Suffolk & North East Essex STP Board

Meeting held on Friday 13 April 2018 from 09:30 – 12:30 at Northgate Room, Quince House, West Suffolk Hospital, Bury St Edmunds

Notes and Actions

Attendance		
Nick Hulme *(Chair)*	NH	STP Lead
Ed Garratt	EG	Ipswich & East Suffolk CCG & West Suffolk CCG
Sam Hepplewhite	SHe	North East Essex CCG
Patrick Higgs	PH	Essex County Council
Dawn Godbold *(Representing)*	DG	West Suffolk Hospital
Shane Gordon	SG	Colchester Hospital NHS Foundation Trust
Neill Moloney	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
Sharon Charlton *(Representing)*	SC	Anglia Community Enterprise
Mark Millar	MM	St Elizabeth Hospice on behalf of the three Hospices
Jane Hanvey *(Representing)*	JH	GP Primary Choice
Simon Jones *(Representing)*	SJ	Suffolk LMC
Brian Balmer	BB	North Essex LMC
John Fox	JF	North East Essex District & Borough Councils
Sharon Alexander	SA	Voluntary Sector Representative – North East Essex
Wendy Herber	WH	Voluntary Sector Representative - Suffolk
Paul Duell	PDu	LPN Chairs Group – Suffolk & NE Essex
Phil Carver	PC	Health Education East of England
Abdul Razaq	AR	Public Health
Carole Theobald	CT	NHS England
Ruth Forbes	RF	NHS Improvement
Bernadette Lawrence *(Representing)*	BL	Suffolk County Council
Lisa Llewelyn	LL	STP Clinical Lead
Sheila Childerhouse	SC	STP Chairs Group
Kirsty Denwood	KD	STP Directors of Finance Group
APOLOGIES		Healthwatch Essex
APOLOGIES		Healthwatch Suffolk
Susannah Howard	SH	STP Programme Director
Michelle Grant-Richardson *(notes)*	MGR	STP Delivery Support Unit

Also in Attendance/Observers		
Simon Morgan	SM	STP Delivery Support Unit
Amanda Lyes	AL	STP Delivery Support Unit
Kate Vaughton	KV	STP Delivery Support Unit
Tess Zermanos	TZ	STP Delivery Support Unit

Ref	Item	Action
136	**Welcome, introductions and apologies** The Chair welcomed all to the meeting, introductions were made and apologies were **noted**. The minutes of the meeting held on 09/03/17 were **agreed** as a true and accurate record. There were no matters arising from the previous meeting.	

- **Part 1 Oversight of STP/ICS Board.**

Ref	Item	Action
137	**The future of the STP/ICS Board** NH made reference to the cost, commitment and time required from all members and asked; what was the best way to use the time. AR suggested tackling health and education, providing service and outcome focussing on our ambition on self-care. SJ commented on a strategic view on GP's and A&E interactions and how GP's work with the community. NH recommended that we look into key areas including where there may be duplication within the system, how we support those with long term conditions; developing a single point of contact and find a way of seeing the care pathway rather than just the episode of care. SG and SCh agreed and added to be careful that we do not create duplication or an over centralised function. NH responded that as STP Senior Leaders we need to set the Strategy and give permission through the alliances to the neighbourhood. EG agreed and added that we need to deliver ambition via the alliances he questioned with the model was bottom up through the alliance or top down from the STP. NH confirmed it was a blend of both. LL confirmed that she agreed with the concept, but we need to ensure that we help the clinicians to build trust and deliver in a way that they are comfortable. NH spoke about needing to understand each other's world more and suggested that we all need to spend time in each other's organisation; front line in the GP's practices, Social Care and gain an understanding of the Third Sector funding pressures. SA **agreed** and formally invited NH to shadow the voluntary sector. NM make the comment that we would not get everyone in the system on board, but the realisation that the STP will bring on board a deeper conversation that will deliver benefits to patients.	**SA**

	NH responded that there was a vote confidence in the STP; to be award the highest capital investment of £87m to invest in primary care, community hospitals and the acute sectors is a huge success. NH asked the Board what was the spotlight conversation for the next Board. SCh responded that we needed to understand what is being done, where we are making a difference, ensuring we reward those that make a difference and help to build trust and create energy. SG added that we needed to identify themes, to articulate the impact on patients and remove barriers. To build on what we are already doing and meet the expectation set by the STP. AR agreed with SG and added that we needed to stop patients becoming patients. NH agreed that we needed a radical approach to prevention, which AR added that we needed to create the right conditions and tackle the environmental issue in health and education in Suffolk and NEE. NH asked the Board in their capacity as the STP Board whether they support the merger of the two trusts. It was **noted** that the STP Board gave full support to the merger between IHT and CHUFT.	
138	**STP Delivery Programme Reports** NH asked each SRO to take the Board through the programme and highlight any barriers. SH added that SROs for many programmes were just taking up the role. • **Urgent & Emergency Care** NM confirmed the performance was better than in other areas and there had been significant progress made in reference to winter plan and that focus was on sustainability going into 2019. He added that they were currently looking into a different ways of delivery. There were no questions raised from the Board. • **Planned Care** EG gave an overview of the 100 day challenge, where clinicians have been working better and providing effective and quicker care in Suffolk. SCh requested that a case study be presented at the next Board meeting, she added that we need a consistent approach to evaluation, KV agreed that it be simple approach was needed. • **Maternity** SH confirmed that the draft plan on better births is due to go to the directors of finance (DOFs) group. It will also be presented to the STP Board in 05/18. • **Cancer** SHe announced that the system would be provided with additional transformational funding, providing it achieves the 62 day standard in May, June and July. An action group has been set up that consists of all stakeholders, which will look specifically at breast screening. There is also a cancer workforce group which is a joint arrangement between Health Education England and Cancer Alliance. She added that realistic	

	conversations where been had and they were aware of the challenge, but there was lots of passion and energy driving change. • **Mental Health** AB said there had been an announcement that North East Essex has received all of the funding it had asked for in relation to Individual Placement Support (IPS), funding would be matched from the CCGs. • **Primary Care** SHe shared with the group that there was a level of confidence that the Extended Hours programme would be delivered and a discussion about who the SRO would be - yet to be confirmed. • **Prevention** AR made reference to the Ipswich and NEE strategy and the focus on mitigated demand to clinician risk. He confirmed that we had now agreed the KPI's for prevention across the system. Lots of work across alcohol and healthy hospital programme has been achieved. LL queried if we should look at people with LD, AR agreed that we should and he had data he could share at next Board. MM queried how we link the reports to conversations earlier from the system indicators and questioned how we would reconcile the points. NH confirmed week commencing 23/04/18 work will commence, adding that we will have a draft set of System Indicators for the next Board. JF queried in response on "how do we stop patients becoming patients". WH shared an overview of the winter campaign completed in the community helping individuals to connect to benefits. AR added that they had been successful in securing £4.3m to upgrade boilers in homes for vulnerable people in Suffolk under the Warm Home Healthy People Programme. PH commented on bringing the knowledge around the table to keep people out of the system. • **Stroke** SHe commented that a report that includes a timetable of delivery and some recommendations concerning Stroke has been produced. A dashboard highlighting a number of priority areas has also been developed as well as high level milestones for each of the priorities. A meeting is taking place on 24/05/18 with NHS England to sign off the milestones and plan and identify a clinical lead. NH added that we needed to think outside the box to identify a clinical lead, maybe consider a GPWSI, therapies or look outside the area.	**AR**
139	**Cross Cutting STP Delivery Programmes**	

- **Comms & Engagement**

SM provided feedback on the first comms and engagement meeting and told the group it was very well attended and supported. He highlighted the recent press coverage that related to the £87m funding that had been awarded to our system as well as the many press interviews with the local and regional news print and broadcasters.

SM also advised that the Can Do Health and Care website is available but not yet live and added that he are also in the process of producing stakeholder briefings, frequently asked questions, an ICS brochure as well as a video. A media briefing is also being planned for early to mid-May for local and regional journalists so they can find out more about ICS/ask questions etc.

SM mentioned, that we will be using the Suffolk County Show (30/05/18 & 31/05/18) and the Tendring Show (14/07/18) to hold community conversations with local people and communities. He also reminded the group about the Leader's event on 20/04/18.

SA feedback that 50% of those she had had discussion with were really keen to hear more about the STP.

- **Estates**

AL confirmed that the STP Estates workbook was ready for approval (DOFs) on 01/03/18. The DoH requirement is that all STPs have to complete the workbook which will seek to identify key capital developments and describe each STP's estates strategy/ priority areas for development. Part of the plan also describes disposal of land. A new directive has been received from NHS England for additional information with extended deadline for submission of 16/07/18.

AL added that maybe there will be opportunity to bid for more money. Submissions by mid-07/18. Examples could include Urgent Care Reconfiguration and estates transformation for EEAST.

NH asked the Board if there were comfortable to give authority to the DOFs. BL suggested that decisions are bought back to the Board for sign off. NH asked if were agreeing that the DOFS bring the recommendations and SCh responded that they bring back the recommendations to the Board for final decision.

NH raised awareness that the Board meeting was scheduled for the 18/07/18 and a decision was needed before, so requested that either an email is sent out for recommendations virtually or an Exec Board Meeting scheduled to sign off.

- **Finance**

KD confirmed that we were on target and were approximately £3m - £4m better off and that the ledgers close on 13/04/18 and we would have sight of a final position. KD confirmed the five work streams were Financials, Capital, Investment, Governance and Analytics. There was no current national guidance notes for developing a system control total. NH confirmed that he was fully committed to the system control total. KD **agreed** to bring the proposal to the next Board meeting. KD confirmed that the

	IAPT transformation bid was successful and funding for pharmacy technicians in nursing homes.	**KD**

- **Part 2 – System Transformation Programme**

Ref	Item	Action
140	**Feedback from ICS Project Board** • **System Architecture** SH presented a draft of the Suffolk and North East Essex ICS plan. NH added that it provided clarity to some of the mixed messages recently received. He requested that a definite plan be bought to the next meeting and asked the group on their thoughts. AB questioned the role of the NHSE and NHSI, NH **agreed** that we needed more clarity on their role and the regional role. BB made a comment regarding NEE joining the acute system in Suffolk and went on to add that we did not have a primary care strategy. SHe advised that we have two Primary Care strategies but not one for the ICS currently. NM commented that we needed to find a better way to engage with the Independent sector, GPs and LM's. He went on to add that he wanted GPs to be at the table to make decisions together with partners - not just to comment on plans that others had developed. EG made the suggestion to invert the current diagram to demonstrate the alliance's driving the change and not the reverse. SH agreed to make this amendment. • **OD Programme** AL provide an overview of the £400k funded programme and asked the group what we wanted from our system and how we could collaborate with our partners. NH suggested due to the time left to complete the meeting that he was looking for volunteers to work with AL and to come back next Board with ideas.	**SH** **AL**

- **Part 3 – Specific Issues for Discussion**

Ref	Item	Action
141	• **Meeting the Mental Health Standard** AB presented on the Mental Health and how the investment standard was being met. He went on to explain that children will be our main focus, ensuring they have access to the right interventions that are close to home. There will also be a big focus on talking therapies – currently meeting the standard of 16.8%. With regard to the workforce, AB advised that additional staff will not be funded and that they will be from the existing system. The target was 21,000 by 2021. We needed to retain the current 6,000 members of staff and currently had 150 nurse vacancies. AB explained that transformation will mean a SPoC working at primary care level. AB also mentioned the EPUT investment priorities – IAPT, perinatal, health and justice, EIP, children and young people, crisis and acute – all of this should reduce hospital admissions but is likely to take 2-3 years to achieve	

	NH asked AB where key investment was required initially, AB responded: inpatient wards. SG commented that the insight was really helpful and modernisation the workforce was key, but didn't to see where tech was being used. AB replied that an app had recently being developed using the SKYPE technology, in some places ALEXA technology has been piloted to combat loneliness. LL commented that "the big white wall" was reaching into schools. SA agreed that funding should be invested into the inpatient wards, she also added that 90% of volunteers have mental health issues, and that little investment is given to support the volunteers. NH described the biggest difference between the voluntary and statutory sector as being that the statutory sector say "I am here to do" vs the voluntary "what can I do for you". NH went on to highlight the issues with referrals.	
142	**AOB** SG gave an overview on the on Local Integrated Health and Care Record and a further project around cancer and chronic conditions and asked the STP to support in bid in principle for funding. It was **noted** that the STP supported both initiatives. ***Meeting closed 1230***	