

Suffolk & North East Essex STP Board
Meeting held on Friday 12 October 2018 from 0930 - 1230
at Quince House, West Suffolk Hospital

Notes and Actions

Nick Hulme	NH	STP Lead
Ed Garratt	EG	Ipswich & East Suffolk CCG & West Suffolk CCG
Sam Hepplewhite	SHe	North East Essex CCG
Mike Hennessey	MH	Suffolk County Council
Stephen Dunn	SD	West Suffolk Hospital
Shane Gordon	SG	East Suffolk & North Essex NHS Foundation Trust
Neill Moloney	NM	East Suffolk & North Essex NHS Foundation Trust
Antek Lejk	AL	Norfolk & Suffolk NHS Foundation Trust
Andy Brogan	AB	Essex Partnership University NHS Foundation Trust
David Allen	DA	East of England Ambulance Trust
<i>APOLOGIES</i>		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	GP Primary Choice
<i>APOLOGIES</i>		Suffolk GP Federation
Richard West	RW	Suffolk LMC
Dr Vaiyapuri Raja (<i>Representing</i>)	VR	North Essex LMC
<i>APOLOGIES</i>		Suffolk District & Borough Councils
Pam Donnelly	PD	North East Essex District & Borough Councils
Wendy Herber (Chair)	WH	Voluntary Sector Representative - Suffolk
<i>APOLOGIES</i>		Voluntary Sector Representative – North East Essex
Anne Humphrys	AH	Chair Higher Ambitions
Tania Farrow	TF	LPN Chairs Group – Suffolk & NE Essex
Saffron Rolf-Wills (<i>Representing</i>)	SRW	Health Education East of England
<i>APOLOGIES</i>		Public Health
Joan Skeggs	JS	NHS England
<i>APOLOGIES</i>		NHS Improvement
<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
Susannah Howard	SH	STP Programme Director
Sherri Lawrence (notes)	SL	EA to Susannah Howard, STP Programme Director

Also in attendance:

Simon Morgan	SM	STP Delivery Support Unit
Victoria Fennell	VF	STP Delivery Support Unit
Tim Clarke	TC	Tendring District Council
Rory Doyle	RD	Colchester Borough Council
Karen Loweman	KL	Colchester Borough Homes

Ref	Item	Action
184	Welcome, introductions and apologies	

<p>The Chair, Nick Hulme, welcomed all to the meeting, apologies from members of the board were noted.</p> <p>Minutes of the meeting held on 14th September. Amendments:</p> <p>174 STP Workforce Programme. Suffolk College should be replace with Suffolk University ACTION: Amend as above</p> <p>182 Key STP Delivery Programme Reports – Primary Care It was noted that a Primary Care dep dive was due in October 2018. The group agreed that a Primary Care Deep dive will be presented at a future meeting. ACTION: Sam Hepplewhite to organise a future deep dive on Primary Care.</p> <p>With these amendments, minutes of the meeting held on 14th September 2018 were accepted as a true and accurate record of the meeting.</p> <p>Matters arising</p> <p>The sexual assault paper from NHSE had been circulated to the group. It was noted the Mental Health work stream will be developing a plan to address the issues raised. This will be brought to the board.</p> <p>ACTION: Susannah Howard to confirm dates and next steps with the STP Chairs Group and STP Board once a robust plan is in place.</p>	<p>SL</p> <p>She</p> <p>SH</p>
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• **Part 1 Specific Issues for Discussion**

Ref	Item	Action
185	<p>Housing – Supporting Health Solutions</p> <p>Pam Donnelly introduced the Housing Deep Dive which follows on from a presentation at the STP Leader’s event in April 2018 as the board felt a deeper discussion was required. The information presented was from the perspective of the North East Essex Alliance. Pam welcomed the opportunity to share learning from North East Essex and to explore how this could be up scaled across the system.</p> <p>Key points from the presentation were:-</p> <ul style="list-style-type: none"> • The importance of a ‘good home’ for people within our communities and the impact of living in a ‘poor home’ on health and wellbeing. • A ‘good home’ does not just refer to the building with regard to shelter, warmth etc but also a place from which services are accessed and relationships in communities are formed. • Unless the ‘cause of the causes’ of ill health are addressed our system will not be able to address the health issues that are a consequence of this. • The private rental sector is expected to grow over the next 5 years. Demand for affordable housing is high, there isn’t the supply to address this. • Poor housing costs the NHS £1.4 billion per year and contributes to falls, ill health, exacerbating existing conditions and delaying recovery. • There is a need to focus on homelessness and the effect this has on people’s mental and physical wellbeing • Older people spend an average of 80% of their time at home. Postponing entry into residential care for one year saves an average of £28,080 per person. • There are Telecare options available across Suffolk and North East Essex for the elderly • There is a falls service • The Surviving Winter Campaign raises awareness that people can die. • Support Packages. Adaptations to get people home from hospital. As much notice as possible needs to be given. • Sheltered housing is improving and modernising to include healthcare in the community. 	

	<ul style="list-style-type: none"> • Under the Homeless Reduction Act, there are 56 days to assist the homeless. <p>Comments were made following the presentation:-</p> <ul style="list-style-type: none"> • What opportunity is there for our system to assess whether the cohort of patients who are admitted to hospital due to a fall had been caused by poor housing so that investment could be applied accordingly? • The group were asked to consider what opportunities there are for development in the future. • The survival winter campaign enables people to step forward and ask for help. This project identified 40% of people in Suffolk were not getting the right benefits. • A need to develop a pathway to support clinicians in referring concerns around patients homes effectively. • What opportunities are there to prevent the second fall if we are unable to prevent the first? • What is the added value that the STP can bring to make the Housing initiatives more effective? • If a clinician has concerns over a patient’s housing, it is difficult to find the right contact. A single point of access would help. There is a need to simplify the system. • The pathway that is created must not need a referral from a clinician as this will increase workload. • The Health Housing project is running in Colchester with clinicians. • Homelessness is now included in the Joint Strategic Needs Housing Assessment. • There is an underspend of DFG funding in Suffolk. • Some patients decline Telecare because they are unable to afford the payments. • Is there an opportunity to use Winter Pressures underspend to support this? • Residents must be involved in the development of a pathway. • Housing staff should be located in community hubs across the system. • There is a need to consider all of the population in relation to poor housing not just the elderly. • People may not recognise that their home is not healthy. Maybe a campaign so people can self refer. • No ghettos. When all deprived people are housed together they get poorer outcomes than a deprived person in a different area. <p>ACTION: Pam Donnelly to share the ‘Health Homes’ initiative in Colchester with the board. ACTION: Members to raise the need for a SPOA for Housing at Health and Wellbeing Boards. ACTION: Andy Yacoub to share details of the ‘Warm Handover’ initiative with the group. ACTION: Mike Hennessey to explore whether there is an opportunity to use DFG underspend to support developing a Housing Pathway for our system. ACTION: Alliances to discuss Housing and feedback at a future meeting.</p>	<p>PD EG, PH AY MH All</p>
186	<p>EEAST Winter Plan</p> <p>Dave Allen gave an update on the EEAST winter plan for 2018/19.</p> <p>It was noted that 2017/18 was a challenging winter. Learning from this has been used to develop a future plan focussed on the way ahead, taking into consideration predicted staff sickness, weather conditions etc.</p> <p>It was acknowledged that a number of staff have been lost to other areas of the system (e.g. primary care and acute sector)</p> <p>Looking at handover to different pathways to reduce workload of paramedics</p> <p>It was noted that falls and frailties are their biggest workload. They are working alongside physios.</p> <p>The chair asked the group what the role the board should take in prevention and winter planning. The following comments were made:-</p> <ul style="list-style-type: none"> • There is a danger that the board could get drawn in to UEC plans – these need to sit with the UEC Board. • We need to provide a provision based on the needs of patients • Cross organisational handovers could reduce workload on paramedics <p>ACTION: Neill Moloney to lead on developing a plan to mitigate the winter pressure risks ACTION: Antek Lejk to establish a steering group to address mitigating winter pressures</p>	<p>NM AL</p>

187	<p>STP Digital Health System Led Investment Proposal</p> <p>Steve Dunn introduced the STP Digital Health Led System Investment proposal. The following comments were made:-</p> <ul style="list-style-type: none"> • The STP chairs group highlighted the local authorities requirement that the digital footprint be wider than the STP • It has been acknowledged that there are differences across geographical boundaries however, there is a need for interoperability to ensure there is at least read only access to records. • The chair commended the proposal and the work that has been taking place within the Digital programme across the footprint. <p>The Board agreed endorsement of the proposal in its full state including the governance within it.</p>	
188	<p>STP Estates/Capital Investment Group – terms of reference</p> <p>Susannah introduced the amended terms of reference and asked the group for approval, drawing particular attention to the revised membership.</p> <p>The group agreed the ToR along with the following recommendations:-</p> <ul style="list-style-type: none"> • STP Estates Group to look at long term estates needs for the next 10-15 years. • STP Estates Group to ensure there are short term capital prioritisation plans in place <p>ACTION: Susannah Howard to share recommendations with the STP Estates group</p>	SH

- **Part 2 System Transformation Programme**

189	<p>Kings Fund Programme – Determining Our Future ICS Structure, Governance and Leadership</p> <p>Susannah provided an update on the recent Kings Fund Workshop that was held on Friday 14th September 2018.</p> <p>It was noted that the report that was circulated with the papers had captured what was said on the day. It is not a definitive agreed action plan.</p> <p>In terms of next steps, the Kings Fund advised that a smaller group need to develop a plan to bring back to the wider group on 9th November 2018.</p> <p>It was acknowledged that our STP is well established compared to other areas and we are moving forward from a position of strength.</p>	
190	<p>A ‘Higher Ambition’ for Health and Care in Suffolk and North East Essex</p> <p>Anne Humphrys introduced herself and gave some background on her own health journey and how that has made her passionate about patient and family needs. Key points:-</p> <ul style="list-style-type: none"> • Higher ambition is about people; patients, families and those that care for them. • Mental Health. A large piece of work has taken place, going out into the community, speaking to people in all areas. A report is now being written up. It has been good for bringing the community together. • Framework for higher ambitions around people and their views more than the system. • Measure: is what we are doing making things better or worse? If worse, we need to stop doing that. <p>The chair thanked Anne.</p> <p>Wendy Herber then gave an update:-</p> <ul style="list-style-type: none"> • Engaging people to take care of their own health • Different thinking; people are happy to give help and money • Long term change: we must have a robust framework and accountability to find where the money is working, giving clear outcomes and communication <p>The Chair thanked Wendy and commented that we have high and scary ambitions which almost defines us as being different from other STPs. It is what makes others sit up and listen.</p> <p>Susannah Howard reported that there is lots of work going on:-</p>	

	<ul style="list-style-type: none"> • An outline framework would be provided at a future Board. • It is a major task to untangle who does what, where, how, why and when. • We are working hard towards measurable outcomes. <p>The Chair commented that it is frustrating that this hasn't moved on. There is some anxiety over what STPs are doing. Once the King's Fund plan is in place, we can really move this on and it will give us something to hang the STP on. There also needs to be clear direction for those patients who are not accessing the services they need.</p> <p>Ed Garrett said we have to ensure we move this on. Not doing so was our biggest risk.</p>	
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- **Oversight of STP Delivery Programme**

191	<p>Update from Health and Wellbeing Boards</p> <p>Ed Garratt spoke about his attendance at the End of Life Care Conference which was a very good event but has concerns relating to where is the follow up for this? We need to move this on.</p> <p>Ed Garratt provided an update on recent Suffolk Health and Wellbeing Board meeting. The following points were made:-</p> <ul style="list-style-type: none"> • There is a need to link up the Higher Ambitions to the Health and Wellbeing Boards. • Collaborative Leadership recently had Sam Everington visit from Tower Hamlets. 14% of their deaths occur in hospital. • We have created the foundations to do something exceptional across the system. It was agreed that the only limitations are the actions that we are prepared to take as leaders. <p>Patrick Higgs provided an update on the recent North East Essex Health and Wellbeing Board meeting. It was noted that the following three items were discussed:-</p> <ul style="list-style-type: none"> • Social Isolation and Loneliness • Prevention – what do we mean by Prevention? More work required around the definition before further plans can be developed. Joined up commissioning to tackle it • Planned Event for a review of progress against the current H&WB strategy in late November 	
192	<p>Finance Dashboard</p> <p>Kirsty Denwood provided an update on finances for month 5. The following points were raised:-</p> <ul style="list-style-type: none"> • As a system, we are on plan to deliver the control total. There is a slight risk with social care but mitigations are in place • There is a slight slippage on our progress against savings plans – This is our main risk as a system. • We will not report risk in the way it has been previously as there are inconsistencies across organisations • Coming to completion on the investment work stream and governance particular on funding through the STP • The STP process and governance structure has been agreed by the STP. DoFs will come to the next board for approval. • An STP DoFs away day has been planned for November. • It was acknowledged that the finance programme of work is an enabler for wider system transformation <p>ACTION: Kirsty to bring STP DoFs Process and governance structure to the next board.</p>	KD
193	<p>Feedback from recent STP events</p> <p>Simon Morgan presented the feedback on the following events:-</p> <ul style="list-style-type: none"> • Prevention • Attendance approximately 80 from both Essex and Suffolk CCGs 	

	<ul style="list-style-type: none"> • Focus on keeping active • Academics • Looking at engaging communities via social media. <p>Allied Healthcare Professionals – 20th September 2018</p> <ul style="list-style-type: none"> • Attendance approximately 120 • Working together more closely • Engaging in small scale research • Digitalisation <p>Neil Moloney gave feedback on the Urgent and Emergency Care Event on 25th September</p> <ul style="list-style-type: none"> • Learning from good practice and how to utilise • Test of what people want to do • Care homes • Discharge access 	
194	<p>Key STP Delivery Programme Reports</p> <p>Cancer</p> <p>Primary Care</p> <ul style="list-style-type: none"> • Talk through good work and identify help needed from national team • Outline draft of primary care strategy delayed until December <p>Mental Health</p> <ul style="list-style-type: none"> • Concentrating on five year forward <p>Urgent and Emergency Care</p> <ul style="list-style-type: none"> • All on track <p>Planned Care</p> <ul style="list-style-type: none"> • Diabetes event is at the end of November • Dashboard: Implementation of Eclipse delayed until December <p>Stroke</p> <ul style="list-style-type: none"> • Looking at capacity in team <p>Workforce</p> <ul style="list-style-type: none"> • Deep Dive • Confirmed projects • National Workforce Strategy due in December 	
195	<p>Any Other Business</p> <p>The matter had been raised at the Chair’s meeting regarding the ICP. Consultation on whether or not this should be a collective submission. Agreed that this should be agreed individually.</p> <p>Susannah Howard asked for it to be noted that the next STP Board meeting had been changed to 15th November accommodate the second ICS Leaders’ event with the Kings Fund on 9 November 2018.</p> <p>12.25 p.m. Meeting Closed</p>	