

Suffolk & North East Essex STP Board
Meeting held on Friday 08 June 2018 from 1330 - 1700
at Colchester United Community Stadium

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
Peter Fairley	PF	Essex County Council
Stephen Dunn	SD	West Suffolk Hospital
Shane Gordon	SG	Colchester Hospital NHS Foundation Trust
Neill Moloney	NM	Ipswich Hospital NHS Trust
Antek Lejk	AL	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
Mark Millar	MM	St Elizabeth Hospice on behalf of the three Hospices
Mark Galloway	MG	GP Primary Choice
<i>Apologies</i>		Suffolk GP Federation
Simon Jones (<i>Representing</i>)	SJ	Suffolk LMC
Brian Balmer	BB	North Essex LMC
Pam Donnelley	PD	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
Mike Hennessey	BL	Suffolk County Council
<i>Apologies</i>		STP Clinical Lead
Sheila Childerhouse	SC	STP Chairs Group
Mark Shenton	MS	STP Chairs Group
Kirsty Denwood	KD	STP Directors of Finance Group
David Sollis	DS	Healthwatch Essex
Andy Yacoub	AY	Healthwatch Suffolk
Susannah Howard	SH	STP Programme Director
Jo Wyatt (minutes)	EJW	STP Delivery Support Unit

Also in Attendance		
Amanda Lyes	AL	STP Delivery Support Unit
Kate Vaughton	KV	STP Delivery Support Unit
Caroline Procter	CP	STP Delivery Support Unit
Kate Walker	KW	STP Delivery Support Unit
Julia Hiley	JH	STP Delivery Support Unit
Paula Barratt	PB	STP Delivery Support Unit
Simon Morgan	SM	STP Delivery Support Unit
Alison Smith	AS	Ipswich & East Suffolk Alliance
Dawn Godbold	DG	West Suffolk Alliance
Vicky Mason	VM	North East Essex Alliance
Dr John Hague	JH	STP Clinical Lead – Mental Health
Mark Avery	MA	Eastern Academic Health Sciences Network

Ref	Item	Action
151	<p>Welcome, introductions and apologies</p> <p>The Chair welcomed all to the meeting, introductions were made and apologies were noted.</p> <p>The Chair referred members to a film that was produced following the Suffolk Show, at which members of the public were filmed answering set questions. Due to technical issues it was not possible to show the film. It was therefore agreed that the film would be shown at the 13/07/18 STP Board meeting.</p> <p>The minutes of the meeting held on 11/05/18 were agreed as a true and accurate record.</p> <p>There were no matters arising from the meeting.</p> <p>1335 – SC joined the meeting.</p>	SM

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

Ref	Item	Action
152	<p>Mental Health – Mental Health Wellbeing Hubs in Schools & Great Bentley Case Study</p> <p>Dr John Hague (JH), STP Clinical Lead – Mental Health provided members with an update in regards to Mental Health Wellbeing Hubs and the Great Bentley Primary School case study.</p> <p>EG informed members that both he and JH had recently met a Clinical Psychologist who works at a Community College in Suffolk, provided full time support to the school, using a whole school approach. It was noted that students from this college had been top of the “worry list” when progressing on to West Suffolk College but are no longer such a concern due to the support provided. EG commented that this shows a palpable impact. It was noted that the support is offered to the feeder Primary schools also.</p> <p>Members agreed with the suggested best way forward as well as the proposed amended ambition. It was noted that there has to be a consistent approach – JH stressed that there has to be consistent message of integration of physical and mental health with an integrated ‘prevention message’, that is the same for every worker within the STP.</p> <p>The Chair thanked JH for the presentation.</p> <p>On behalf of John Fox (JF) and Ian Davidson (ID), PD provided feedback on the presentation. Both JF and ID raised concerns in regards to Great Bentley being able to pick up the on-going costs. PD advised that to date the Wellbeing Hub has been supported by Pupil Premiums; however next year this will not be possible as this has been fully committed already.</p> <p>PD added that although Tendring District Council currently provide Mental Health First Aid Training, they are unable to commit additional capacity to extend to other schools.</p> <p>It was noted, however, that Tendring District Council, give their full support to the extension of the hubs to Primary, Secondary and Further Education.</p> <p>On behalf of the STP Chairs Group, SC advised that the Chairs were enthusiastic about this project and gave their full support. However, they raised their concerns in regards to prioritisation, as there are a lot of priorities and we have to have a very clear and transparent process. We also need to ensure that our priorities fit in with the national priorities.</p>	

	<p>The Chair commented that we cannot ignore or dismiss local priorities, reminding members that all that attended the STP Leaders Event on 20/04/18 support this has a priority.</p> <p>JH acknowledged that the costings provided in the case study are going to be difficult to meet, adding that £10m is not instantly affordable. He advised that we take a step back and look at other ways. He stressed that the presentation given by Tracey Caffull on 20/04/18 was very powerful and highlighted the exceptional work that is being undertaken at Great Bentley.</p> <p>PF advised that he is comfortable with the proposal, adding that it shows a great initiative from the school. It was noted that across Essex County Council schools have prioritised their own funds. PF commented that the wellbeing hubs link with the Essex Adult and Children’s Mental Health policy in line with the Essex Health & Wellbeing Board strategy.</p> <p>SA endorsed the proposal and advised that Provide have been commissioned by Essex County Council to deliver First Aid Mental Health for Adults.</p> <p>SG queried how we use Tracey Caffull’s enthusiasm to become ambassadors and take this forward. He added that we have set an ambition that we need to capitalise on and that we should use the passion across the system.</p> <p>1346 – GY joined the meeting.</p> <p>WH suggested that we think differently and that charitable money can be challenged. She added that there is a lot of work going on in Suffolk by 4YP, Suffolk Mind, Suffolk Parent Carers and Suffolk Family Carers and that we should grow what is happening.</p> <p>AY added that work is being undertaken with 21 schools across Suffolk. With regards to the £10m required, he suggested looking at alternative sources of funding. For example, Lowestoft have bid for Lottery funding to support 10,000 students with training, counselling, family support etc. at a cost of £300k. It was noted that an additional £3m funding over two years has been allocated.</p> <p>It was agreed that JH would review feedback from members and meet with Council, Public Health and VCS colleagues to provide an updated proposal at the STP Board in either 09/18 or 10/18.</p>	JH
153	<p>STP Digital Priorities</p> <p>SD – SRO for Digital advised that digital across the public services and the expectation of the public lag behind other areas of society. He added that we have to think about what more we can do to digitise our health and care system and achieve a paperless system.</p> <p>He queried if spending more money is the solution, suggesting that there may be additional funding in 07/18 due to the 70th anniversary of the NHS. He stressed the importance of understanding what is being planned, suggesting that the STP Digital Board be given proper authority to cross-organisational boundaries.</p> <p>KW delivered a presentation on the STP digital priorities. She advised that a link to a new film that has been produced by NHS Digital would be shared with members following the meeting.</p> <p>With reference to the Gartner Review, KW advised that this will be reviewed at the STP Digital Board and then brought back to a future STP Board.</p>	

Members agreed the recommendations suggested in the paper. SD added that the key question is that as we are all doing a variety of projects that are quite specific to digital, would it be useful to create a pooled team commitment from across the system.

The Chair thanked SG, KW and MA for the presentation.

SG commented that it was a privilege to be involved in the LICRE Bid, adding that we must not underestimate the complex challenge the digital programme is or the importance of it. He stressed that if we really want integrated working across the system then we have to make this happen. He stressed that we have to have a commitment to properly resource this programme going forward, with a shared team that will knit it all together.

PD agreed with SG, adding that this is a fantastic programme of work, which is a key priority for local government. PD offered her support to KW.

PD suggested a “lower ambition” – access to GP by email with a response by email. However it was noted that if patients are self-servicing then there won’t be a need to email the GP directly.

PD asked that plain English be used with the public and that comms show what a difference the digital programme will make to the population.

AL asked from a practical point of view, what difference will the digital programme make to the workforce and patients in a years time? SD advised that this is a massive opportunity to improve quality and safety for patients by way of having fully electronic patient records which all parts of the system have full access to.

SD advised that within WSFT patient obs are being scanned directly into the system which is starting to provide real time advantages. He also advised that with WSFT and Addenbrookes now having a joined up system, should a patient have an MRI at WSFT they do not need another one should they be transferred to Addenbrookes. This leads to an expedited diagnosis.

RW advised members to be mindful that technology can sometimes be destructive, adding that the current model could end up losing providers as it will change the flow of where patients go, which will in turn impact on funding. He added that when new systems are first introduced the workload increases dramatically. With regards to Prescription systems, RW advised that GPs are in danger of getting “alert fatigue” as too much information is being provided. He reminded members of the error made by Pharmacy4u when 50k patients did not receive their repeat prescriptions. He stressed that the knock on effect of changes to IT to other parts of the system can cause system and that these new systems need to be put through.

The Chair commented that we should be cautious and be mindful of the unintended consequence of change but there should be sufficient governance in system to alleviate issues.

EG queried if companies such as Amazon, Google and the Universities had been approached as potential partners to achieve our ambitions? MA have advised that a digital innovation hub with an emphasis on the benefits of the research capabilities across the area.

MA also advised that an industrial group has been established, which includes IBM, Microsoft, Philips, Draper & Dash, UMED etc. It was **noted** that HWP and EAHSN are helping bridge the gap across industry and NHS and that connections are being facilitated. The outputs from this facilitation will be used for the point to engage.

PF stressed the importance of test measures and measuring impact.

	<p>Members expressed their willingness to be involved in the Digital work programme. The Chair advised that if SPT partner organisations were not taking part then the Board should be advised accordingly.</p>	
<p>154</p>	<p>Estates and Capital – STP Estates Workbook and capital schemes for submission to wave 4</p> <p>The Chair thanked JH for all her work in relation to the Estates workbook and the submission to wave 4.</p> <ul style="list-style-type: none"> • Capital Update <p>AL reminded members of the bid criteria and what has been achieved to date. With regards to the wave 4 capital bid application it was noted that this is due for submission on 16/07/18. The STPs bid on this occasion will be for £15m for the Emergency Department at WSFT. There will also be a second bid for EEAST for £70m. It was noted that this bid is separate and is for the ambulance service only. The STP is a vehicle for the bid. EG advised members of the details of the bid, which include new hubs and a super control-centre for the East of England.</p> <p>Members noted the STP Capital bid process, and agreed to support the capital bid for the Emergency Department at WSFT.</p> <p>MS sought clarification in regards to the capital bid for WSFT; SD provided assurance that the funds bid for will cover the cost of the improvements in the ED at WSFT.</p> <p>Members agreed to support the capital bid for EEAST.</p> <ul style="list-style-type: none"> • STP Workbook Estates <p>Due to time pressures, the presentation was not available to members prior to the meeting. To allow members time to read and reflect on the workbook, it was agreed that it would be shared electronically after the meeting. Members were asked to send any questions to AL or JH and that a summary would be brought to the STP Board on 13/07/18.</p> <p>BB queried in regards to the prioritisation tool, will this include Primary Care and is it expected nationally to use this tool? AL advised that this is not a national tool.</p> <p>It was agreed that BB and RW would look at the tool on behalf of the LMC to assess if it is fit for purpose for primary care and then feedback to the Board accordingly.</p> <p>AL reminded members that we are on an integration journey and that we do not model things on the old way of working. She added that we need to think about integrated teams and how they are accommodated going forwards.</p>	<p>BB/RW</p>

- **Part 2 – System Transformation Programme**

Ref	Item	Action
<p>155</p>	<p>Feedback from the ICS Project Board</p> <p>SH provided a verbal update on the ICS Project Board that took place on 01/06/18. It was noted that discussions took place on a high-level view of what the ICS will look like going forward. With regards to engagement with NEE, it was noted that NEE CCG are producing a separate document that is relevant to their locality. The second document which looks at the high-level view of the</p>	

	<p>ICS has been delayed to allow further discussions to take place. It was noted that external facilitation for this will be organised.</p> <p>The Chair advised that he and SH had met with Michael Macdonnell this morning to discuss our STP now being a Wave 2 ICS. It was noted that resource will be allocated but it not yet known how much. The Chair advised that a MoU is to be signed between NHSE and the STP/ICS to ensure that there is an audit trail for money. It was agreed that the MoU when received, would be circulated to members for comment.</p> <p>On behalf of the STP Chairs, SC advised that Chairs welcomed the delay in the high-level document to ensure that it is right. The Chairs also welcomed the external facilitation as this demonstrates transparency. The Chairs wanted to ensure that input is from the ground upwards but ensuring that it fits into the national framework. SC also advised that the Chair are enthused about visiting other sites.</p> <p>PF advised that he recently attended an event at which several Wave 1 sites were present. It was noted that our STP is in a relatively good place, with some Wave 1 sites not being as advanced and some not having local or district government and VCS as part of their STP.</p> <p>NH advised that this is the feedback nationally and suggested that we look at Nottingham for good practice.</p>	SH
156	<p>Draft Alliance Strategies</p> <p>KV commented that the assumption is that the Alliance strategies have been read by all members.</p> <ul style="list-style-type: none"> • Ipswich & East Suffolk Alliance <p>Alison Smith (AS), Ipswich & East Suffolk Alliance Lead, provided a summary of the I&ES Alliance strategy, explaining the process, partners etc. She advise that there is a real sense across the alliance that all partners are engaged and what to make this happen.</p> <p>AS advised that the IHT and I&ES CCG Boards have signed off the strategy, and that is has been shared across wider forums. She stressed that this is a live document and that comments will be taken on board and incorporated into the next draft. It was noted that a log of feedback is being kept.</p> <p>AS advised that the next step is to develop a delivery plan; to enable this to progress workshops are commencing w/c 11/06/18 with alliance partners.</p> <p>AL commented that he would like to take the I&ES Alliance and the West Suffolk Alliance strategies to the NSFT Board. It was noted that AL would feedback to AS accordingly.</p> <ul style="list-style-type: none"> • West Suffolk Alliance <p>DG presented a summary of the WS Alliance strategy, advising that the full document has been circulated to members. She referred members to page 20 of the strategy and encouraged members to read a very strong case study for the alliance.</p> <p>DG informed members of the ambitions of the WS Alliance. EG queried if there a clear flow between the ambitions of the three Alliance strategies and the higher ambitions of the STP. He added that this did not seem apparent from the strategies that have been presented. He added that this could be an issue of timing, but noted that local ambitions have been agreed but we need to ensure that these align with the higher ambitions.</p>	

The Chair commented that this is a good point, adding that we need to be flexible in terms of releasing funding and recording ambitions.

MM commented that the strategies are different in many ways, and that it is felt that the Suffolk strategies were NHS orientated again. He added that neither himself or WH have been involved in the compilation of the strategy. However, the VCS and Hospices have been involved in the compilation of the NEE Alliance strategy.

DG commented that the strategy is piecemeal work and that there is a lot going on to pull the document together. She added that finding a representative voice for the VCS is difficult.

On behalf of the Chairs Group, SC advised that they enthused by the strategies individuality. They did, however, question how much do the Alliances drive the STP and vice versa.

The Chair advised that the STP sets the priorities collaboratively with the Alliance delivering the priorities to local people.

SC commented that the Chairs are driven by data etc. but they recognise the diversity of the patch.

SG commented that this is really good work, but asked where is the clarity of the outcomes and how they are measured? He added that he is not clear that if the priorities were implemented will it get to where we need to be? The Chair **agreed**. DG gave assurance that this will come via the delivery plans.

- **North East Essex Alliance**

Vicky Mason (VM), North East Essex Alliance lead, presented the NEE Alliance strategy, advising that a lot of work has been done from the ground up and that it is important that the Alliances work together.

VM advised that NEE are working together very well, and have been for some time. This way of working has become more formalised.

It was **noted** that Boards and Executives from across NEE have developed the detail and the strategy has been co-produced with NEDs and patients. A programme management approach has is being used to ensure vigour and delivery.

PD commented that the independent contractors do not seem to be included in the strategies. VM commented that this is an important point and agreed to take this forward accordingly. PD advised that there is a general feeling across the independent contractors that they don't see where they fit in to within the Alliances. KV commented that she has linked in with Tania Farrow in this respect.

KV advised members that a lot of energy has gone in to getting to this point, advising that the STP Leaders event took place on 20/04/18 and the deadline for the submission of the strategies was 30/04/18. She confirmed that work is underway to link in to the six higher ambitions.

With regards to stakeholder and public engagement, it was acknowledged that more needs to be done.

The Chair commented that there is a perceived lack of consistency in approach and asked if it is worth having an agreed structure? He also queried how they will deliver the six higher ambitions as well have local flavour.

KV advised that the Leads are having facilitated time on 11/06/18 which will help shape the structure.

SD commended the Alliance Leads for the work that has been undertaken across each of the Alliances, adding that we have had good conversations in regards to public service transformation. However, we are yet to have a conversation on how the system will deliver the ambitions. It was **noted** the Alliances are the vehicles for the delivery of the priorities and ambitions.

WH commented that there is work to be done over and above the business as usual, everybody needs to change and we need to win the hearts and minds on the ground. She advised that the VCS can help with this. The Chair thanked WH for the offer.

NM commented that he has been involved in two strategies (I&ES and NEE), he has read all the of the strategies and the level of engagement has been truly tremendous. He added that we should celebrate this. NM commented that the challenge from MM and WH is very important and that we need to take this on.

AS advised members that the detail will be in the delivery plans, and that these plans will be on one template. She advised that partner conversations have started to take place.

EG again raised concerns that the six higher ambitions have not landed locally.

On behalf of the STP Chairs, SC advised that the Chairs supported taking longer in regards to the implementation of these plans to ensure we get the right level of transformation and change. She added that engagement needs to be sought early as this will have a better chance of making an impact with patients.

The Chair **agreed**, but commented that we need to address the issue of the higher ambitions. He added that the longer we take to create the more people will not want to change as they will be wedded to status quo. If this happens then the Board are not doing their job. The Chair advised that we have an added advantage of being under the spotlight which will bring additional resources.

MM commented that there is still work to be done in regards to joining up the pieces.

KV asked that members be cognisant that the way that the Alliances are working is revolutionary as they have a huge agenda, and have achieved so much to date. It was acknowledged that we are significantly further ahead than some of the Wave 1 systems in terms of system working and delivery.

SA agreed with the comments of MM and SG, adding that we have an incredible opportunity to embrace the voluntary sector. She advised that VCS organisations such as Age UK, Alzheimer's have reduced financial resources which gives the STP an opportunity to find the gaps and embrace what is needed.

SG agreed, adding that there is a lot of good work and energy across the Alliances. However, he feels that this a sense of urgency with the ICS ambitions sitting on top of already highly ambitious STP.

AY commented that we change the language used – instead of using “bottom” and “top” we could you “look around us”. The Chair agreed that this was a valid point.

	<p>SD queried again how we are to tackle the higher ambitions and do we have a plan as there is a considerable amount of work to be done. It was noted that this is to be discussed at the STP Board meeting scheduled for 13/07/18.</p> <p>It was noted that the system co-produce the strategies and ambitions and the alliances implement them. However, clarity is still required in this regard.</p>	
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- **Part 3 – Oversight of STP Delivery Programmes**

Ref	Item	Action
157	<p>Updates from Health & Wellbeing Boards</p> <ul style="list-style-type: none"> • Suffolk Health & Wellbeing Board <p>EG advised that Cllr Tony Goldson remains as Chair of the Suffolk Health & Wellbeing Board. Cllr James Reader now holds the Health portfolio and is also deputy Chair of the Health Scrutiny Committee. AR advised that he is to meet with him as part of his induction so will bring him up to speed with the STP.</p> <p>It was noted that the new Chief Executive of Suffolk County Council, Nicola Beach, is now in post.</p> <p>EG advised that the Suffolk Health & Wellbeing Board sets a theme for each of its meetings. The theme of the next meeting is Mental Health and the concerns over NSFT services. It was noted that a system event in regards to Mental Health took place in Suffolk recently.</p> <p>EG advised that some of the Suffolk Health & Wellbeing Board priorities correlate with the ambitions of the ICS, and that there is alignment between Suffolk and North East Essex.</p> <ul style="list-style-type: none"> • Essex Health & Wellbeing Board <p>PF advised that the Essex Health & Wellbeing Board are working on a joint Essex Health & Wellbeing Strategy. The priorities are:</p> <ul style="list-style-type: none"> • Mental Health • Obesity • Supporting for long term conditions • Health improvement <p>PF commented that the building blocks for the strategy are digital and workforce.</p> <p>It was noted that the joint strategy is to be approved at the next Essex Health & Wellbeing Board.</p> <p>PF informed members that once a year all Essex partners attend a full day event where progress and good practice is shared. He suggested that at the next event, which is scheduled for the Autumn, that STP colleagues from Suffolk are invited too.</p> <p>With regards to the recent Essex Health & Wellbeing Board, updates were provided on social isolation and mental health, an update on the first year of EPUT, and the increase of referrals across Essex.</p>	
158	<p>Finance Dashboard – Month 12</p> <p>KD presented the STP Finance Dashboard for Month 12 (pre audit).</p>	

It was **noted** that the system submitted to regulators a plan with an annual total deficit of £46.42. Month 12 actual is (£9.28m) deficit (a positive variance of 80% and improvement on M11 forecast by £34.57m. Positive movement largely due to over achievement of M11 forecast by CHUFT of £12.62m, WSFT £6.35m and IHT £3.96m. £9.2m of the improved position is due to bonus STF received by providers at the year-end. Suffolk County Council came in on plan and Essex County Council had an underspend of £760k. The 3 CCGs have in total done £6.7m better than forecast at M11.

It was **noted** that a total of £104m savings was planned by the system. At Month 12, 100% savings was achieved overall, though IHT and CHUFT were below target.

Financial Plan – 2018/19

KD advised that in the 2018/19 plan the system planned a deficit of £39.8m against a controlled total of £24m. The difference of £15.8m between plan and control total is because WSFT is yet to agree its control total. Included in the WSFT control total is STF Funding of £7.3m which is accepted will narrow the gap in plan to £8.5m.

KD advised that overall all CCGs are targeting c3% recurrent QIPP in 18/19 and all QIPP has been identified. KD highlighted that the main target area is acute in line with spend disproportionate levels of savings are targeted at prescribing and continuing care, none at mental health and relatively low savings at primary care and community. The latter two reflect the intention to move services out of hospital.

With regards to Trusts, it was **noted** that the savings include only that proportion of NSFT and EPUT that is within the STP area (34% and 12% respectively). Overall the Trusts are targeting savings equal to 5.4% of recurrent turnover.

It was **noted** that WSFTs current plans to not meet its control total. For the Trust to achieve its control total it would need an additional £8.465m of recurrent savings taking its requirement up to £17.06m, which is 7.7% of recurrent turnover. This will increase the STP provider saving requirement to £60.515m.

AY commented that what is seen as a success by the STP in terms of savings, is not seem in the same light by the public. He advised that we be clear with our communications.

MS commented that the STP is in a good position, but asked where our actual savings and deficits are, and do they align with QIPP and SIP for CCGs and provider Trusts. He advised that we look at our cost opportunities or cost reductions.

KD advised that the DoFs have several programmes of work, e.g. more granularity of our financial position, investments, savings, joint QIPP/SIP plans at both an alliance and STP level.

The Chair commented that the sooner we are courageous and brave enough to move to a system control total the sooner we will have transformation funding.

MS commented that these figures show a demonstration of confidence.

159

Key STP Delivery Programme Reports

Members **noted** the Dashboards for the key delivery programmes.

	<ul style="list-style-type: none"> • Cancer <p>SHe advised that the Cancer Alliance have now received transformation money. The areas the money is to be used in Suffolk & North East Essex and the governance around this is being worked on at present.</p> <p>It was noted that £620k has been awarded for Q1 & Q2 and £1.2m will be awarded if standards are achieved in Q4.</p> <p>SHe advised that she would circulate the letter to members accordingly.</p> <p>SH commented that she has been working with Cancer Programme Manager in regards to the funding, and that the work may be done in two stages; to have an overview of the money available, with an outline of the bid and the expectations of delivery. There also needs to be clarity in regards to the process of funding allocation.</p> <p>It was noted that the funding will go through the DOFS assurance process and will be presented to the STP Board in 08/18.</p> <ul style="list-style-type: none"> • Workforce <p>PC advised that he is working on a draft Dashboard with the DSU Team.</p> <p>He informed members that HEE has been allocated £508,320 workforce development funding for the region.</p> <ul style="list-style-type: none"> • Primary Care <p>SHe advised that work is on-going in regards to the Primary Care Strategy.</p>	SHe
	<p>Any Other Business</p> <p>No further business was discussed.</p> <p>SH advised that the meeting scheduled for 13/07/18 will commence at 0930 and not 1330 as per the agenda.</p> <p>1630 - Meeting closed.</p>	