

# Suffolk & North East Essex STP Board

Meeting held on Friday 11 May 2018 from 1330 - 1700  
 at Ropes Hall, Kesgrave Community Centre, Kesgrave

## Notes and Actions

<b>Attendance</b>		
Nick Hulme (Chair)	NH	STP Lead
Richard Watson ( <i>Representing</i> )	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
<i>Apologies</i>		GP Primary Choice
<i>Apologies</i>		Suffolk GP Federation
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
<i>Apologies</i>		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
Lisa Llewelyn	LL	STP Clinical Lead
Mark Shenton	SC	STP Chairs Group
Kirsty Denwood	KD	STP Directors of Finance Group
<i>Apologies</i>		Healthwatch Essex
Andy Yacoub	AY	Healthwatch Suffolk
Susannah Howard	SH	STP Programme Director
Jo Wyatt (minutes)	EJW	STP Delivery Support Unit

<b>Also in Attendance</b>		
Amanda Lyes	AL	STP Delivery Support Unit
Kate Vaughton	KV	STP Delivery Support Unit
Rebecca Jarvis	RJ	STP Delivery Support Unit
Vic Fennell	VF	STP Delivery Support Unit
Tom Fowler	TF	STP Delivery Support Unit
Tracey Greatrex	TG	STP Delivery Support Unit
Lisa Nobes	LN	Suffolk CCGs
Alison Littler	AL	Head of Midwifery, IHT
Lynne Saunders	LS	Head of Midwifery, WSFT
Hannah Clarke	HC	ICS Healthcare

Ref	Item	Action
136	<p><b>Welcome, introductions and apologies</b></p> <p>The Chair welcomed all to the meeting, introductions were made and apologies were <b>noted</b>. The Chair welcomed Antek Lejk (AL), the new Chief Executive of NSFT.</p> <p>MM advised that he has been asked to represent EACH at the STP Board as well as representing all three of the Hospices. This was welcomed and <b>noted</b> by members.</p> <p>The minutes of the meeting held on 13/04/18 were <b>agreed</b> as a true and accurate record.</p> <p>There were no matters arising from the meeting.</p>	

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

Ref	Item	Action
143	<p><b>Maternity Transformation</b></p> <p>The Chair reminded members that the Board is encouraged to invite colleagues to provide an update on specific areas and allow for a spotlight discussion where the STP can make a difference. To the end the Chair was delighted to welcome colleagues from the Local Maternity Services Board (LMSB) to provide an update on maternity services across the footprint.</p> <p>LN introduced the presentation, advising members that the purpose of the presentation was to update members on the national vision for maternity services. This vision encompasses child health issues, to ensure that all children get the best start in life.</p> <p><b>1335 – KD joined the meeting.</b></p> <p>With regards to the Better Births Plan, LN advised that this is undergoing the due process of finance, scrutiny and then the governance of each individual organisation.</p> <p>Alison Littler (ALi), Head of Midwifery, IHT &amp; CHUFT and Lynne Saunders (LS) delivered a presentation to members. Key areas of note were:</p> <ul style="list-style-type: none"> <li>• 10,000 babies are delivered across the STP footprint each year; there is more capacity to deliver more.</li> <li>• 97% of babies are born in hospital, with 3% being born a home. The national average for home births is 2.6%. The LMSB is keen to increase the number of home births.</li> <li>• 1 in 8 of mothers smoke at the beginning of their pregnancy across Suffolk and North East Essex. The national average is 1 in 11.</li> </ul> <p>Members <b>noted</b> the local delivery challenges, these being workforce and estates.</p> <p>Members <b>noted</b> the local priorities.</p> <p><b>1347 – CT joined the meeting.</b></p> <p>Members <b>noted</b> that women want a service that is led by the woman, the baby and the</p>	

family and not service led. It was **noted** that 80% of women see the same midwife through their pregnancy.

Members **noted** that women with mental health needs are supported by an MDT that provides dynamic and responsive care, and that there is an STP wide multidisciplinary perinatal mental health specialist team. This service was launched two months ago, and although it is too early to provide statistics, positive feedback has been received. The service provides support to mothers who have moderate to severe mental health needs.

The key message **noted** was that the service has to begin multi-professional working; this means integrating across public health, primary care, mental health and social care. ALi advised that midwives in Bury St Edmunds work with mothers who have a raised BMI at the Bury Leisure Centre.

***1356 – SD joined the meeting.***

The following key points were **noted**:

- Review workforce model, considering continuity of carer
- Develop relationships with local Health & Social care providers to achieve public health objectives
- Continue to work closely with maternity voices partnership to achieve co-production of services
- Provide services close to home
- Work together to share best practice and share learning across the LMS in a timely manner

The Continuity of Carer model has been delivered across Essex for the last four years. The midwives working within this model work a buddy system, and their outcomes have been exceptional. 30% of the births are home births.

***1359 – AB joined the meeting.***

Midwives work closely with partners and that the evidence has shown better care and health outcomes for the women and the children. The service has been extended to the South of Essex with 10 midwives are currently working with 320 mothers. The service also works with the Ambulance Service.

The Chair thanked LN, ALi, LS and colleagues for their presentation and added that the challenge is definitely there. He added that he would be interested the current experiences of the services from primary care, VCS and mental health colleagues.

MS commented that this is achievable, so long as the service is safe and managed well. He added that 80% of women are well and have a routine pregnancy journey. However, 18% are more complex with a further 2% requiring a team of professionals to support them during their journey.

ALi advised that at the start of their pregnancy journey, 60% of women are low risk and have midwife led care and 40% have obstetric-led care. However, by the end of their journey the percentages have swapped. This is due to mothers starting their pregnancy journey with co-morbidities, as well as mothers smoking, being obese or having babies later in life.

	<p>It was <b>noted</b> that across the footprint, teenage pregnancies are down, but pregnancies in older women has risen.</p> <p>MS advised that a workshop has been held to discuss mental health scenarios that could impact on a child's life and what could be done to assess. As a result, a Perinatal Mental Health Midwife has been recruited to work with vulnerable women and it has been found that working in groups is beneficial to these women. However, it was <b>noted</b> that this is only being offered to women with moderate to severe mental health needs.</p> <p>RW advised that £400k has been awarded to the STP to increase support for women with mild to moderate mental health needs in Suffolk. He added that the continuity of model works well, as the midwife becomes the care navigator. It was <b>noted</b> that midwives are working with Health Visitors and doing shared visits at 16 weeks.</p> <p>WH suggested that there may be an opportunity to wrap around the community service, as the VCS work with young women during and after their pregnancies. Members welcomed this suggestion.</p> <p>AR commented that as there are increasing levels of diversity across the footprint, he would have liked to have seen more information on this in the presentation, particularly in regards to cultural expectations.</p> <p>Colleagues advised that such needs have been identified in Ipswich, Clacton and Tendring but less so in Suffolk.</p> <p>SD commented that it is very clear what the national ask is, as is what is being done across the footprint, but he sought clarity on what is the ask of the STP, i.e. collaborating on prevention and risks, are we piloting or using learning from one area?</p> <p>LN confirmed that it is exactly what we want to do but the business as usual most continue whilst we work on our ambitions. She added that the LMSB is being reformed, with wider representation to work towards the ambitions presented at the STP Board.</p> <p>The Chair <b>thanked</b> LN, Ali, LS and colleagues again for both their work and an informative presentation.</p>	
144	<p><b>Roll-out of the National Diabetes Prevention Programme (NDPP) across Suffolk &amp; North East Essex</b></p> <p>Tom Fowler (TF), STP Programme Manager – Diabetes, presented a paper with Hannah Clarke (HC), Regional Manager for ICS Health &amp; Wellbeing with regards to the National Diabetes Prevention Programme (NDPP).</p> <p>TF advised members of the background to the NDPP as well as the procurement process. It was <b>noted</b> that there are four national providers of the programme, with ICS Health and Wellbeing being the successful bidder in our region. TF informed members of the local procurement process advising that all three CCGs in Suffolk and North East Essex were part of the panel.</p> <p>It was <b>noted</b> that the first wave of the funding for this initiative was CCG specific, and the second (current) wave is across STP footprints. TF advised that NEE CCG have been delivering this programme for over a year, but Suffolk had not. The provider will continue in NEE and commence in Suffolk.</p>	



	<p>RW advised that there is a STP Diabetes Board, which both the Acutes and CCGs sit on. He added that to date £1m has been awarded to the STP in regards to diabetes and acknowledged that more can be done. Prioritisation needs to take place.</p> <p>MS commented that there is a danger of creating a dependency of services and that one aspect that should be considered is stopping medication. He advised that in his own Practice, Partners have paid for gym and health coaches in order to get people active. This is therefore involving the community rather than the GP.</p> <p>SG commented that the monitoring is done by the STP Diabetes Board, but that their metrics should be included on the Diabetes dashboard that is shared with the STP Board.</p> <p>The Chair reminded members that diabetes and obesity were discussed at the STP Leaders Event on 20/04/18 and that these were agreed as higher ambitions.</p>	
<p><b>145</b></p>	<p><b>Follow up to ‘Higher Ambition’ STP Leaders Event</b></p> <ul style="list-style-type: none"> <li>• <b>Feedback from the delegate survey</b></li> </ul> <p>SH advised that of the 144 delegates that attended the event, only 28 had responded to the survey. The Chair suggested that that slides only be released to delegates upon completion of the survey. SH advised that overall the feedback was very positive with delegates liking the breadth of the agenda, the fact that the day kept to time and the discussions in regards to the higher ambitions.</p> <ul style="list-style-type: none"> <li>• <b>Draft written report</b></li> </ul> <p>SH shared with members a draft of the synopsis of the event, advising that the final version will be shared electronically upon completion.</p> <p><b>1442 – AY and GY joined the meeting.</b></p> <p>SH shared with members a presentation that she has worked on with Anna Crispe, which began to unpack the ambitions identified at the meeting and explored how to take them forward. SH circulated a handout in regards to the “turning the curve” methodology, using child poverty as an example. SH underlined the need to use a considered approach in regards to our higher ambitions.</p> <p>It was <b>noted</b> that SH and PF are arranging a meeting, as ECC have used this methodology previously. PF advised that he would be happy to share the work to members if helpful.</p> <p>SD queried if we would use this methodology to help drive one or two of our work programmes forward which would bean prioritising our ambitions.</p> <p>SH advised that if members are happy with the framework then she and AC will work up a plan based on the ambitions agreed at the STP Leaders Event on 20/04/18. This plan will then be brought back to a future board. LN offered to pilot the plan in regards to maternity.</p> <p>WH advised that there will be differing points of view.</p> <p>LL asked that the plans be integrated with communities to ensure a more local approach. She stressed that our plan must fit in with ambitions of other groups.</p>	

<p>KV commented that this sits within the alliances.</p> <p>SH added that we need a consistent framework across the STP.</p> <p>It was <b>agreed</b> that SH and AC would work on the outputs based on this framework and share with the STP Board at a future meeting.</p> <ul style="list-style-type: none"> <li>• <b>Proposal for STP Local Showcase Events Autumn 2018</b></li> </ul> <p>SH presented a paper to advise members about plans for a “Future Local Health and Care Showcase” tour this Autumn around the STP footprint. The tour would comprise of a series of around 12 individual local 2-3 day showcase events in a local community.</p> <p>SHe asked that this also be an opportunity to explore the offer of Primary Care, and as SRO for Primary Care she would like to be involved. This was <b>noted</b>.</p> <p>The Chair commented that this tour is about having conversations with the public about what they want and what they expect going forward.</p> <p>SG commented that he thought this was a “cracking” idea and that CHUFT/IHT are involved in how they can contribute. He added we need to take care in regards to the capturing and measuring the outcomes. SG suggested that there be a link to social science research; it was <b>agreed</b> that SG would investigate this with University of Suffolk.</p> <p>MS suggested using the Community Engagement Groups/Partnerships in the CCGs to co-produce the events. SH welcomed this suggestion.</p> <p>SD queried the purpose of the events and what are we hoping to achieve, adding that are we re-establishing our strategy/plan? He asked what the purpose of the engagement is and are we trying to raise the profile of the STP? He reminded colleagues that the announcement in regards to NHS 70 is being awaited and that there may be national must- do’s that we can play in to. SD also queried if this is the time to reset our vision, establish our ambitions, have and STP debate, a locality/alliance debate as well as a provider debate?</p> <p>AR added that the local authority needs to play in to the conversation also.</p> <p>SH assured members that the tour is to involve the alliances and will be held locally. She advised that the purpose is to share the difference in the delivery of care in the future which will be co-produced by way of public engagement.</p> <p>SD acknowledged this but asked are we clear what we want to shape. RJ commented that to her mind it is the public that should shape the future and that we need to ask what they want.</p> <p>MM commented that this is a good point, adding that he felt the event on 20/04/18 was excellent. He added that we have the ambitions, we know how the work is to be done on how we deliver these ambitions, but we have to do them all. He added that talking to the public is a good idea but we have to be clear about what we are saying.</p> <p>The Chair suggesting delaying the tour until more input from the STP work programmes is received.</p> <p>SH advised that the timetable for the tour is in the paper; the first phase of the project is</p>	<p>SH/ AC</p> <p>SG</p>
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	<p>to form a steering group, with elements of the tour being trialed at the Suffolk Show and Tendring Hundred Shows over the summer.</p> <p>BB stressed that we need to be clear what we are talking about, adding that is the tour showcasing the final product or will the public have the opportunity to shape it?</p> <p>SA stressed that the public want honesty.</p> <p>The Chair queried if we are ready to undertake such an exercise.</p> <p>KV stressed that we need to work with existing groups, and map across. We need to have a plan but we also need detail and engagement and use the conversations to underpin the plans going forward.</p> <p>The Chair <b>thanked</b> members for their feedback.</p>	
<p><b>146</b></p>	<p><b>Increasing the transparency of STP Board Meetings</b></p> <p>SH shared with members a paper on increasing the transparency of the STP Board. It was <b>noted</b> that some brief discussions about this had taken place at the STP Chairs Group con-call on 08/05/18.</p> <p>The Chair commented that holding meetings in public is often a difficult balance, and that there are times when elements of meetings need to be held in private.</p> <p>SD commented that the Board is not yet at a level of maturity where meetings can be held in public. SH advised that the STP Chairs Group were of the same opinion.</p> <p>Members were asked to feedback their thoughts on this matter to the Chair, SH or SM via email. It was <b>noted</b> that conversations are to take place regarding papers being published on the website, and what is published.</p> <p><b>1510 – 1530: Comfort Break</b></p>	

• **Part 2 – System Transformation Programme**

Ref	Item	Action
<p><b>147</b></p>	<p><b>Feedback from the ICS Project Board</b></p> <ul style="list-style-type: none"> <li>• <b>Feedback from Alliance Workshop</b></li> <li>• <b>Feedback from Strategic Commissioning Workshop</b></li> </ul> <p>Members <b>noted</b> the slide decks circulated following the two workshops held a few weeks previously.</p>	
<p><b>148</b></p>	<p><b>Proposed Model for Integrated Care in Suffolk &amp; North East Essex</b></p> <p>Members broke into a workshop to discuss the feedback on the proposed model for the ICS in S&amp;NEE. The output of the workshop was collated by RJ. It was agreed that the ICS should be underpinned by a clear articulation of values, principles and behaviours. The board would consider a draft of this at a future meeting.</p> <p><b>1545 – EG joined the meeting.</b></p>	



- Part 3 – Oversight of STP Delivery Programmes

Ref	Item	Action
149	<p><b>1600 – SJ and LL left the meeting, MH joined the meeting.</b></p> <p><b>Finance Dashboard – Month 11</b></p> <p>KD presented members with the Finance dashboard for Month 11. It was <b>noted</b> that a plan has been submitted to regulators with an annual total deficit of £46.42m. At Month 11 the forecast is £43.85m deficit, which is a positive variance of 5.5% and an improvement on Month 10 which was a 0.5% positive variance.</p> <p>It was <b>noted</b> that a total of £104m savings was planned by the system. At Month 11 the forecast is that 97% of these savings will be delivered.</p> <p><b>1630 – AR left the meeting.</b></p> <p>It was <b>noted</b> that guidance is still being awaited in regards to controlled totals. KD advised that the DoFs group are working on the five workstreams. The Chair advised that an announcement is planned within the next two weeks, but it is complicated.</p> <p>SD advised that WSFT have not yet accepted their controlled total and that negotiations are taking place. KD advised that the DoFs are assessing where the system against the controlled total and this may alleviate the pressure on WSFT.</p> <p>The Chair <b>thanked</b> KD for the update and the DoFs for all of their good work.</p>	
150	<p><b>Key STP Delivery Programme Reports</b></p> <p>SH advised members that updates are to be given only on items for escalation; this will then be focused on at a future STP Board.</p> <ul style="list-style-type: none"> <li><b>Cancer</b></li> </ul> <p>SHe advised that the Implementation Plan has been discussed at DoFs and a report will be brought back to the Board accordingly.</p> <ul style="list-style-type: none"> <li><b>Mental Health</b></li> </ul> <p>AB advised that there continuing to be issues with C&amp;YPMH and that additional detail will be provided on a future dashboard.</p> <ul style="list-style-type: none"> <li><b>Urgent Emergency Care</b></li> </ul> <p>NM advised that discussions are in place regarding how the STP UEC work programme fits in with what is already happening across the system. A suggestion is that they are brought together twice a year to share good practice across the wider system and learn from national best practice. A further update is to be brought to a future Board.</p> <ul style="list-style-type: none"> <li><b>Diabetes</b></li> </ul> <p>SG advised that the NDPP date is to be incorporated into the dashboard.</p>	

	<ul style="list-style-type: none"> <li>• <b>Planned Care</b></li> </ul> <p>SG advised that good information has been received from Right Care etc., and that there is an opportunity to take a fresh look at the dashboard.</p> <ul style="list-style-type: none"> <li>• <b>Estates</b></li> </ul> <p>AL advised that the Estates Workbook is to be presented at the STP Board on 08/06/18. Currently there is focus on the wave 3 submission (due on 16/07/18). The Board is to sign off the submission on 08/06/18.</p> <ul style="list-style-type: none"> <li>• <b>Digital</b></li> </ul> <p>SD advised that the NHS 70<sup>th</sup> celebrations will see the launch of a new digital exemplar programme, which is a further opportunity to accelerate the work programme.</p> <p>This could see additional investment in the West Suffolk Alliance, and collectively for the STP. SD added that he welcomed thoughts from members on how they can get involved.</p> <p>The Chair added that at a meeting with the Secretary of State for Health &amp; Social Care on 09/05/18, it was announced that there is to be significant investment in technology in respect of system and patient technology. The Chair encouraged members to have conversations to ensure that we have something in place should we be successful.</p> <ul style="list-style-type: none"> <li>• <b>Workforce</b></li> </ul> <p>SHe advised that work is underway in respect of the Mental Health submissions, as well as the STP NHSE/I Cancer Alliance.</p>	
150	<p><b>Any Other Business</b></p> <p>SH advised that the STP Chairs Group requested that an update be given to the Board on a monthly basis from the Health &amp; Wellbeing Board. It was <b>noted</b> that this was specifically asked for by Cllrs. Spence and Goldson due to the link between the two.</p> <p>With regards to the recent local elections, MH advised that Matthew Hicks is the new leader of Suffolk County Council. Cabinet members are to be announced. The new Chief Executive takes up her post on 21/05/18.</p> <p><b>1640 - Meeting closed.</b></p>	