



## Suffolk & North East Essex STP Board

Thursday 24<sup>th</sup> August 2017

13:00 – 15:30

Suffolk Association of Local Councils

### Notes and Actions

#### Attendance:

Nick Hulme (Chair)	NH	STP Lead
Sam Hepplewhite	SHe	North East Essex CCG / STP Workforce Group
Ed Garrett	EG	Ipswich & East Suffolk CCG/West Suffolk CCG
Peter Fairley (Deputy)	PF	Essex County Council
Sue Cook	SC	Suffolk County Council
Stephen Dunn	SD	West Suffolk Hospital
Shane Gordon	SG	Colchester Hospital NHS Foundation Trust
Paul Fenton (Representing)	PS	Ipswich Hospital NHS Trust
Michael Scott	MS	Norfolk & Suffolk NHS Foundation Trust
Andy Brogan	AB	Essex Partnership University NHS Foundation Trust
Emma Goddard (Representing)	EGo	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
Ann Read (Representing)	AR	North Essex GP Federation
APOLOGIES		Suffolk GP Federation
Paul Duell	PD	LPN Chair Group – Suffolk & NE Essex
Richard West	RW	Suffolk LMC
APOLOGIES		North Essex LMC
APOLOGIES		NHS England
Ruth Forbes	RF	NHS Improvement
Gary Sweeney	GS	STP Chairs Group
Kate Walker	KW	STP Digital Strategy & Innovation Group
Amanda Lyes	AL	STP Estates Group
Simon Morgan (Representing)	SM	STP Comms & Engagement Group
Kirsty Denwood	KD	STP Directors of Finance Group
Lisa Llewelyn	LL	STP Clinical Lead
Susannah Howard	SH	STP Programme Director

#### Also in attendance:

Becky Mead (Note taker)	BM	STP Delivery Support Unit
Jan Bloomfield	JB	West Suffolk Hospital NHS Trust

Ref	Item	Action
053	<p><b>Introductions and minutes of the last STP Board Meeting</b> SH chaired the start of the meeting as NH was delayed due to the Joint Trust Board meeting to discuss the merge of CHUFT and IHT running over. SH welcomed everyone to the meeting and introductions were made.</p> <p>053.1 The minutes of the previous meeting held on 20/07/17 were agreed as accurate.</p>	
054	<p><b>Matters Arising – Issues previously discussed</b></p> <p><b>STP Leaders Awayday –</b> Item for discussion on agenda.</p> <p><b>Transformational Change in System Leadership –</b> An application from the STP was submitted on 20/07/17. This application has now been accepted with a team drawn predominantly from North East Essex. Scope on the topic and theme of this programme will be discussed in a teleconference next week which SH is currently arranging.</p> <p><b>Communications press release on STP Ratings –</b> SM reported that a press release had been issued once the embargo had been lifted and the story was picked up by several media, in particular the EADT.</p> <p><b>Prevention –</b> Since the previous STP Board meeting the two Public Health teams, Councils and Public Health England are now working together to develop a cross-footprint public health and prevention workstream.</p> <p><b>STP Delivery Guide –</b> Copies of this document were tabled during the meeting and SH informed the board that additional copies had been sent out to partner organisations. If any further copies were required these would be available after the meeting. This guide has also been made available in both flipbook and PDF versions. It was noted that Healthwatch Suffolk had also made the guide available to the public on their website and this was the best place to direct stakeholders to who want to access it. SM also reported that he would be producing a video version of the plan in the next few weeks.</p> <p><i>NH and SG joined the meeting at 1:13pm</i></p>	
055	<p><b>STP Independent Chair, role of STP Chairs Group and revised STP Board Terms of Reference</b> SH informed the board that Alan Burns had resigned his role as STP independent Chair. This was because he had been asked to take up a new role as chair for another NHS organisation.</p> <p>GS asked the board to agree the Terms of Reference for the STP Chairs Group which were circulated with the agenda. GS asked the Board to draw their attention to section 4 within the Terms of Reference which set out the proposed role for the STP Chairs Group and Chairs Group Chair. GS explained that this group started as an informal group of the constituents. GS added that following Alan Burns resignation, at the last STP Chairs meeting it had been suggested that the Chairs group might take on responsibility of some of the functions of the STP Independent</p>	

	<p>Chair. The group had agreed that this would be possible and details of this are contained in Section 4 of the Terms of reference. GS added that the Chairs Group would provide non executive challenge to the STP Board and that the focus for this role would be through a new Chair of the Chairs Group to replace GS who will be retiring at the end of September 2017. The board were asked if they thought this would be a working proposal and for their comments.</p> <p>EG advised that he thought this was a pragmatic approach.</p> <p>NH commented that there was no expectation that a new STP independent chair would be appointed and so an alternative proposal was possible.</p> <p>GS confirmed that this approach would promote collaboration between the STP partners.</p> <p>SH underlined to the Board that what this would mean was that the new Chair of the Chairs Group would have a slightly more enhanced role to the current chair and that a process will be necessary to invite nominations for the role and for members to vote for the Chair on an annual basis.</p> <p>GS added that it was not currently envisaged that this role would be remunerated; however in time this matter might need to be reconsidered.</p> <p>SD asked if the group would be taking on any of the functions from Alan Burns adding that this could a good mechanism for feeding back and across to organisations and lay members; but if there is more work to be done around this then remuneration may be required.</p> <p>SHe commented that when the STP Independent Chair job description was put together we did not have the nationally agreed role and we were probably ahead of our time in recruiting an Independent Chair. However most of the role was covered in the proposed role for the Chair of the Chairs Group as detailed under section 4 of the TOR.</p> <p>The Board <b>APPROVED</b> the proposed approach and <b>AGREED</b> the revised TOR for the Chairs Group.</p> <p>SH confirmed that she would write out formally to all members of the STP Chairs Group to first ask if they would like to put themselves forward for the role of Chair of the STP Chairs Group. If there were more than one candidate then the matter would then be put to a vote.</p> <p>NH asked the Board whether organisations that do not currently have representation on the Chairs Group felt comfortable with this way forward and is the group sufficiently represented.</p> <p>GS advised that Healthwatch have had an open invitation and both Essex and Suffolk Healthwatch will try and attend unless there is not anything relevant on the agenda.</p> <p>SH also informed the board that amended TOR for the STP Board had also been circulated with the agenda. These had originally referred to a</p>	SH
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	<p>role for the STP Independent Chair and so had also been revised and re-circulated for information.</p> <p>The Board <b>NOTED</b> the revised Terms of Reference for the STP Board.</p>	
<p><b>056</b></p>	<p><b>Realigning our STP Delivery Structures</b>  EG and SHe presented this item about alignment to the NHS Five Year Forward View Transformation Programmes.</p> <ul style="list-style-type: none"> <li>• The STP has largely been an umbrella for existing transformation programmes.</li> <li>• Potential opportunities of scale are being missed and there is some duplication of resource.</li> <li>• NHS England and Improvement asked us to consider organising the FYFV programmes at STP level – with direct links to STP governance.</li> <li>• FYFV programmes are organised at STP level: <ul style="list-style-type: none"> <li>○ Urgent and Emergency Care</li> <li>○ Cancer</li> <li>○ Mental Health</li> <li>○ Primary Care</li> <li>○ Planned / Elective Care</li> </ul> </li> <li>• Each programme would have: <ul style="list-style-type: none"> <li>○ CEO level sponsor</li> <li>○ Dedicated leads working across STP</li> </ul> </li> </ul> <p>MS said that he welcomed this proposal.</p> <p>NH advised that the message from the centre is the mandate for delivery of our five schemes.</p> <p>RW raised concern regarding the management of primary care by CCGs and there is now the potential that this management will be managed more regionally again which seems to be a constant change of focus. RW added that there is no doubt the CCGs in the areas deliver in different ways however it is concerning that monies may get drawn into a particular part of the system rather than aiming for good primary care. There needs to be some more thought on how primary care will work through the STP.</p> <p>SHe replied that the approach may be different but the outcomes are what we are all signed up to. The balance has to be that we are working for the same outcomes but may be with different approaches and we are all focussed on collective outcomes. It was agreed that EG will work with RW on what the primary care stream may look like.</p> <p>NH advised the STP must be able to deliver the expectation of these workstreams as there is increasing expectation from NHSI and NHSE that as an STP we are clear about how we will take this forward.</p> <p>SHe commented that the STP does need to have sight of a link on whether it is taking the accountability of performance. NH has invited NHSE to attend and present at the event on 25/9/17.</p>	<p>EG/RW</p>

	<p>PF commented that a lot of work has happened in Essex on mental health and asked what the implications are on this progress. SHE replied that this will link in with the MH FYFV work, we may end up with one strategy but a delivery approach that looks different in the two localities.</p> <p>The Board <b>NOTED</b> the presentation and will await further information from NHSE to be reported back at the STP Board meeting in November.</p>	
057	<p><b>Planning for ‘Facing the Future’ event – Monday 25 September 2017</b></p> <p>NH gave a presentation for this item along with an outline of planned agenda for the event. Details on the content of the day were discussed and the following points were noted.</p> <p>This is an advanced STP and we are delivering on expectations so far. Feedback is that we are doing well and have been praised for the approach and the capital funding received reflects this. Discussions will take place on the day on how we use the STP as a vehicle for the people we serve and what we mean by an accountable care system. Executive and non executive level colleagues have been invited.</p> <p>The Board were asked if they agreed that the day could be committed to by their colleagues and if there is anything else which should be discussed on the day. The day will be facilitated by Dame Ruth Carnall who has previously worked in the South West and has helped them develop their ideas. It was also thought that using someone outside of the footprint but who understands the dynamics and the challenges of the system would be an advantage.</p> <p>The Board <b>AGREED</b> that this was the approach they are expecting at the event. SD asked whether senior colleagues from NHSI will be attending as we will need a clear and robust conversation and steer from them. NH agreed that a senior NHSI representative is required and we need to be clear in asking NHSE and NHSI on what is their future vision and what the role of the STP within this vision is. NH added that he will have a discussion with Andrew Pike from NHSE prior to this event and suggest a joint NHSE and NHSI presentation.</p> <p>AY asked whether a LGA or Adult Social Care speaker could form part of the programme as we will need to think about how to integrate across the two councils.</p> <p>The outline of the event was presented and SH advised the Board of the list of confirmed attendees. SH will follow up those that have not responded to the invite next week. The programme will be finalised next week.</p> <p>Presentations for the event were discussed.</p> <p>SH advised that she has had a conversation with Healthwatch for their help to ensure an appropriate patient focus for the day; Healthwatch are working with SH to produce something creative on this theme. AY advised that Healthwatch will try and take two questions which have been drafted and shared with the comms network; these questions will be asked within the care setting and social media and will then be made into a short film:</p>	

	<p>1. <i>What do you think the pressures are in Health &amp; Social Care in this local area?</i></p> <p>2. <i>What do you think we can do differently?</i></p> <p>It was suggested that a representative be invited from another STP who are in a further position of the STP journey.</p> <p>PF and SC offered to do a joint presentation on Social Care.</p> <p>SH informed the Board that an official invite to this event will be sent out shortly with further information. A briefing had also been sent to the facilitator Dame Ruth Carnall.</p>	
058	<p><b>KEY THEMES: Future of Colchester and Ipswich Hospitals</b></p> <p>NH informed the board that both hospital boards have now met in public today and agreed a decision to go to Full Business Case for a fully integrated clinical and non-clinical organisation formed and working from Spring 2018.</p> <p>SG then went through a presentation which included the following points.</p> <ul style="list-style-type: none"> <li>• Single organisation with clinical integration.</li> <li>• Deliver ambition previously discussed with the hospitals objectives.</li> <li>• Work has taken place with 6 specialities to result in main themes of benefit of a single organisation.</li> <li>• Sharing on-call rota's in some specialities i.e. orthopaedics</li> <li>• Take best practice from both organisations and accepting there may be better practice elsewhere.</li> <li>• The attractiveness of the new organisation will provide broad opportunities for staff.</li> <li>• Streamlining the corporate side of both organisations.</li> <li>• Clinical Case Examples – using capacity at IHT for heart attacks when Basildon Hospital is busy; colleagues at Basildon are supportive of this approach for 2 week wait work.</li> <li>• 5 upper limb specialists between the two organisations meaning patients can be seen the next day or the day after, a dedicated upper limb trauma list could also be put in place.</li> <li>• Oncology – A pool of 10 multi-disciplinary teams for all patients.</li> <li>• Corporate Services - currently working in silos with lots of overlap that could be organised differently to be more efficient.</li> <li>• Financials have been modelled over 5 years.</li> <li>• Logistical challenges during Q1 due to two separate organisations.</li> <li>• Public consultation is not required unless clinical transformation changes significantly.</li> <li>• There is a risk that if Colchester do not get out of special measures then the plan for merge will not be credible.</li> <li>• Funding will need to be found for the FBC as Boards did not approve to accept the £3M- £4M risk.</li> </ul> <p>The following questions were raised from the Board.</p> <p>1. GS commented that there needs to be a programme for engagement and asked if this was happening. SG replied that complete engagement for staff and public is a key part the</p>	

	<p>strategic FBC development timeline. The plan for the next stage of work is to ramp up public involvement and the visibility of the work.</p> <ol style="list-style-type: none"> <li>2. AY asked whether a transport reference group will be set up. SG replied that a full traffic impact assessment will be carried out and it would be helpful to do this through the STP.</li> <li>3. SM asked if an equality impact assessment will be carried out. SG confirmed that an assessment will be carried out and that local expertise is in place to formulate the approach to this.</li> <li>4. MS asked what is the expectation for all members of the STP in financial terms - £30M growth planned of income still results in £30/£40M of deficit so what does servicing this deficit have impact on? NH replied that the assumption is when the 5 year plan is looked at there is growth at commissioner level; it is recognised that surplus at CCG level will be used. KD added that the overall position becomes sustainable as deficit becomes large and surplus too. It was suggested that the whole system finance model be looked at by the DOF's group.</li> </ol> <p>EG commented that good progress has been made thus far; there will now be a ripple of consequences and a real challenge to work through as a system.</p> <p>SD said the OBC was very impressive and the team should be commended for putting this together. SD added that it needs to be clear in terms of the mechanisms that we need £70M capital to get £10M savings down the line.</p>	
059	<p><b>STP Better Births Plan</b></p> <p>LL presented this item and a briefing paper and presentation was circulated with the agenda updating the Board on the programme of work to date.</p> <p>LL explained that this work stemmed from the NHS England National Maternity Review Report 'Better Births' published in 2016 and as an STP we are one of the first to develop a local maternity services (LMS) board in the East of England.</p> <p>LL added that a draft plan has to be submitted to NHS England by the end of September with a full plan submitted by the end of October. This plan will be cost neutral and some project support has been secured to drive this forward.</p> <p>LL advised that Directors of Nursing within the trusts will need to be fully sighted on this plan and Primary care is a key player as well as patient representation. Lots of good work has already begun and this now needs to speed up with the outcomes we want to make these services safer.</p> <p>RW mentioned that he could not see the integration of primary care within the plan although Primary care still carry out lots of ante natal and post natal it seems over the years primary care is becoming confused on whose responsibility ante natal care is. LL replied that the outcomes of the STP should be the same and if there are different models in each locality then the pathway must start in primary care. SC reminded the</p>	

	<p>Board that a system must be designed taking into account vulnerable clients.</p> <p>The Board <b>NOTED</b> the progress to date.</p>	
<b>060</b>	<p><b>STP Approach to Engaging with Trade Unions</b></p> <p>JB presented this item and the briefing paper suggesting an approach to be implemented for wider partnership working with staff side representatives to support engagement of key stakeholders was circulated with the agenda.</p> <p>JB explained that this paper has been drawn together by herself and AL following discussions at LWAB. There is currently no engagement forum set up which seems to be the current pattern of engagement in the east of England. SPF at regional level has suggested that there is an Engagement Forum at each STP.</p> <p>SD asked what would the role of this forum have been had it been established for this process or IHT and CHUFT. JB replied that they would have received early warning that this has been going on. This group could also be used for MOU of redeployment for staff across the STP footprint.</p> <p>RW asked how widely represented the trade union reps will be - where are the boundaries and is the LMC a trade union or on the management side? JB replied that the BMA sits at the regional SPF and has given its support of engagement forums. In terms of the wider social care, the first meeting will debate on how far we reach and which trade union we will engage with.</p> <p>RE asked where is the edge in terms of engagement for care homes staff? SC replied that in terms of this particular topic the Unions, Unison and Unite cover both.</p> <p>SHe added that the Unions are struggling with their capacity at present and this was discussed in detail at the recent LWAB meeting. JB added that it came through from the trade unions strongly that they have an interest in the NHS</p> <p>The Board <b>SUPPORTED</b> the approach for wider partnership working to be implemented as described in the briefing paper.</p>	
<b>061</b>	<p><b>Next Steps with STP Capital Plans</b></p> <p>KD presented this item and a letter from NHS England detailing the next steps on capital funding which had been sent to all STP leads was circulated with the agenda.</p> <p>Phase one of the bids has now been received and STPs have also been asked to put outlines together for wave two bids. There is now a switch in focus on how these bids will be assessed and the criteria that they will be measured against. KD reported at a recent DOFs meeting all bids were looked at and all organisations confirmed that they still wanted to submit a bid. Those bids submitted will be brought back to the next STP Board.</p>	KD



	<p>The prioritisation of the schemes was discussed. It was agreed that an order of prioritisation was required. The return on investment is currently being worked on as they are not mature enough to be brought to the STP Board for debate. It was noted that if bids do not have return on investment then they do not make the criteria. NH agreed that it would be unwise to submit a bid that does not meet the correct criteria which has been set.</p> <p>KD reported that next weeks STP DOFs meeting will be dedicated to discussions on the Capital Bids making an assessment of each business case against the criteria and VFM checks that will be used as part of the national assessment process; Estates will be invited to join this meeting. Any bids that do not meet the criteria should be considered for withdrawal from the process. NH asked the Board if they were aware of any changes in the system which would thus have an effect on the bids. SHe informed the board of a recent issue in relation to the super partnership; having gone through this process the situation has now moved on and therefore advised the Board to have a hard look at what is being planned and whether it can be delivered. NH suggested it might be helpful to expand the DOFs meeting with support from the STP board.</p> <p>PF commented that within all of the bids there will be a degree of engagement with Propco. This is currently a disconnect from NHS Property Services not being around the table to release estate to support the STP and this is a crucial part of this process.</p> <p>KD to provide an update to organisations following the DOFs meeting on what has been agreed in terms of process/prioritisation.</p> <p>The Board <b>NOTED</b> the update.</p>	
062	<p><b>NCVO Project with Community &amp; Voluntary Sector</b></p> <p>MM presented this item and the paper providing details of the proposed project was circulated with the agenda.</p> <p>MM explained that his project is funded by the VCSE Health &amp; Wellbeing Alliance and aims to increase voluntary sector involvement in STPs and/or Accountable Care Systems by providing knowledge development and peer support to eight cross-sector teams. MM added that this may be something worth considering. SH added that she recently attended a meeting in Colchester with SHe where a similar issue was discussed regarding voluntary sector engagement. The level of interest from the Voluntary Sector is high for engagement in STP.</p> <p>MM advised the board that details of the full application programme are not yet known however at this point in time if colleagues are supportive of the overall plan then this is a good starting point. SHe has shared the details of the NCVO project with voluntary sector in NEE and they are keen to be involved.</p> <p>SH will work through the details of this project with MM. The board were asked to forward any names of staff willing to work in a statutory way with the voluntary sector to SH by 30/08/17.</p>	ALL

<b>063</b>	<b>ISSUES FOR ESCALATION FROM STP GROUPS AND STRUCTURES</b>	
<b>063.1</b>	<ul style="list-style-type: none"> <li>• <b>Acute Transformation Delivery Programme Board</b> No major issues to escalate.</li> </ul>	
<b>063.2</b>	<ul style="list-style-type: none"> <li>• <b>Suffolk Strategic Oversight Board</b> No major issues to escalate.</li> </ul>	
<b>063.3</b>	<ul style="list-style-type: none"> <li>• <b>NE Essex Integration Delivery Programme Board</b> It was agreed on 18/08/17 to invite Suffolk Alliance to talk to NE Essex about lessons learned and agree an outline of what this partnership will look like.</li> </ul>	
<b>063.4</b>	<ul style="list-style-type: none"> <li>• <b>Enablement Workstreams</b> No major issues to escalate.</li> </ul>	
<b>063.5</b>	<ul style="list-style-type: none"> <li>• <b>STP Directors of Finance Group</b> A further meeting was held to discuss the FBC, the proposal is being worked up and going through governance processes. The role of STP Finance Manager has been appointed to and will be starting in October. Work has progressed on system wide dashboards and it is hoped these can be brought to the October board meeting.</li> </ul>	
<b>063.6</b>	<ul style="list-style-type: none"> <li>• <b>STP Communications &amp; Engagement Group</b> No major issues to escalate. The video for the STP Delivery Guide is currently being produced and it would be good to get faces around the table involved in this.</li> </ul>	
<b>063.7</b>	<ul style="list-style-type: none"> <li>• <b>STP Workforce Group/LWAB</b> Since the last meeting some HEE funding has been allocated to FYFV and apprenticeships which were the two main topic areas of discussion at the last meeting.</li> </ul>	
<b>063.8</b>	<ul style="list-style-type: none"> <li>• <b>STP Estates Group</b> No major issues to escalate. The next area of attention will be the emerging estates strategy.</li> </ul>	
<b>063.9</b>	<ul style="list-style-type: none"> <li>• <b>STP Digital Strategy &amp; Innovation Group</b> No major issues to escalate.</li> </ul>	
<b>063.10</b>	<ul style="list-style-type: none"> <li>• <b>STP Chairs Group</b> Covered under agenda item 055.</li> </ul>	
<b>064.0</b>	<b>AOB</b> There was no any other business.	
<b>064.1</b>	Items for next agenda: <ul style="list-style-type: none"> <li>- Workforce – SHe</li> <li>- Care Homes – LL</li> <li>- MH Consultation - AB</li> </ul>	

Meeting closed at 15:11