



Suffolk & North East Essex Sustainability and Transformation Partnership Board

Meeting held on Thursday 19 October 2017 from 1300 – 1530
at Kesgrave War Memorial Community Centre

Notes and Actions

Attendance:

<i>APOLOGIES</i>		STP Lead
Ed Garratt (Chair)	EG	Ipswich & East Suffolk CCG/West Suffolk CCG
Sam Hepplewhite	SmH	NE Essex CCG / STP Workforce Group
Patrick Higgs (Representing)	PH	Essex County Council
Sue Cook	SC	Suffolk County Council
Stephen Dunn	SD	West Suffolk Hospital
Dawn Scrafield (Representing)	DS	Colchester Hospital NHS Foundation Trust STP Directors of Finance Group
Neill Moloney	NM	Ipswich Hospital NHS Trust
Oli Matthews (Representing)	OM	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
<i>APOLOGIES</i>		Healthwatch Essex
Andy Yacoub	AY	Healthwatch Suffolk
<i>APOLOGIES</i>		St Elizabeth Hospice on behalf of the three Hospices
Mark Galloway	MG	North Essex GP Federation
<i>APOLOGIES</i>		Suffolk GP Federation
Simon Jones (Deputy)	RW	Suffolk LMC
<i>APOLOGIES</i>		North Essex LMC
<i>APOLOGIES</i>		Suffolk District & Borough Councils
Anastasia Simpson (Representing)	AS	North East Essex District & Borough Councils
Paul Duell	PD	LPN Chairs Group – Suffolk & NE Essex
Abdul Razaq	AR	Public Health
<i>APOLOGIES</i>		NHS England
<i>APOLOGIES</i>		NHS Improvement
Lisa Llewelyn	LL	STP Clinical Lead
Sheila Childerhouse	SC	STP Chairs Group
Paul Doe (Representing)	KW	STP Digital Strategy & Innovation Group
Amanda Lyes	AL	STP Estates Group
Isabel Cockayne	IC	STP Comms & Engagement Group
Susannah Howard	SH	STP Programme Director
Shane Jarvis (Note taker)	SJ	On behalf of STP Delivery Support Unit

Also in attendance:

Chris Hooper (apologies)	CH	SRO – Local Maternity Services (LMS) Board
Julia Hiley	JH	STP Delivery Support Unit
Paul Fenton	PF	STP Estates Group
Abdul-Latif Issifu	AI	STP Finance Manager, STP Delivery Support Unit

Ref	Item	Action
078	<p>Minutes from previous meeting held on 21 September 2017 The minutes of 21 September 2017 were approved as an accurate account.</p> <p>Matters arising 078.1 <i>Cancer Capital Bid</i> – SH advised that refreshed bids were submitted to the Cancer Alliance within the deadline. SH informed the STP Board that as SRO for the Cancer Delivery Programme, Sam Hepplewhite would replace her on the Cancer Alliance Board.</p>	
079	<p>Reflections on STP “Facing the Future” Event</p> <p>SH gave feedback from the ‘Survey Monkey’ results from the ‘Facing the Future’ event held in later September 2017. She reflected that the consensus from the survey results was that the event offered a good opportunity for leaders to meet and engage with each other. It was also noted the venue, facilitation, use of external speakers and Slido were appreciated (although the temperature of the room was too cold!). The feedback on individual speakers was variable and would be shared with them. She summarised this feedback would be considered when planning venues for future events, and she anticipated the next event to occur in February 2018.</p> <p>SC was disappointed there had only been 19 responses to the questionnaire. She advised that the STP Chairs Group had concluded that it had been beneficial to have an external facilitated for the event.</p> <p>079.1 The Board asked whether the 27 actions from the event had been recorded. SH said that some of the actions had been filtered to the relevant groups and she was meeting with Isobel Cockayne after this Board meeting, to arrange for the event to be written up - including the actions – for distribution to the STP Board.</p> <p>SmH added that it would be a missed opportunity to review whether those 27 actions were priorities or not. She thought there could be a risk from not sense checking at the end of the event. EG advised that actions would be filtered and grouped prior to send out.</p>	SH/IC
080	<p>Proposal for next steps transition towards ACS</p> <p>SH updated the Board that a key action from the event in September was to reach a decision by Christmas on the overall shape of an accountable care system in Suffolk and North East Essex going forward. She suggested that external facilitation be sought to support an options appraisal process. Based on the positive feedback on the facilitation of the awayday by Dame Ruth Carnall, she had asked Carnall Farrar for a proposal for how they suggested we approach this. A brief proposal to undertake a facilitated options appraisal process had been circulated with papers for the meeting. The outcomes of this work would report into the next STP Board meetings of 23 November and 20 December 2017.</p> <p>LL questioned how clinicians would be engaged in this options appraisals. SmH considered it would be helpful to have a steer prior to the STP Board meeting of 20 December 2017. NM concurred, stating that he would like to have a recommendation.</p>	

080.1	<p>MG considered the timeframe to agree the approach for the options appraisal was ambitious. SH responded that comprehensive support would be provided to help collate the information; MG warned that there should be planning for opposing views.</p> <p>SD questioned the necessity of this work as it might affect ways of working that had already been agreed. EG advised that whilst clarity was better in some areas than others.</p> <p>AR suggested that conversations could be held with Greater Manchester to ask about the governance established for their partnership.</p> <p>SD thought that revaluating options would present a distraction. NM reflected that this process would help the STPs understanding of ACS. He thought that joint working opportunities need to be established, advising that not all CHUFT-IHT possibilities had yet been considered. SD thought the process needed to be framed in a way which was clear.</p> <p>The Board discussed the need for greater understanding within the community of ACS and that clear principles were needed to build plans for accountable care. DS reminded the Board that there was also a resource challenge to the system. She advised the STP needed to manage itself to ensure it provided for its communities, at present she was not satisfied that resources were in the right place.</p> <p>SH advised she would appreciate help from just a few members of the STP Board, to revise the proposal from Carnall Farrar. SC requested that a member of the Chairs group was involved. SH advised that she would follow this up urgently the following week commencing 23 October.</p>	SH
081	<p>Key Theme – STP Estates Workbook</p> <p>An updated draft of the STP Estates Workbook had been circulated to the Board. AL reported that this latest iteration of the estates work book was now 80% complete. She informed that the final workbook was due by mid-November 2017 and needed to be submitted with an OBC for funding.</p> <p>AL commented that 3 key indicators and 3 key strategic issues would be identified and she reported on progress:</p> <ul style="list-style-type: none"> • Page 30, 2021 success metrics CHP & Addenbrookes bringing services together, starting to articulate projects, such as CHUFT-IHT merger. • page 27, next steps, to agree prioritisation • Financial impacts and integration governance arrangements to be reported to the DoFs for approval <p>PF provided an update on phase 2 bids. He reflected that Estates workbook would play a role in establishing funding; NHSI want to ensure that money is invested in the refurbishment of current buildings as well as on new structures.</p> <p>PF commented on Naylor and Carter metrics, which need to demonstrate a reduction in costs. He considered that progress was being made.</p> <p>IC advised on communications; She reported on a positive meeting with the community from Eye, and reminded the Board that they needed to reflect that these were assets for the community.</p>	

081.1	<p>SH highlighted that lay members had recently questioned asked at a public meeting whether there was a plan b. She reflected that NHSE had put forward 7 of the capital bids put forward by the STP. AL advised that a plan b needed to be explored. She considered that they could work more with local authorities and that more work was needed. She informed that there would be further narrative prior to final submission.</p>	AL
082	<p>Key theme – STP Better Birth Plan</p> <p>A draft of the STP Better Births Plan had been circulated to the Board. LL reported that this was a 5 year plan for Better Births and had been strongly driven by NHSE. She highlighted the significant amount of work to engage with partners to pull plan together, and to capture key safety issues. She informed the Board that the plan had been developed with input from local meeting groups and that the draft plan had been submitted for feedback. She reflected the plan needed to encompass other companies such as one to one and mental health care – she asked the Board for their support for the plan.</p> <p>AY considered the vision statement could be made simpler, so it was more relatable to stakeholders.</p> <p>SC questioned the locality choices. LL advised the organisation in footprint was coming together. She stated it needed to ensure care remained the same regardless of locality.</p> <p>SH noted the governance section was out of date and offered her support to update this section. SH asked if the plan should have been assured by the STP DoFs group - LL responded that there were no known financial consequences of this iteration.</p> <p>AY considered that it needed to engage with maternity groups. LL agreed, stating it needed to reflect everyone who was involved in the process.</p> <p>SmH reminded the Board that maternity was not a priority in the original STP plan. She considered that priorities needed managing. She reiterated the importance of the STP Board owning its accountabilities and decision making. DS concurred with SmH, she considered that STP Board needed to shape its decision making and stay true to its outlined priorities.</p>	SH
083	<p>Mental Health Transformation in North East Essex</p> <p>AB presented slides to inform the STP Board on plans to transform mental health services provided by EPUT. He reminded the Board of the content of the NHS FYFV and changes within mental health services. He advised that commissioners considered that mental health services were not fit in their current form and that they wanted to see faster access to mental health services.</p> <p>AB reported on necessary changes to workforce, which would include 21,000 additional staff required by 2021, with 6,000 staff retention over next 3 years.</p> <p>AB commented on challenges within primary care, highlighting that 40% of the care should be delivered within a primary care setting. He stated that at present,</p>	

083.1	<p>mental health patients were more likely to go to A&E. He advised on plans to establish a mental health primary care team to mitigate this issue. He informed the Board of plans to develop local initiatives for dementia and elderly patients, to help reduce the burden on A&E. He reflected that 50% of inpatients had personality disorders and advised that a hospital setting was not the right place for those patients to receive their care. He reported on plans to have comprehensive training across the health sector, so hospital staff were equipped to deal with this patient group.</p> <p>AB also reported on urgent care and inpatient ambitions. He advised that there were plans for 24/7 care, with the view of reducing length of stays and to free beds; he also reflected that it needed to be established how money was best used.</p> <p>DS gave support from CHUFT and AB added that it was planned to have these changes implemented by the 4th quarter. LL noted that the plan had not included CAMHS and she warned of the risks from transition of child to adult.</p> <p>SD questioned how these changes to mental health services would feed back into ACS. He considered that mental health services needed support so the STP could accelerate improvement of services – EG noted that this topic would return to STP Board agenda at a later date.</p>	EG
084	<p>Feedback from National STP Clinical Leads Meeting – 26 September</p> <p>LL gave feedback from a recent national clinical leads meeting. She advised there had been a focus on clinical leadership and engagement, with discussions on “what good looks like” and how to deliver it. She informed that it was noted clinical engagement was key to delivery and it was discussed how best to obtain clinician engagement. SmH advised further, stating there would be a piece of work conducted on how to develop clinical leads engagement; and LL advised that the clinical senate was in support of this.</p> <p>SH mentioned that resources in clinical networks were being devolved to STPs. Applications have been received for the Clinical Lead role for cancer, and a Clinical Lead for mental health would soon be advertised. She suggested that there was a need to discuss how these clinical leads engaged with the STP and considered that this work needed to be performed quickly as part of a wider STP strategy for clinical engagement; SH, LL, SG, & AR agreed to take this piece of work forward and the output would be reported to a future STP Board meeting.</p>	SH and others
085	<p>Issues for escalation</p> <p>EG advised that dashboards circulated to the Board would be used for a meeting the next day with NHS E & I (20 October) as an appendix to our STP report. SH advised that the principle purpose for these would be to keep the STP Board updated each month.</p> <ul style="list-style-type: none"> • CHUFT-IHT FBC due mid-March 2018 • North East Essex Integrated Board meeting 20 October – discussing working together • STP DOF group – aired first draft system of Finance Boards • STP digital strategy - £0.5m bid has been submitted, awaiting outcome • Chair’s group – looking at how to get greater involvement from councils 	

086	<p>Proposed changes to STP Board arrangements in 2018</p> <p>SH reported on STP Board meeting dates and arrangements for 2018. The current arrangements had been set by the previous Chair. She noted the dates had not been convenient for everyone. A system diary has been established with key board and executive team meetings for all partner organisations. After checking this she proposed that 2018 STP Board meetings take place on the 2nd Friday of the month during the morning. She also suggested that these meetings included a break to allow an opportunity for networking. The STP Board approved these changes and SH's new PA would send out new invitations for 2018 to reflect these changes.</p> <p>Any of Business</p> <p>There was no other business – <i>End of meeting</i></p>	<p>Jo Wyatt</p>
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