

8Suffolk & North East Essex Sustainability & Transformation Partnership Board

Meeting held on Friday 09 March 2018 from 0930 - 1045
at Kesgrave Conference Centre, Kesgrave, Ipswich

Notes and Actions

Attendance:

Nick Hulme	NH	STP Lead
Ed Garratt	EG	Ipswich & East Suffolk CCG & West Suffolk CCG
Sam Hepplewhite	SHe	North East Essex CCG
<i>APOLOGIES</i>		Essex County Council
Mike Hennessey	SC	Suffolk County Council
Stephen Dunn	SD	West Suffolk Hospital
Shane Gordon	SG	Colchester Hospital NHS Foundation Trust
Neill Moloney	NM	Ipswich Hospital NHS Trust
Pete Devlin (<i>representing</i>)	PD	Norfolk & Suffolk NHS Foundation Trust
<i>APOLOGIES</i>	AB	Essex Partnership University NHS Foundation Trust
Glenn Young	GY	East of England Ambulance Trust
Lynne Woodcock	LW	Anglian Community Enterprise
<i>APOLOGIES</i>		Healthwatch Essex
Andy Yacoub	AY	Healthwatch Suffolk
<i>APOLOGIES</i>		St Elizabeth Hospice on behalf of the three Hospices
<i>APOLOGIES</i>		GP Primary Choice
<i>APOLOGIES</i>		Suffolk GP Federation
Simon Jones (<i>representing</i>)	SJ	Suffolk LMC
<i>APOLOGIES</i>		North Essex LMC
<i>APOLOGIES</i>		Suffolk District & Borough Councils
Pam Donnelly	PD	North East Essex District & Borough Councils
Sharon Alexander	SA	Voluntary Sector Representative – North East Essex
<i>APOLOGIES</i>	WH	Voluntary Sector Representative - Suffolk
Paul Duell	PDu	LPN Chairs Group – Suffolk & NE Essex
Abdul Razaq	AR	Public Health
<i>APOLOGIES</i>		NHS England
<i>APOLOGIES</i>	RF	NHS Improvement
Phil Carver	PC	Health Education England
Lisa Llewelyn	LL	STP Clinical Lead
Sheila Childerhouse	SC	STP Chairs Group
Kirsty Denwood	KD	STP Directors of Finance Group
Susannah Howard	SH	STP Programme Director
Jo Wyatt (Minute taker)	EJW	STP Delivery Support Unit

Also in attendance:

Simon Morgan	SM	STP Communications and Engagement Group
Saffron Rolph-Wills	SRW	Health Education England
Richard Watson	RW	Chief Transformation Officer, Suffolk CCGs
Tess Zermanos	TZ	STP Delivery Support Unit
Rebecca Jarvis	RJ	STP Delivery Support Unit
Amanda Lyes	AL	STP Delivery Support Unit
Kate Vaughton	KV	STP Delivery Support Unit

Ref	Item	Action
128	<p>Welcome, introductions and apologies</p> <p>The Chair welcomed all to the meeting and commented on how well the system coped with the recent bad weather. He commended all staff and colleagues for their hard work and added that there is likely to be a knock on effect this coming weekend.</p> <p>Introductions were made and apologies were noted.</p> <p>The Chair reminded members that Michael MacDonnell (MM), NHSE Director of Transformation would be joining the meeting later. However, the planned visits across patch would no longer take place and arrangements are being made for representatives to meet with MM following the Q&A session and lunch.</p> <p>The minutes of the meeting held on 09/02/18 were agreed as a true and accurate record.</p> <p>The Chair commented on the great conversations held at the meeting of 09/02/18 in regards to cancer diagnostics and added it was a very positive meeting and showed just what we can achieve. The Chair added that we can make a difference, and thanked all for their attendance and contribution.</p> <p>The Action Log was reviewed and updates noted.</p> <p>There were no matters arising from the meeting.</p>	

- **Part 1 – Oversight of STP Delivery Programmes**

Ref	Item	Action
129	<p>Appointment to STP SRO Roles</p> <p>AL advised there has been a number of expressions of interest received for all of the posts. It was noted that a panel consisting of the Chair, SH, AL, SC and Janet Wood (EPUT) met and that appointments have been confirmed and the individuals informed.</p> <p>It was noted that the SRO for Primary Care has yet to be confirmed; a date is to be set for the appointment to this role.</p> <p>It was noted that SH is to meet with each of the SROs and respective members of the work programmes accordingly to undertake a stock take of each of the programmes and to consider next steps.</p> <p>With regards to Programme Manager roles, it was noted that both the Primary Care and Mental Health Programme Manager roles will be in post by 04/18.</p> <p>SH advised that newly appointed SROs are not expected to give updates immediately and that they will start receiving draft dashboards etc.</p>	

<p>130</p>	<p>Key STP Delivery Programmes Reports</p> <ul style="list-style-type: none"> • Mental Health <p>EG announced that he was pleased to launch the clinical model for the mental health service in Suffolk, adding that a parallel model is also being launched in Norfolk. It was noted that the Suffolk model is to commence this month and should be completed by 11/18. A consultation is underway, with a focus on refreshing the JSNA and the challenges that are faced locally around mental health.</p> <p>RW shared with members a paper in regards to the refresh of the Suffolk Mental Health Strategy and Clinical model.</p> <p><i>0945 – SC joined the meeting.</i></p> <p>It was noted that the review is being formerly launched at the Suffolk Mentally Healthy Communities Board. RW advised that both he and PD have spoken to each of the Alliances across the footprint. He added that both he and PD are leading on this work and that it is key that partners are engaged and involved. RW said clinical leadership is key and to this end a small transformational team is being brought together.</p> <p>Members agreed that it is important the model is right.</p> <p>RW queried if there were any comments on the set of principles provided in his paper.</p> <p>PD added that the clinical model will be looking at mental health right across the system and the whole spectrum supporting commissioning in regards to mental health.</p> <p>SD commented that this is a great opportunity to break down the barriers between physical and mental health. However, assurance must be given that this will not be worked on in silos. He asked how support can be provided to NSFT and expressed his concern that work on the clinical model may detract from the focus on quality improvement.</p> <p>RW responded and advised that the whole system needs to ensure that there is integrated provision across Suffolk. He added that this model has to be fully integrated into the health & care model and that there will be a focus on the business as usual as well as supporting NSFT.</p> <p>The Chair queried if there has been sufficient input from all partners in developing the model; RW advised that organisations are asked to free up clinical input, and added that it has to be wider than just the CCGs and NSFT, but should include the ambulance trust, police, alliances, users and voluntary representatives.</p> <p>PD commented that he would challenge the membership of the Suffolk Mentally Healthy Communities Board as it is light on acute representation.</p> <p>The Chair advised that should any issues relating to the model arise in the future, they should be reported back to the STP Board so that action can be taken.</p>	
------------	--	--

	<p>MS commented that it is about supporting the 'here and now' as much as it is the future.</p> <p>The Chair welcomed the model and added that it would be easy to just focus on getting NSFT out of special measures. However, whilst this is important, this is an opportunity to improve services for our patients.</p> <p>SC questioned if the voluntary sector are embedded in the model; RW advised that both the Suffolk Parent Network and Suffolk User Forum are involved and their input has been crucial.</p> <p>AY advised that the best body to engage with is the Health & Wellbeing Network in Suffolk.</p> <p>It was agreed that Andy Brogan should be invited to attend the Suffolk Mentally Healthy Communities Board.</p> <p>Members agreed that a spotlight discussion on Mental Health should take place at a future board.</p> <p>The Chair reiterated if RW/PD are not getting enough traction/support then they should advise him accordingly.</p> <ul style="list-style-type: none"> • Primary Care <p>SHe advised that the extended hours requirement has been brought forward by six months from 10/18.</p> <p>It was noted that AL is working on international recruitment.</p> <ul style="list-style-type: none"> • Urgent & Emergency Care <p>EG advised that the handover protocol for EEAST has been well received across the footprint. It was noted that EEAST is being put forward as an exemplar in relation to its response during the bad weather. This was announced by Simon Stevens, NHS England Chief Executive, during a recent national call.</p> <p>The Chair commented that the difference related to how the system approached the 30 minute target, as there are good relationships across the system with different ways of working. He added that operational teams are working differently to provide better care for patients. The Chair said this a credit to all members of the STP Board.</p> <p>GY commented there has been an improvement in handovers, but that we should not underestimate the increase in work and resources.</p> <p>AY commented that at the recent Risk Summit, chaired by Dr Paul Watson, it was reiterated that patients are safer in hospital than waiting for an ambulance.</p> <p>NM commented that there have always been pressures in winter. However, these have previously been in the A&E department. He added that the system should be looking now at what it will look like next winter and that we need to consistently deliver good patient care.</p>	
--	--	--

The Chair commented that U&EC plans are due in by the end of 04/18 and that it is the task of the U&EC work programme and boards to ensure that these plans are pulled together. It was **noted** that there is to be a meeting at end of 04/18 to look at the lessons learnt.

SD commented that this has been a tough winter, despite the amount of planning that had previously taken place. He added there has been a 7% increase in admissions month on month and that performance has been low compared to previous years. However, regionally the three acute trusts in the footprint are among the best performing in the country.

It was **agreed** that there needs to be a focus on complex discharges for complex patients, with a focus on continuity of choice and ensuring that the right things are in place.

SC commented that comms are vital and that there should be a system response to provide assurance that we are working together.

LL commented that 44 SIs are being looked at, not just within the Acutes, and that it is important that the themes are reviewed. It was **noted** that LL will share this feedback to NM accordingly.

With regards to escalations within primary care, RW advised that in regards to the urgent treatment centre a process is underway to ascertain if they meet the requirements. It was **noted** that the urgent treatment centres are located in Clacton, Colchester, Felixstowe and Harwich. RW added that the review is due to be completed by the end of 03/18 and that he would share the report with members accordingly.

SHe advised that with regards to the urgent care workforce the LWAB are working through this and will report to the UEC Programme Board.

- **Planned Care**

SHe advised that the Stroke review has commenced.

SHe commented that system conversations need to take place in regard to demand management. It was **noted** that work is underway to bring CCG referral processes and policies together.

- **Cancer**

It was **noted** that the Cancer Alliance Board went well. SHe advised that only 70% of the transformation money has been received from the original bid. A prioritisation process is underway in regards to the original bid with the Programme Manager working with the Clinicians. It was **noted** that if performance continues to improve across all three hospitals during 04/18 and 05/18, there will be an opportunity for further funding in 09/18. SHe advised that the Cancer Alliance are producing a plan accordingly.

SHe advised that funding has been agreed to continue the Cancer Alliance.

- **Maternity**

	<p>SH advised that LN, Chief Nursing officer at Suffolk CCGs, is to provide support to the LMSB. It was noted that the Better Birth Plan is to be reviewed by DoFs in this month.</p> <p>SH advised that no data is available in respect to maternity, as members of the LMSB felt unable to share it. Colleagues on the board were asked to assist in the sharing of the data.</p> <p>The Chair queried if the message is getting out across the partner organisations appropriately.</p> <p>SH advised that the perinatal mental health bid has been reviewed by DoFs. It was noted that previous bids have not been accepted as they have not gone through the correct processes.</p> <p>AY commented that he felt the level of bureaucracy was unnecessary.</p> <p>SH advised that regionally the Heads of Midwifery had met and approved bids, but each bid has to go through DoFs. She added that the key criteria set by the STP Board had not been met.</p> <p>SG queried if the rules were written down clearly; KD advised that they will be circulated once worked up and will be clear.</p> <p>SH added that Clinicians are to be encouraged to bring their plans to the Board.</p> <ul style="list-style-type: none"> • Prevention <p>AR advised that a dashboard is being produced.</p> <p>It was noted that there is a Suffolk wide prevention group, whereas Essex have devolved this to district councils.</p> <p>AR advised that core programmes are being shared across the footprint and that these will be included in the dashboard.</p> <p>It was noted that Suffolk has been cited as a national exemplar in regards to prevention.</p> <p>It was noted that there is to be a presentation at the STP Leaders event on 20/04/18 from OneLife Suffolk in regards to multiple unhealthy risk factors (MURFs).</p> <ul style="list-style-type: none"> • Estates <p>AL advised that the Estates workbook is complete. However, a letter has been received from NHSE requesting additions. It was noted that the Estates and Transformation Technical Funds group are working on this request as a priority. AL advise that the additions requested are the business as usual schemes which means there is more information to collate.</p> <p>AL advised that the draft submission will be shared with DoFs at the end of 03/18 and then with the STP Board on 13/04/18.</p>	<p>KD</p>
--	---	------------------

	<p>KD added that every scheme has to be prioritised.</p> <p>It was agreed that the Chair, SH and AL would liaise to ensure the response in regards of the submission.</p> <p>KD advised that Estates and DoFs will meet to discuss priorities, but it still unclear if there is specific guidance.</p> <p>The Chair commented that a wider group may be needed to ensure that prioritisation is a fair and open process.</p> <p>SD commented that we need to take a strategic look at estates and be allowed the flexibility to be more creative. He added there has to be investment to ensure we have a sustainable system. With the co-location of services, this will provide an opportunity to work with Borough and District councils for more investment to estates.</p> <p>The Chair agreed with this point and added we should start with the strategy.</p> <p>It was noted that the Primary Care strategy is across the whole STP.</p> <p>KV commented that we are further along that we think, adding that the Alliance work is being undertaken now and for the future.</p> <p>MS advised that the local council have funded a practice in Ipswich. He added that we have a Primary Care strategy that incorporates estates and IT.</p> <p>It was noted that many Primary Care premises are owned, mortgaged or leased and this can cause issues.</p> <p>AR advised that there is a Corporate Property Development Board that is looking at the multiple strategies and a timeline.</p> <p>AL advised that the Estates team would take this on board.</p>	
<p>131</p>	<p>Cross-cutting STP Delivery Programme Reports</p> <ul style="list-style-type: none"> • Digital <p>SD advised that the East Accord was launched at the end of 01/18.</p> <p>SD advised that the WSFT Board had a presentation from Wolverhampton which showed real time data in regards to risk stratification.</p> <p>PD commented that a model has been developed in respect of council accommodation to prevent admission. However there is an issue with sharing data. It was agreed that PD and SD would meet to discuss further.</p> <ul style="list-style-type: none"> • Comms & Engagement <p>SM advised that ICS comms materials (video and written material) are being produced as well as a public engagement paper.</p>	<p>PD/SD</p>

132	<ul style="list-style-type: none"> • Finance Dashboard – Month 9 <p>KD presented the Finance dashboard for month 9.</p> <p>Members noted that the system submitted to regulators a plan with an annual total deficit of £46.42. At Month 9 the forecast is (£46.93m) deficit (an adverse variance of 1% and an improvement on M8 which was 6.5% adverse). Positive movement largely due to positive revision of forecast by CHUFT of £.91m, WSFT £0.54m and IHT £0.73m. The largest forecast adverse variance is by Suffolk County Council. This will be covered by available reserves in line with the Council’s statutory duty. Essex County Council figures are up to date at Month 9.</p> <p>Members noted that a total of £104m savings was planned by the system. At month 9 the forecast is that 94% of these savings will be delivered. WSFT is still planning to achieve £610k above its savings targets after revising plans downwards by £490k from last month with other organisations either meeting plan or below it.</p> <p>Members noted that actual performance YTD at Month 9 shows an overall deficit of £42.56m which is £5.21m worse than plan with IHT showing the highest adverse variance at £7.16m. Adverse variances are partly offset by a positive variance from CHUFT of £4.14m.</p> <p>Members noted that the savings plan YTD is £6.59m behind plan. This is a 91% achievement YTD.</p> <p>With regards the Capital Bids, KD advise that she is meeting with NHSE & NHSPS w/c 12/03/18 with reference to issues, such as revenue implications.</p> <p>With regards to controlled totals, it was noted some areas across the system could face difficulties.</p>	
------------	--	--

- **Part 2 – ICS Transformation**

Ref	Item	Action
133	<p>Feedback from first meeting of the ICS Project Board – 26/02/18</p> <p>Members received and noted the action log from the ICS Project Board meeting.</p>	
134	<p>HEE Workforce Strategy Consultation</p> <p>PC advised member that in respect of the HEE workforce strategy consultation, 360 submissions have been received to date. It was noted that a meeting is taking place regarding authoring responsibility is scheduled for the end of 03/18.</p> <p>SHe advised that the LWAB are putting together a response on behalf of the STP. It was noted that this response will be shared with SH accordingly.</p> <p>LL advised that at a recent meeting of Chief Nurses, the main discussion was the continuation of CPD funding for nurses. She added that the loss of the bursary is a huge struggle for trainee nurses, and that there has to be resilience with the recruitment of nurses from the UK and not overseas.</p>	SHe

	<p>PC advised that the key workstreams are being fed in to the strategy.</p> <p>NM commented that the strategy is very light in regards to the non-clinical workforce. PC noted this point and advised that this will be redressed in the final document.</p>	
<p>127</p>	<p>Any other business</p> <p>Mid & South Essex STP Consultation</p> <p>SH advised that she has had a telephone conversation with the Programme Director at Mid & South Essex STP.</p> <p>With regards to the consultation, it was noted that there will be two responses; one from the STP and one from CHUFT.</p> <p>Members commented that the consultation needs more depth, and the impact to the work of Suffolk & North East Essex STP.</p> <p>SH advised that the deadline for responses has been extended.</p> <p>With regards to stroke, it was noted that there are links with our review and that it will be over a broader footprint.</p> <p>With regards to cancer, it was noted that there are concerns in regards to long distances to receive treatment.</p> <p><i>1048 – meeting closed.</i></p>	