



Suffolk & North East Essex Sustainability and Transformation Partnership Board

Meeting held on Thursday 23 November 2017 from 1300 – 1430

at Langham Village Hall

Notes and Actions

Attendance:

Nick Hulme (Chair)	NH	STP Lead
Ed Garratt	EG	Ipswich & East Suffolk CCG/West Suffolk CCG
Sam Hepplewhite	SHe	NE Essex CCG / STP Workforce Group
Peter Fairley	PF	Essex County Council
Abdul Razaq (Representing)	AR	Suffolk County Council / Public Health
Stephen Dunn	SD	West Suffolk Hospital
Shane Gordon	SG	Colchester Hospital NHS Foundation Trust
Neill Maloney	NM	Ipswich Hospital NHS Trust
Julie Cave	JC	Norfolk & Suffolk NHS Foundation Trust
Andy Brogan	AB	Essex Partnership University NHS Foundation Trust
Glenn Young	GY	East of England Ambulance Trust
Lynne Woodcock	LW	Anglia Community Enterprise
David Sollis	DS	Healthwatch Essex
Andy Yacoub	AY	Healthwatch Suffolk
Mark Millar	MM	St Elizabeth Hospice on behalf of the three Hospices
Mark Galloway	MG	GP Primary Choice
<i>Apologies</i>		<i>Suffolk GP Federation</i>
Richard West	RW	Suffolk LMC
Andrew Bradshaw (<i>Representing</i>)	AB	North Essex LMC
Ian Gallin	IG	Suffolk District & Borough Councils
Pam Donnelly (<i>Representing</i>)	PD	North East Essex District & Borough Councils
Sharon Alexander (<i>Representing</i>)	SA	Voluntary Sector Representative – North East Essex
Wendy Herber (<i>Representing</i>)	WH	Voluntary Sector Representative - Suffolk
Paul Duell	PDu	LPN Chairs Group – Suffolk & NE Essex
Carole Theobald	CT	NHS England
<i>Apologies</i>		<i>NHS Improvement</i>
Lisa Llewelyn	LL	STP Clinical Lead
Sheila Childerhouse	SC	STP Chairs Group
Kate Walker	KW	STP Digital Strategy & Innovation Group
Amanda Lyes	AL	STP Estates Group / STP Delivery Support Unit
Isabel Cockayne	IC	STP Comms & Engagement Group
Kirsty Denwood	KD	STP Directors of Finance Group
Susannah Howard	SH	STP Programme Director
Kate Vaughton	KV	STP Delivery Support Unit
Jo Wyatt (<i>Note taker</i>)	EJW	STP Delivery Support Unit

Also in attendance:

Jayne Hiley	JH	Anglia Community Enterprise
Patrick Higgs	PH	Essex County Council
Abdul-Latif Issifu	AI	STP Delivery Support Unit
Tess Zermanos	TZ	STP Delivery Support Unit

Ref	Item	Action
087	<p>Minutes from previous meeting held on 19/10/17 The minutes of 19/10/17 were approved, with the following amendments noted:</p> <ul style="list-style-type: none"> • 082 – Key Theme – STP Better Births Plan <p>SC requested that it be more explicit in the vision statement that it is a cross border strategy. This was noted and agreed.</p>	
087.1	<p>Matters arising There were no matters arising.</p>	
088	<p>STP Review Meeting with NHS England</p> <p>The Chair updated members on the recent STP Review Meeting with NHS England, advising that there is support from both NHS England and the system in respect to where the STP is. It was noted that from conversations with NHS England that here is support for the STP to apply for ACS Wave 2. The Chair advised that conversations in regards to this submission would take place in Part 2 of the meeting.</p> <p>With regards to the Dashboards that were presented at the previous STP Board meetings, it was noted that NHSE supported them and that they provide a more in depth look at the system than previously.</p> <p>CT supported this view, adding that NHSE are happy to support the STP in any way they can, particularly in regards to the development of the ACS(s).</p> <p>1307 – AY joined the meeting.</p> <p>With regards to the budget announcement of additional funding to the NHS, the Chair commented that this is ‘a drop in the ocean’ in terms of what additional money is required.</p> <p>It was noted that in regards to the Capital Funding bids, 12 STPs have received funding and S&NEE STP was not successful in gaining funding on this occasion. The areas with successful bids were listed. Our bids would then be worked up against the successful submissions and that conversations would take place with members accordingly.</p> <p>The Chair advised that there was no political reason for the allocation of the funding, and that feedback on the S&NEE STP bids might be given at the next STP Review Meeting scheduled for 30/11/17.</p> <p>SH advised that NHSE have been clear in regards to the need to demonstrate clinical transformation as part of bids, and that we need to articulate this better in our ambitions. Further work is to be undertaken.</p>	
088.1	<p>Write up of STP “Facing the Future” event – 25/09/17</p> <p>SH shared a draft synopsis of the STP “Facing the Future” event that took place on 25/09/17 with members. Members were requested to inform any amendments to SH by Monday. It was noted that the draft has also been circulated to all speakers on the day for the comment/approval. The final version would be shared.</p>	ALL

<p>089</p>	<p>Senior secondments to STP Delivery Support Unit</p> <p>The Chair advised that Kate Vaughton, Chief Operating Officer of West Suffolk CCG and Amanda Lyes, Chief Corporate Services Officer, Ipswich & East Suffolk CCG and West Suffolk CCG have been appointed to a STP Strategic Team within the STP Delivery Support Unit. The Chair thanked EG for releasing both KV and AL, adding that their knowledge and experience will be invaluable, particularly in regards to the governance structures for the development of the ACS(s).</p> <p>SH informed members that a further candidate from Essex County Council is currently in the process of being interviewed for a role within the STP Strategic team. She added that a candidate from outside of the health sector will be a positive addition to the skill mix of the team.</p> <p>It was noted that adverts for a STP Comms & Engagement Programme Manager and a STP Workforce Programme Manager are to be issued shortly, with vacancies for other key delivery workstreams to follow. SH advised that the adverts will be circulated to the Board and asked that the adverts be circulated within respective organisations.</p> <p>SH announced that Dr Chris Scrase has been appointed as Clinical Lead for the Cancer workstream.</p> <p>The Chair stressed that the STP are not creating another layer, adding that the more secondments there are the better and will therefore move the STP forward. He added that if members themselves, or their colleagues, are interested in working with the STP in the development of the ACO/ACS(s), even if the area/post has not been formally advertised, to please come forward and contact SH accordingly.</p> <p>AB queried if separate discussions have taken place in regards to Mental Health; SH advised that funding is available for a Clinical Lead for Mental Health and that a Programme Manager is also to be appointed.</p> <p>SH added that in order to resource the Clinical Networks we need to develop capacity locally.</p>	
<p>090</p>	<p>TCSL Programme – ‘Why I need ED’</p> <p>KW, AB, PH and JH presented a paper in regards to the NHS Improvement ‘Transformational Change through System Leadership Programme’, reminded members that the Board had previously agreed to put forward a team from S&NEE STP. Members noted that the team that had been put forward are:</p> <ul style="list-style-type: none"> • Andy Brogan, Executive Director of Mental Health & Deputy CEO, EPUT • Jayne Hiley, Director of Operations and Quality, ACE • Patrick Higgs, Director of Local Delivery, ECC • Kate Walker, Head of Digital Strategy and Transformation, I&ES CCG & WS CCG • Susannah Howard, STP Programme Director, S&NEE STP • Beatty Stephenson, Business Manager, CHUFT and part of STP DSU <p>It was noted that the Chair, SG, GY and DS are also part of the team.</p>	

Members of the team shared their views and experiences of the programme to date.

JH informed members that the team had been tasked with solving a 'wicked problem'. The project aim is to bring together leaders from across the NEE system to develop a deeper understanding of system pressures using new system transformation tools and techniques.

It was **noted** that the project will take place over a 24-hour period in early 2018 during which senior leaders from NEE organisations will be based at CHUFT for twelve hours to focus on the factors leading people to present at ED.

JH shared the project outline with members, adding that root causes need to be understood and that patient stories are a powerful tool to implement change.

1322 – WH joined the meeting.

AB added that there are a range of tools available which apply well to A&E. It was noted that all members of the STP need to engage.

The Chair commented that the Board has previously discussed setting a small number of significant objectives for the STP over a three to five-year period. One of these potential objectives was to reduce the number of deaths in hospital by 50% over three years.

It was noted that most admissions take place after 1900, particularly if the patients live alone. In order for this to decrease, the whole system needs to pull together.

The Chair queried if the result of the day in 01/18 is to support the STP ambition to reduce non-elective admissions and to reduce clinically unnecessary admissions through ED. He added that we need to have ambitions that can be measured and reinforced, and if we were to invest time and money what would those ambitions be.

SD commented that he is unclear why the focus should be on ED, particularly this is a national issue of which there is national focus. He suggested that the team focus on a different problem that is locally driven but not nationally imposed. He suggested end of life or loneliness as these areas are less studied and less thought about.

RW commented that he worried what the clear objective is, adding that sometimes ED is the correct place and is an efficient way of dealing with patients. He suggested that perhaps the objective could be to identify where the most appropriate is for the patient and therefore free up different areas of the system. This will improve flow and is the best way to get more 'bang for our buck'.

SG queried the selection of the target, adding that there needed to be a sense of commitment to action at the end of the project. If senior people are involved, then this should enable different actions being that are being taken currently.

NH commented that this is a process of leading differently and together, ascertaining if we have the capacity and capability and what do we do with a different way of working.

JH thanked members for their useful feedback, added that when the team

	<p>discussed the project there are a lot of projects currently being undertaken across the system and that the data needs to be triangulated. She added this is what the focus will be on and the benefits can be reaped to support the STP population.</p> <p>KW added that this is a time specific piece of work. PH added that the project aim is to identify common themes.</p> <p>LL requested that the care home sector and carers be included as they are key in this.</p> <p>AB commented that members are right to challenge and that there is a need to articulate what the outcome will be and how we will work together and differently. He agreed that the question is how this to be measured.</p> <p>It was noted that a further update would be provided at a future STP Board meeting, with full feedback to be shared with member on the 24 hours in A&E has been undertaken.</p> <p>The Chair thanked KW, AB, JU and PH for the update.</p>	
<p>091</p>	<p>STP Finance Dashboard</p> <p>KD shared with members the proposed STP Finance Dashboard, adding that this is a draft and requested that members advise what information they will to be included on the dashboard going forward.</p> <p>KD advised that producing this dashboard highlighted issues with the collection of data from commissioners, providers and county councils.</p> <p>It was noted that the councils are reporting a £5m deficit variance which will be covered from reserves. It was noted that legally councils cannot have a deficit</p> <p>It was noted that data has not been received from ECC as it cannot be shared until it has been received by the cabinet. PF agreed to help unblock this issue.</p> <p>KD advised that there is a balanced forecast, with savings of £2.5m off plan. YTD the plan is reasonably balanced. However, the YTD savings are behind plan.</p> <p>KD advised that funding that has been allocated to the STP is to be reported on in future iterations, e.g. diabetes.</p> <p>The Chair thanked members for their complete openness in regards to sharing this information and congratulated the work done by the STP DoFs Group in this regard.</p> <p>He added that the ambition is to have a shadow shared controlled total by 04/18, and that a solution needs to be sought beyond NHSE/NHSI.</p> <p>RW commented that primary care is missing from the dashboard, adding that seven practices in Wales have gone bust in the last year. Lloyds Pharmacy is closing 190 of its pharmacies, though it is not known how many of these will be in Suffolk or North East Essex. He stressed that this is a risk to the rest of the system. He added that he appreciates it is difficult to obtain data from primary care.</p> <p>NH queried at which point are practices financially vulnerable, adding what can we</p>	<p>PF</p>

	<p>do to mitigate the risks and support primary care as a system. He queried if there are ways to identifying practices that are at risk and is there anything the STP can do about it or support them.</p> <p>It was agreed that EG, SHe, DoFs and the LMC work together to look at system risks, including primary care.</p> <p>PF commented that the dashboard is very helpful and apologised for the lack of data from ECC. He commented that the dashboard does not show how much money there is in the system. The Chair agreed, adding that there is no indication if the money is being spent well. It was suggested that this could be benchmarked nationally. It was agreed that KD would provide information on CCG and CC allocations in the next dashboard.</p> <p>SD commented that there is distinction between strategic financial management and operational financial management. He added that statutory bodies report to regulators, and that they all have statutory duties to report on. He agreed that the dashboard did not provide detail of how the money is being spent and that there needs to be greater visibility and transparency of budgets.</p> <p>It was noted that this raises the question that if you are over or under deliver or are off plan the rules need to be worked through.</p> <p>It was noted that like for like needs to be compared across the system.</p> <p>The Chair thanked KD for the dashboard, adding that it is a step forward. It was agreed that an IPR needs to be developed in regards to the ACS(s).</p> <p>AY commented that he attended a CQC event and advised that the CQC are planning on changing the way they inspect Trusts in regards to resource management as much as they focus on quality.</p> <p>The Chair commented that IHT was a pilot for this new inspection process, and that WSFT are currently undergoing this.</p> <p>It was noted that CQC will inspect/regulate systems/ACSs rather than Trusts, primary care etc.</p>	<p>EG/SHe/ KD/RW/ BB</p> <p>KD</p>
<p>092</p>	<p>Diabetes Transformation Project – progress update</p> <p>NE presented a paper to the Board to update on the progress made on the Diabetes services for two key initiatives; the National Diabetes Treatment and Care (T&C) bids and the National Diabetes Prevention Programme (NDPP). It was noted that the paper has been submitted on behalf of the STP Diabetes Management Oversight Group.</p> <p>With regards to the NDPP, it was noted that the STP may be in receipt of implementation monies.</p> <p>The Chair commented on the great work that has been undertaken across the system in regards to this area. It was noted that a STP Diabetes Programme Manager is to be appointed.</p> <p>PDu requested that independent contractors be used in regards to the Desmond Scheme, particularly community pharmacies. NE agreed to take this forward to the</p>	<p>NE</p>

	<p>Diabetes Board.</p> <p>RW requested that the NDPP be pushed out more to primary care and that we ensure that the message is getting out there. NE asked what is the best way to communicate with primary care; RW advised that face to face is better and it was agreed that this be added to practice meeting agendas going forward. EG agreed to undertake this action.</p> <p>SG thanked NE for the narrative report, but requested that a highlight report showing metrics and trends be presented at future meetings. NE agreed to take this action forward.</p> <p>SH advised that there are new arrangements for assurance coming into place that will demonstrate delivery against business cases.</p> <p>KW advised that she has spoken to NE in regards to how the digital roadmap could assist with this going forward.</p> <p>The Chair thanked NE for the update.</p>	<p>EG</p> <p>NE</p>
<p>093</p>	<p>Paramedic Rotation into ED partnership working</p> <p>GY shared with members a presentation in regards to the EEAST paramedic's rotation at CHUFT ED. It was noted that no such pilot is being undertaken elsewhere in the country or locally.</p> <p>GY advised of the rationale for the pilot, adding that three paramedics have been recruited and are currently undertaking their inductions.</p> <p>1405 – AR joined the meeting.</p> <p>GY shared the outcomes from the model, adding that a formalised SRO would help the pilot move forward.</p> <p>SG queried how success of the pilot would be measured; GY advised that staff will be surveyed in regards to the benefit of the role. However, GY stressed that it is not easy to evaluate the benefit of the role. The Chair commented that we need to do what is instinctively right for the system.</p> <p>LL commented that this is an opportunity to change the workforce which improves ways of learning. She suggested it be evaluated from an educational point of view.</p> <p>RW commented that this was tried in primary care four years ago but it was pulled by EEAST. He added that this is the concern in regards to short term projects in that if they benefit other parts of the system and not EEAST, then EEAST will pull the programme.</p> <p>The Chair commented that this is the challenge to the STP, in that projects/schemes may be right for the system but not for the organisation.</p> <p>It was agreed that RW would liaise with GY to share details of the failure of the programme within primary care.</p> <p>SC commented that if the principle is right then the evidence should be collected and applied elsewhere.</p>	<p>RW / GY</p>

	<p>AB suggested that one of the metrics could be retention rates, adding that one of the targets for mental health is to improve staff retention and to share the learning.</p> <p>Members agreed it was about keeping talent in the system.</p> <p>The Chair thanked GY for the presentation.</p>	
<p>094</p> <p>094.1</p>	<p>Issues for escalation from STP Groups and Structures</p> <p>Key STP Delivery Reports</p> <p>SH shared with members the dashboards for 11/17.</p> <ul style="list-style-type: none"> • Urgent Care <p>EG advised that in regards to urgent care, the main issue of concern is DTOCs and primary care capacity over winter. He added that a future agenda item could be the Ambulance Response Programme. The STP has an opportunity to influence a major review of the ambulance service and the contractual arrangements. It was noted that there is one contract across the East of England but the STP flexes across the management of the contract.</p> <ul style="list-style-type: none"> • Mental Health <p>EG advised that the Suffolk mental health team, in conjunction with Sue Ryder have won a national award at the HSJ awards.</p> <p>It was noted that there continue to be challenges in regards to the psychiatric liaison service and dementia.</p> <p>EG advised that he and IG have been working with the Health and Wellbeing Board in Suffolk to focus their agenda, particularly in regards to how mental health, housing and employment are linked.</p> <ul style="list-style-type: none"> • Primary Care <p>SHe advised that the Primary Care strategy submission in 10/17 had received positive feedback.</p> <p>It was noted that in regards to the bringing together of the CCGs Executive Committees/GP Committees this is planned for 2018.</p> <ul style="list-style-type: none"> • Cancer <p>It was noted that a Clinical Lead has been appointed.</p> <p>Members were advised that a Cancer workshop is scheduled for 05/12/17, and that the next Cancer Programme Board is to meet in 02/17.</p> <ul style="list-style-type: none"> • Planned Care <p>It was noted that conversations have taken place and are ongoing in regards to</p>	

094.2	<p>bringing the planned care workstreams across Suffolk and North East Essex together. Discussions are to take place regarding formalising how they report.</p> <p>The Chair thanked EG and SHe for the updates.</p> <ul style="list-style-type: none"> • STP Director of Finance Group <p>It was noted that a triangulation exercise across all partners is underway in respect of reporting the same in regards to the contract.</p> <ul style="list-style-type: none"> • STP Communications & Engagement Group <p>Nothing to report.</p> <ul style="list-style-type: none"> • STP Workforce Group / LWAB <p>It was noted that the first draft of the Workforce Strategy will be completed by Christmas 2017.</p> <ul style="list-style-type: none"> • STP Estates Group <p>It was noted that the workbook is 95% complete.</p> <ul style="list-style-type: none"> • STP Digital Strategy and Innovation Group <p>It was noted that a procurement day was being scheduled.</p> <ul style="list-style-type: none"> • STP Chairs Group <p>It was noted that an event was held on 13/11/17 for NEDs, Governors and Lay members. SC advised that the event was well received.</p> <p>The Chair thanked the respective Chairs for their updates.</p>	
095	<p>Any Other Business</p> <p>There were no further items of business discussed.</p> <p>1425 – meeting closed.</p>	

The STP Board meeting was followed by a separate workshop session facilitated by Carnall Farrar.