independence or to enable earlier discharge from hospital.</p> <p>Mr Evans explained that Phase 2 is designed to:</p> <ul style="list-style-type: none"> • Consolidate what we said we would do in Phase 1 and ensuring the outcomes. • Reorienting ICCs around how they engage with their communities in particular the Third Sector in order to begin to work together in a population health based approach. • Ensuring ICCs support the objectives and ambitions around public health. • Evolve the joint ways of working. <p>Mr Evans advised that Phase 1 targeted reducing the number of emergency admissions for patients over 55 with a number of long term conditions and enabling these patients to be discharged earlier. Mr</p>	

Evans advised that high level objectives that we have in North Cumbria need to link into the work of the ICCs.

Mr Cook queried the feeling of staff working in the hubs as he has got the impression that it is extremely positive. Mr Evans confirmed that it is positive and there are numerous examples of how the ICCs have made a difference to patient's lives.

Professor Talbot noted that this is a large part of the ten year plan and explained that he could see the progress being made during recent visits to a number of ICCs. He explained that during the recent Board presentation it was suggested that more attention is needed on the IT infrastructure and queried whether there was an update. Mr Evans explained that the issues are around agile working and being able to view and update records in patient's homes but investment has now been made. The pilot undertaken in Workington made a huge difference for both staff and patients and enabled 20% more efficiency. The ICCs are also looking at utilizing technology in other ways.

Mr Rush discussed the increase in support from the Community for ICCs. There is also benefits to staff as they are able to expand their portfolio into more complicated matters and therefore creating greater job satisfaction. Mr Rush discussed the need to translate these key messages consistently across North Cumbria within the Health and Social Care system. Mr Rooney noted the positive changes for the staff working in these areas and acknowledged that work is ongoing with staff to expand their clinical skills in order to be able to deliver interventions at a higher level than previously delivered.

Mr Eames discussed the plan to integrated Mental Health with the ICCs and noted the current increase in demand for Mental Health Services in localities. Mr Eames emphasized that as a result of Phase 1 we have had the best ever performance in Emergency Care which is important for all parts of the system in ensuring timely, quality access when patients need emergency treatment.

Ms Smith explained that one of the ICC's she has visited stated that they wish to start to look to see how they can support Children's Services. Mr Evans noted that he is meeting with colleagues from Children's Services to discuss potential support. He also noted that there is an event due to take place in February to discuss potential Mental Health models.

Mr Blaylock, Staff Governor for Allerdale and Copeland (CPFT) queried whether each of the ICCs have their own budget as he has been informed that the ICC in Eden has their own dedicated Liaison Officer who works with the Third Sector but Copeland have been told that they

	<p>could not have one because of financial constraints. Mr Evans explained that he does not recognise that specific role within Eden but confirmed that there should be equity around all the ICCs with local priorities mobilised at the same time.</p> <p>Ms Musgrave discussed bringing together learning from both the North and South systems. Mr Evans explained that we have 18 months experience of rapid response and our colleagues in the south have experience around the community element and therefore it is essential to share learning and the different processes which have been developed</p> <p>Mr Smillie advised that the budgets for each ICC is distinct but over time the ICCs will have full control of their budgets.</p> <p>Ms Tiller, Chair thanks Mr Evans for his presentation and asked him to take back to the ICC teams the Board's thanks for their fantastic work.</p>	
6.	<p>Co-production (Working Together)</p> <p>Ms Clayton, Head of Communications NCCCG advised on the Coproduction toolkit that is now available and published on the system website. NHS England provided funding to work with Healthwatch Cumbria. Ms Stevenson, Healthwatch Cumbria advised that focus groups on coproduction should be central to ICC development and innovation.</p> <p>Ms Clayton advised the Voices group report which is included at Appendix 1 focuses on next steps to make coproduction more effective.</p> <p>Ms Stevenson commented that real people need to get involved, there are some good examples of this but we need to get more people involved and listen to their views but this is hard. Ms Duguid noted this was an important point as it can feel staged for some people. We need to be proactive in demonstrating what is happening in the community and include the staff voice on service improvements.</p> <p>Mr Rush asked the Board to consider and endorse this way forward.</p> <p>Ms Horsburgh queried how we could endorse this before it is nationally recognised and how can we ensure this process works. It was agreed that we needed to support where we have got to whilst recognising that we will adapt and evolve this overtime as we start to use the toolkit.</p> <p>Ms Clayton was pleased to hear the level of support. She added that the Children's Group is currently going onto children's wards and using the 15 step challenge.</p> <p>The Board approved the next steps on the coproduction work.</p>	

NATIONAL/REGIONAL/LOCAL DEVELOPMENT UPDATES	
7.	<p>National and Regional Updates</p> <p>7.1 NHS 10 year plan and refreshing our System Strategy for North Cumbria Mr Eames explained how the work we are doing locally connects with the NHS 10 year plan and noted that the plan is reinforcing what we are already undertaking and assisting us to escalate some of the work. It was noted that the Health and Wellbeing Strategy is also being refreshed. Mr Eames explained that the public are interested in what is happening to me and my community so this needs to be built into our plan through the ICCs. The plan on population health will also ensure a strong working relationship with our public health colleagues.</p> <p>7.2 North East/North Cumbria Aspirant ICS Mr Eames stated that there is currently a process going on in the North East for the North East and North Cumbria to become an Integrated Care System. The proposal is that this will become a Shadow Integrated Care System from next April. Mr Eames explained that this relationship is important due to the patient flows and specialist service networks. The crucial nature of these relationships was noted.</p> <p>7.3 Brexit – workforce Mr Eames noted that we have a number of health staff (not including County Council) who are affected by this. He explained that this is a very significant risk and noted that there is a national programme as well as a local programme of work in place. In addition to staff the biggest issue will be the availability of drugs.</p> <p>7.1 NHS 10 year plan and refreshing our System Strategy for North Cumbria Ms Duguid discussed the practical work we are taking forward in order to examine what the NHS 10 year plan means with regards to our local strategy and noted that the majority of the content is already aligned.</p> <p>Ms Duguid explained that the refresh of the Health and Wellbeing Strategy is about building on some fantastic successes that we have already had and being open and honest about some of the challenges that we still face. Conversations have started with staff and local communities about having a clear narrative around what this will really mean for them, with the responses forming part of the strategy refresh. The local plans will help to inform what the national implementation programme will look like and will shape the work we bring to the System Leadership Board in terms of oversight and monitoring. Work has already begun on what the gaps maybe in the long term plan and how these are assessed in the refresh work.</p>

	<p>Ms Horsburgh queried whether there would be new investment. Mr Rodgers explained that we are anticipating receiving clarification around the new allocations today. Professor Talbot noted the need for specific attention to be directed to workforce as the scale of the issue cannot be underestimated.</p> <p>Mr Blaylock, Staff Governor Allerdale and Copeland (CPFT) queried whether the ten year plan would be looking at the provision of inpatient beds for Mental Health patients in Cumbria. Ms Duguid explained that the issue of beds in any service area cannot be looked at in isolation of the quality outcomes which need to be improved as well as the sustainability of service models going forward which will involve open communication with local communities. Mr Rush noted that the long term plan is not focussed on the amount of inpatient beds, but will focus on the quality of life of patients experiencing mental illness.</p>	
Strategy		
<p>8.</p>	<p>Aligning System Strategies</p> <p>8.1 Update on Consultation Engagement on Cumbria Health and Wellbeing Strategy</p> <p>Mr Cox explained that the Health and Wellbeing Strategy is currently being consulted on as the current document is due for review by the end of March 2019. The Strategy which is out for consultation is designed to bring the strategy in line with the NHS 10 year plan and ensure improvements for local communities. Mr Cox explained that there are four broad themes for the next ten years and within each of these themes there are a number of priorities.</p> <p>There is a list of stakeholder events linked to the consultation which closes on 20 February, after which the strategy will be presented to the Health and Wellbeing Board at the end of March.</p> <p>8.2 Digital Strategy Progress</p> <p>Mr Smillie explained that we have a Chief Information Officer, two Chief Clinical Information Officers and a Clinical Information Safety Officer for the Integrated Health and Care System as well as having established a North Cumbria Digital Programme Board. Mr Smillie emphasised that we want to ensure we are as cohesive as possible with all partners and explained that our forward planning requires assurance to be sought from NHS Digital and NHS England.</p> <p>Mr Smillie noted that we are already a Global Digital Exemplar partner with Mental Health Services in conjunction with NTW and we are in the process of accessing funding through the Health System Lead Investment Programme. Members noted the importance of ensuring IT systems across the system link and to ensure that we get the basics</p>	

right including ensuring we are cyber safe.

Mr Smillie discussed the importance of enabling agile working and noted that the future ambition is to provide services in an independent setting and therefore staff need to have devices which connect to the system in such a setting. Mr Smillie explained that the plan is to converge all applications onto one network. It was noted that the majority of the work associated with going digital will not be done by the IT team.

The Board acknowledged the amount of work associated in making sure we have applications which integrate across multiple providers and commissioners but noted that most of the digital adoption journey will be done by staff.

Ms Edwards discussed the need to engage with the Third Sector as they have direct experience with ICCs in strategically engaging all partners at the start of a process. It was acknowledged that the Third Sector is key for engaging disadvantaged and vulnerable patients who use these services and who are struggling with digital inclusion, and can also provide good feedback on how to make sure digital systems are as robust as possible. Mr Smillie acknowledged this and informed members that we have applied to the Cumbria National Pilot for Digital Inclusion.

Ms Horsburgh emphasised the need to ensure co-production with staff, patients and the Third Sector.

Ms Toland noted the need to be very clear with the differences between the IT infrastructure and the discussion around going digital. Digital is about services, service improvement and how we deliver services. It is useful for these to be separate issues with the digital side being clinician led.

8.3 Workforce

Ms Toland explained that she is looking at overarching priorities and themes and discussed the need to be agile in our development to ensure we work in a collaborative way. It is hoped that agreement can be reached quickly on the key framework, approaches and priorities that we need in terms of looking at a long term system plan.

Ms Toland explained that each organisation will have a number of annual plans but these will be built with the same principles and frameworks so they should automatically align as we work together collaboratively across the system.

We will be delivering individual plans around:

- Talent Management

	<ul style="list-style-type: none"> • Recruitment • Retention <p>Ms Toland noted the immediate short term issues but acknowledged that we also need to be planning for five and ten years ahead.</p> <p>8.4 Quality Ms Smith highlighted that we currently have a system Quality and Safety dashboard but it is currently both health and Trust focussed. She highlighted that every ICS will have a greater emphasis by CQC on partnership working and system-wide quality rather than looking at individual organisations and clinical leadership aligned around ICSs to create clear accountability to the ICS. Ms Smith noted the importance of ensuring that the system is sighted and improving on the long term priorities.</p> <p>Ms Smith advised that a task and finish group will be established to agree approach and method to achieving wider quality and safety system monitoring and reporting and updates will be shared at SLB meetings.</p> <p>Ms Smith discussed how learning is taken into account when providing high quality care and the links to the co-production agenda. The importance of ensuring the Quality and Safety agenda items are linked to the whole system agenda was discussed.</p>	
Delivery		
9.	<p>Public Consultation Implementation Update</p> <p>9.1 Stroke - Mr Auckland-Lewis explained that the building engineering issues associated with installing heavy scanners has now been resolved. The Stroke Unit is on track to be launched next year.</p> <p>9.2 Community Hospitals - Mr Auckland-Lewis explained that the consultation programme is on track. The only outstanding action is the modification of estates to enable optimization of beds.</p> <p>9.3 Maternity - Mr Auckland-Lewis confirmed that work associated with the Maternity consultation is on track.</p> <p>9.4 Children - Mr Auckland-Lewis confirmed that the main components are in place.</p>	
10.	<p>Transformation Programme 2018/19 Mr Auckland-Lewis explained that we have reached a stage in the Transformation Programme where the development or transformational phase is complete. Many of these programmes are now drawing to a close and these projects are now being handed over to the operational teams.</p>	

11.	<p>Update on MH/LD/CAMHS (Item taken after agenda item 7 and 13)</p> <p>Mr Eames explained that this will be discussed at the Board of Directors meeting later this month and there are engagement sessions planned. The CAMHS situation is improving as there has been quite a lot of investment from both CPFT and NTW. Mr Eames explained that there has been concerns about waiting times and the risks associated with patients and noted that we are addressing these issues and are confident we can show demonstrable improvement over the next 2-3 months.</p> <p>Ms Horsburgh queried Children’s and Families equality and the impact of centralising services and the cost of travel etc. and noted that as a system it would be good to always have this in our focus.</p>	
12.	<p>Third Sector Programme Update</p> <p>Ms Edwards explained that there is a newly identified issue of capacity and resourcing in the Third Sector and there is a need for the system to consider investment. As the ICCs move into a new phase the focus is on population health with the Third Sector being integral to this. Ms Edwards acknowledged the Third Sector and community involvement in co-production and welcomes the new direction of health and care in North Cumbria.</p> <p>Ms Edwards discussed the need to map the current investment across the whole of the health and care system in order to ensure that investment is fit for purpose and also the need to develop a strategic investment plan particularly for ICC development. The Board discussed the possible pilot of a third sector link worker based in the ICC hub environment.</p> <p>Ms Duguid explained that this is an important part of our local strategy and that Ms Edwards has been tasked with a dual role in terms of how we make the ICCs come to life in terms of the Third Sector and how to challenge us strategically as to what our ambition about the Third Sector looks and feels like.</p>	
Governance		
13.	<p>Stakeholder Engagement Update – Item taken after Agenda Item 7</p> <p>Mr Rush presented the report. He explained that the Stakeholder Model is separate from the staff engagement model and patient experience engagement. Members discussed the segmentation element, focusing on the third sector demographics, community, patient groups and independent providers. Mr Rush discussed connecting with the Health and Wellbeing Forum which exists across the local areas and noted that it is work in progress.</p>	

15.	Any Other Business None Raised.	
	Closing comments: Ms Tiller thanked everyone for attending. Date, time and venue of next meeting (LEP Conference Centre, Redhills, Penrith) 7 March 2019, 10.30 – 12.00	

Confirmed minutes approved by:

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Ms Gina Tiller, Chair