



Suffolk & North East Essex STP Board

Meeting held on Thursday 21 September 2017 from 1300 – 1500 at Kesgrave War Memorial Community Centre

Notes and Actions

Attendance:

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| <i>APOLOGIES</i> | | STP Lead |
| Ed Garratt (CHAIR) | EG | Ipswich & East Suffolk CCG/West Suffolk CCG |
| Sam Hepplewhite | SHe | NE Essex CCG / STP Workforce Group |
| Nick Presmeg | NP | Essex County Council |
| Michael Hennessey | MH | Suffolk County Council |
| Sue Cook | SC | Suffolk County Council |
| Stephen Dunn | SD | West Suffolk Hospital |
| Shane Gordon | SG | Colchester Hospital NHS Foundation Trust |
| Neill Moloney | NM | Ipswich Hospital NHS Trust |
| <i>APOLOGIES</i> | | Norfolk & Suffolk NHS Foundation Trust |
| <i>APOLOGIES</i> | | Essex Partnership University NHS Foundation Trust |
| Karl Edwards (Representing) | KE | East of England Ambulance Trust |
| Lynne Woodcock | LW | Anglia Community Enterprise |
| <i>David Sollis</i> | DS | Healthwatch Essex |
| Andy Yacoub | AY | Healthwatch Suffolk |
| Mark Millar | MM | St Elizabeth Hospice on behalf of the three Hospices |
| Mark Galloway | MG | North Essex GP Federation |
| <i>APOLOGIES</i> | | Suffolk GP Federation |
| Richard West | RW | Suffolk LMC |
| <i>APOLOGIES</i> | | North Essex LMC |
| Ian Gallin | IG | Suffolk District & Borough Councils |
| Anastasia Simpson (Representing) | AS | North East Essex District & Borough Councils |
| Paul Duell | PD | LPN Chairs Group – Suffolk & NE Essex |
| Carole Theobald | CT | NHS England |
| Ruth Forbes | RF | NHS Improvement |
| Lisa Llewelyn | LL | STP Clinical Lead |
| Gary Sweeney | GS | STP Chairs Group |
| Kate Walker | KW | STP Digital Strategy & Innovation Group |
| Amanda Lyes | AL | STP Estates Group |
| Isabel Cockayne | IC | STP Comms & Engagement Group |
| Kirsty Denwood | KD | STP Directors of Finance Group |
| Susannah Howard | SH | STP Programme Director |
| Jo Wyatt (Note taker) | EJW | STP Delivery Support Unit |

Also in attendance:

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| Richard Watson | RWa | Suffolk CCGs |
| Christopher Scrase | CS | STP Cancer Alliance Board Representative |
| Nerinda Evans | NE | Suffolk CCGs |

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| | <p>elected to replace GS. Members were informed that Sheila Childerhouse (SC) has had received the most votes from members of the group as Chair of the STP Chairs Group. The role of Vice Chair is to be discussed at the next STP Chairs meeting which is scheduled for 12/10/17. The STP Board agreed that based on the outcome of the election process Sheila Childerhouse should be invited to replace Gary Sweeney on the STP Board as the Chair of the STP Chairs Group.</p> | |
| <p>068</p> | <p>Workforce – LWAB work plan and priorities</p> <p>SHe presented a paper to update the Board on the work plan for the local action workforce board (LWAB) and the priorities that have been identified by the group which inform the work plan.</p> <p>Members noted the key points. SHe advised that a representative from the Deanery, Kate Read, would attend the next LWAB meeting.</p> <p>SD queried if there a plans to fill the identified workforce gaps; SHe advised that there is a high level strategy being developed to fill the gaps.</p> <p>It was noted that one of the outputs of LWAB is a STP Workforce strategy; currently there are strategies for each of the organisations within the partnership, but not yet one for the system.</p> <p>SHe advised that there is a challenge in regards to the traditional workforce planning model that NHSE/NHSI state requires a certain number of GPs. However, general practice is clear that this is not the model they want or can afford.</p> <p>It was noted that there are gaps in the old model, and the workforce strategy should start to answer the questions.</p> <p>1319 – NE joined the meeting.</p> <p>It was noted that the LWAB links in with the DoFs group. SHe advised that the group meets every other month and that there is very good attendance.</p> <p>AL advised that the request to Prof John Howard to look at governance of the CEPNs has been accepted. She added that a bid for significant funding of £200k was submitted on 20/09/17 and that this should support the key priorities. It was noted, however, that there may be match funding issues to consider.</p> <p>PD queried if contractors fit in to the Workstream; it was noted that they didn't currently and that the issue is that it is difficult to represent that workforce. It was agreed that discussions need to take place on how to best engage with contractors. SH suggested that this should be discussed when she and PD next meet with the LPCs/LPNs leads on 29/09/17.</p> <p>RW commented that moving forwards the gaps may not be filled in the traditional way, as the demands of the patients change, the workforce</p> | <p>SH/PD</p> |

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| | <p>commissioning of each sector will change. He added that future planning is difficult to do, but has to be done.</p> <p>She advised that the LWAB is linking in with colleges and universities to ascertain what courses are required for the future.</p> <p>RWa commented that a working model of the Physician's Assistant is required to ascertain if this role will meet future needs.</p> | |
| 069 | <p>KEY THEME – The Future of Stroke Services in Suffolk and North East Essex – meeting national guidelines</p> <p>RWa introduced a paper to consider the options for how any potential transformation of stroke services could be taken forward across the STP. It was noted that stroke was included in the original STP submission but with no detail.</p> <p>RWa advised that the paper was written in conjunction with Pam Green from NE Essex CCG and that discussions at the Acute Transformation Board helped frame the paper.</p> <p>NE presented the paper to members, highlighting the shortage of consultants across the units, as well as the issues of delayed discharges and delayed diagnostics.</p> <p>Member noted that benefits of service integration/collaboration.</p> <p>NE advised that the proposed option of the Acute Transformation Board is to:</p> <ul style="list-style-type: none"> • Commence transformation of some strategic priorities • Establish a COG/B for the STP rollout of transformation • Work programme to focus on improvements in the current service shortfalls using the STP Footprint to provide cross cover of workforce and service capacity, e.g. SALT across the whole STP. • HASU/ASU services to be reviewed for compliance and service safety but no formal consultation or restricting are proposed at this stage. <p>It was noted that all three hospitals are delivering stroke services broadly to the national standards. In order to meet the strategic priorities presented in the paper, the Acute Transformation Board requested support:</p> <ul style="list-style-type: none"> • For an independent stroke board chair/clinical lead is appointed (circa £450 a session) • A project manager above existing resources will be required (1 full time band 7, circa £41-45k or above) • The proposal of a regional event to coordinate the review of stroke services across the Eastern part of the region to allow for consideration of <ol style="list-style-type: none"> a) The development of Thrombectomy pathways and services b) System impact of any changes to the current HASU | |

arrangements across Trusts
c) Impact on EAAT if HASU changes are proposed

SG commented that the paper was very good and helpful, asking for clarification of the time period of the review. SG added that with regards to Thrombectomy, this is a fairly new procedure in the UK, which has not yet bedded in, so it is difficult to review.

NE advised that no timescales or deadlines have been agreed to date. She added that all three units are performing well but are fragile, and that is an opportunity that is within our gift.

RWa advised that that the clinical transformation process will be undertaken with Stroke consultants. He added that a regional event is key.

Discussions took place in regards to regional models and the debates that are on-going in regards to the best model of care.

IC advised that the voluntary sector is keen to help, providing we can clearly articulate the issue. She added that the work that has been undertaken with Healthwatch Suffolk to date has been very positive.

RW commented that there will be an effect on the Ambulance service, adding that they are already struggling. He added that it is proven that the sooner a patient is admitted to a stroke unit, the better their outcomes are likely to be. However, should the service be reconfigured there could potentially be more journeys which will have knock on affects across the system.

RWa advised that the Ambulance trust are sited and involved in the work, and that the detail needs to be looked at in respect of costs and benefits.

KW referred to section 7 of the paper, asking that interoperability and information sharing be included.

SG welcomed the commitment to engage with Stroke clinicians at the earliest stage.

LL commented that there needs to be a focus on patient and family experience.

1352 – KE joined the meeting.

KD reminded members that requests for financial support are not appropriate at the STP Board, which raises the question of how funding is requested. It was suggested that the organisations involved in the bid/request meet to discuss accordingly. NE commented that this demonstrates that further requests will be submitted as partners work together more going forwards.

KD commented that the organisations will have to “consume their own smoke” as there are no additional resources. She added that in the future all partners could contribute to a central transformation fund and

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| | | SH |
| 070 | <p>STP Cancer Programme Update</p> <p>CS presented members with an update and report from the recent Cancer Alliance Board.</p> <p>Members noted the Patient Experience Survey and the actions for STPS from this survey. CS advised that the Cancer Alliance Board have had sight of these actions and are working on responses. It was noted that there are to be acute and primary care action plans.</p> <p>With reference to the STP Cancer Locality Group ToRs that were discussed at the meeting of 24/08/17, at which members recommended the ToRs be approved, CS advised that the Cancer Alliance Board noted the recommendation.</p> <p>SH advised that Andrea Cronin has been appointed as STP Cancer Programme Lead and will be in post by end of 10/17.</p> <p>CS presented members with the Suffolk and North East Essex STP Cancer Intelligence Report; members received and noted the report.</p> <p>SH commented that it is key that the STP Cancer Locality Group and the STP Board have complementary ToRs, adding that it was not conceivable for the STP Board to delegate full decision making authority to CS as representative on STP Cancer Alliance Board as had been previously suggested.</p> <p>CS advised that a dashboard is to be presented at future meetings.</p> <p>Members noted the progress within the Cancer Alliance.</p> | CS |

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| | <p>Members noted and commented on the early diagnosis priorities which the STP should lead on.</p> <p>Members noted and endorsed the outline revisions to the STP Cancer Locality Group and to delegate approval of the ToR to the Acute Transformation Board.</p> <p>It was agreed that the Intelligence Report should be interrogated at the STP Cancer Locality Board.</p> <p>1444 – NE left the meeting.</p> | |
| 071 | <p>New frameworks for assurance and monitoring delivery of STP programmes</p> <p>SH presented a paper to update members on new frameworks for assurance and monitoring delivery of STP programmes, thanking SHe and SG for their help.</p> <p>Members noted the governance structure and that there are more than 100 separate transformation initiatives within our STP.</p> <p>SH updated members on the STP PMO and Project Assurance Process, thanking SG and BS for their support and help to date. However, it was noted that there had so far been insufficient capacity to properly facilitate the process and develop the approach.</p> <p>It was noted that the following team members have been recruited to the STP Delivery Support Unit with recruitment to other posts also underway:</p> <ul style="list-style-type: none"> • STP Finance Manager • STP Estates Programme Manager • EA to STP Programme Director • STP Cancer Programme Manager <p>It was noted that the aim is to have one central database; SH updated members on the plans to link PMO workbooks to this database using an automated approach. The project involves STP DSU, CCG PMOs and Robbie the Robot. Members were requested to provide feedback to SH outside of the meeting. SH stressed that the link between performance delivery and transformation has to happen.</p> <p>Members agreed with the direction of travel.</p> | |
| 072 | <p>Strategic System Leadership Programme for STPs – applications from Suffolk & North East Essex</p> <p>SHe advised that the Strategic System Leadership Programme for STPs has been circulated across the partnership; and to date only one application has been received. It was noted that this was from the North East Essex Out of Hospital Board.</p> <p>Members agreed that the application be supported and submitted accordingly.</p> | |

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| 073 | <p>Application for the NCVO Project with Community & Voluntary Sector</p> <p>In the absence of MM, SH advised that the application is developing nicely with good engagement from the community and voluntary sector. The application required also representatives from statutory sector and the group were asked to make nominations for this. It was noted that the deadline for submission is 06/10/17.</p> | ALL |
| <p>075</p> <p>075.1</p> <p>075.2</p> <p>075.3</p> <p>075.4</p> <p>075.5</p> <p>075.6</p> <p>075.7</p> <p>075.8</p> <p>076.9</p> <p>076.10</p> | <p>ISSUES FOR ESCALATION FROM STP GROUPS AND STRUCTURES</p> <ul style="list-style-type: none"> • Acute Transformation Delivery Programme Board No major issues to escalate. • Suffolk Strategic Oversight Board No major issues to escalate. • NE Essex Integration Delivery Programme Board End of Life Pathway is to go live in Tendring • Enablement Workstreams No major issues to escalate. • STP Directors of Finance Group No major issues to escalate. • STP Communications & Engagement Group Healthwatch Harriet was introduced at the recent Expo. Healthwatch film is to be shown at the STP event on 25/09/17. A collective Winter Plan is being produced across the system for the first time. • STP Workforce Group/LWAB No major issues to escalate. • STP Estates Group Refresh of workbook has been undertaken and is to be submitted. Clarification is being sought for DoH in respect of the definition of the round 1 capital and whether this capital has to be repaid. • STP Digital Strategy & Innovation Group There is to be a wider STP Digital investment plan with more transformation money being allocated this year. With regards to procurement, a footprint wide approach is to be taken which will mean better value across the system. • STP Chairs Group No major issues to escalate. | |
| 077.0 | <p>AOB</p> <p>SH advised that venues are being sought for future meetings;</p> | ALL |

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| 077.1 | suggestions are to be sent to EJW. Items for next agenda: <ul style="list-style-type: none">- Better Births- Estates | |
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Meeting closed at 1528