

Suffolk & North East Essex STP Board
Meeting held on Friday 12 April 2019 from 0930 - 1215
at West Conference Room, West Suffolk House, Bury St Edmunds
DRAFT Notes and Actions

Attendance:

Councillor John Spence (Chair)	JS	Essex Health and Wellbeing Board
<i>APOLOGIES</i>	EG	Ipswich & East Suffolk CCG & West Suffolk CCG
<i>APOLOGIES</i>	AL	Ipswich & East Suffolk CCG & West Suffolk CCG
<i>APOLOGIES</i>	PF	Essex County Council
Sue Cook	SC	Suffolk County Council
<i>APOLOGIES</i>	MH	Suffolk County Council
Craig Black (<i>REPRESENTING</i>)	CB	West Suffolk Hospital
<i>APOLOGIES</i>	SG	East Suffolk & North Essex NHS Foundation Trust
Neill Moloney	NM	East Suffolk & North Essex NHS Foundation Trust
Duncan Forbes (<i>REPRESENTING</i>)	DF	Norfolk & Suffolk NHS Foundation Trust
Andy Brogan	AB	Essex Partnership University NHS Foundation Trust
David Allen	DA	East of England Ambulance Trust
David Harrison	DH	Anglia Community Enterprise
Andy Yacoub	AY	Healthwatch Suffolk (on behalf of Healthwatch Essex too)
Mark Millar	MM	St Elizabeth Hospice on behalf of the three Hospices
<i>APOLOGIES</i>	JS	GP Primary Choice
<i>APOLOGIES</i>	DP	Suffolk GP Federation
<i>APOLOGIES</i>	RW	Suffolk LMC
<i>APOLOGIES</i>	BB	North Essex LMC
<i>APOLOGIES</i>	IG	Suffolk District & Borough Councils
John Fox	JF	North East Essex District & Borough Councils
Sharon Alexander	SA	Voluntary Sector Representative – North East Essex
Stephen Singleton	SS	Voluntary Sector Representative - Suffolk
<i>APOLOGIES</i>	AH	Higher Ambitions Group / Patient & Carer Representative
Paul Duell	PDu	LPN Chairs Group – Suffolk & NE Essex
Saffron Rolph-Wills (<i>REPRESENTING</i>)	SRW	Health Education East of England
Amanda Jones	AJ	Public Health
Carole Theobald	CT	NHS England
<i>APOLOGIES</i>	RF	NHS Improvement
<i>APOLOGIES</i>	LL	STP Clinical Lead
Sheila Childerhouse	SC	STP Chairs Group
<i>APOLOGIES</i>	MS	STP Chairs Group
Kirsty Denwood	KD	STP Directors of Finance Group
Susannah Howard	SH	STP Programme Director

Also in attendance:

Mike Gogarty	MG	Essex County Council
Paul Driscoll-Evans	PDe	University of Suffolk
Simon Morgan	SM	STP Communications
Victoria Fennell	-	Note Taker

Ref	Item	Action
245	<p>Welcome, introductions and apologies</p> <p>The Chair, Councillor John Spence, welcomed all to the meeting and apologies from members of the Board were noted. The minutes of the meeting held on the 15 March 2019 were reviewed and accepted as a true and accurate record of the meeting. All actions were reviewed, further updates to be provided at the next meeting due to action owners not being present at the meeting.</p> <p>It was <u>agreed</u> that the action log will be refined for future meetings.</p> <p>ACTION: Action log to be refined for future meetings</p>	SH

• **Part 1 Specific Issues for Discussion**

Ref	Item	Action
246	<p><u>Sport England Project – North East Essex Alliance (Essex Local Delivery Pilot)</u></p> <p>Mike Gogarty gave a verbal presentation on the Sport England Project that is being delivered by the Essex Local Delivery Pilot.</p> <p>The following points were made;</p> <ul style="list-style-type: none"> • Essex was chosen to be one of 12 local delivery pilots (LDPs) by Sport England to work to reduce inequalities and barriers to physical activity through system change and new ways of working. The focus of the Essex LDP is to test in the three areas of Basildon, Colchester, and Tendring, and to replicate and scale up good practice across Essex. Strategic oversight of the programme will continue to sit with the health and wellbeing board and the strategic sponsors group. With the Health and Wellbeing Board continuing to hold accountability for the programme. • The three main objectives for the project are; <ul style="list-style-type: none"> - Improving infrastructure - Improving and changing culture - Implementing physical activity classes <p>The target audience for this project are citizens who have been identified as physically inactive.</p> <ul style="list-style-type: none"> • It was acknowledged that it's important not to use all financial resource on physical activity. This project requires a number of stakeholders from across sectors to work collaboratively to identify solutions. Work is taking place not only with statutory organisations but also local community groups • The Essex Local Delivery Pilot has received £9.84m to tackle physical inactivity across the county. The award is an extension of the initial grant of £845,000 made earlier this year. • It was noted that the additional £9.84m is split into two parts. £5.9m is committed for spend straightaway, and a further £3.94m is in principle subject to satisfactory progress and more detailed spend plans in the future. • The tender to secure an evaluation partner commenced on Wednesday 6 March 2019 .The LDP is targeting an evaluation partner with a wealth of expertise around evaluating a number of key indicators that can impact physical activity. The procurement will be completed by May. 	

	<p><u>Suffolk Update</u></p> <p>Amanda Jones gave a verbal update on the physical activity interventions within Suffolk. The following points were made;</p> <ul style="list-style-type: none"> • There is a tiered approach within Suffolk. On average £400,000 a year is spent on physical activity. It was noted there hasn't been any significant improvement in the inactive. • There are a number of targeted programmes for members of the population who have been identified as inactive. • It was noted that Suffolk County Council welcome the pilot within North East Essex and plan to use their learned experiences to support the development of further interventions within Suffolk. <p>The following comments were made by the board;</p> <ul style="list-style-type: none"> • The board felt encouraged by the interventions taking place across Suffolk and North East Essex that are working on changing the culture of those who are currently inactive. • Questions were raised around whether the Essex Delivery Pilot had identified areas of good practice across the country where similar interventions had been a success. It was noted that there isn't good evidence elsewhere currently. • Discussion was held around how the Sport England intervention aligns to emerging ICS priorities and Higher Ambitions. It was confirmed that priorities such as obesity, social isolation and mental health can be impacted on via this activity. Concerns were raised around effectively measuring and evaluating the success of these outcomes within such a short timescale however the evidence base for a positive impact on these key areas is strong. • It was noted that key stakeholders from across the footprint have been engaged in the project. EEAST are keen to be involved in the project. • It was acknowledged that work has already taken place with the University of Essex to look at a range of different baselines, current interventions and how effective they are, the data on population and data on the system. It was noted that the Population data is most crucial. • The Ipswich and East Alliance have also been working on a prevention programme as physical activity is identified as one of their three priorities • The chair praised the Essex Local Delivery Pilot for their successful funding application. There is an expectation that North East Alliance will ensure current stakeholders who are running interventions will be brought together to avoid duplication. The focus of this project should be on quality and necessity rather than distribution. • An opportunity to join up gaps in the relationship around physical exercise and mental health was raised. <p>ACTION: David Allen to contact Mike Gogarty to arrange EEAST involvement in the project</p>	<p>DA</p>
<p>247</p>	<p><u>Social Prescribing</u></p> <p>Sharon Alexander gave a presentation on Social Prescribing. Sharon thanked Wendy Herber and members of the STP Delivery Support Unit for their support in developing the presentation.</p> <p>The purpose of the presentation was to;</p> <ul style="list-style-type: none"> • Promote the need to align all of these initiatives together and to describe the aspiration within the 10 year plan and GP contracts. • Share the work that is currently taking place across our system within Community and Voluntary Sector organisations. • Collectively agree a shared set of outcomes and principles for Social Prescribing to make best use of existing resources and services. It was acknowledged that as a system, we must ensure there is true collaboration going forward to prevent the success of social prescribing through CVS being lost 	

The following case studies were shared with the board:

Case Study 1:

In 2018, one of the social prescribing volunteers from CVS Tendring working in a GP practice identified an elderly man and his grown up children who all regularly attended the surgery for several years due to a number of medical conditions. As a result of the interaction with the CVST volunteer, all three individuals are now attending the lunch club three times a week; His son has gain a volunteer position in the town and the daughter has made friends; they are all participating in the walking club at the weekend.

Case Story 2:

10 years ago CVS Tendring volunteers met a couple who attended a carer's event to see what support they could access as the gentleman was cared for by his wife and was a 'frequent flyer' at their local GP surgery. Following on from conversations with CVST, his wife was successfully recruited as an attendee on an IT course and completed a qualification in computing. She was empowered to get involved in more community activities and felt like she had her life back and later became a volunteer with a charity where she refreshed their website and was encouraged to volunteer at the local community centre whilst caring for her husband. She took on a few hours of administration centre and is now the manager of the community centre. She was invited to attend a garden party at Buckingham Palace last year.

The following comments were made by the board;

- It was acknowledged that social prescribing is about being committed to individuals and seeing them through their journey. The board **agreed** to encourage social prescribing and for there to be a tailored approach to ensure it works successfully within each PCN.
- The importance of not professionalising social prescribing was raised. Social prescribing is not effective without a vibrant voluntary sector, it is therefore key to work together.
- It was noted that one of the challenges is that the voluntary sector interventions have high risk levels due to not being exposed to a sustainable amount of money.
- Social prescribing, when problems occur there are other deep seated issues. Mental health Charity operating in Tale ford they were talking about their local health authority is really embracing the voluntary sector offering mental health services – they have eliminated the need for? They have compiled a directory of all the mental health charities working in the area. In Essex and Suffolk we have around 15,000 MH organisations, and rolling something out across them may be a good approach.
- The presentation highlighted the importance of the working collaboratively across sectors and sharing good practice. It was **agreed** that each programme is unique and there is learning and nationally learning needs to be shared.
- It was acknowledged that there are challenges around the capacity of GP practices. It was **agreed** that it's important to get GPs engaged and to be cognoscente of challenges around recruitment.
- Social prescribing roles are around learning and facilitating. It's not just about GPs, other roles such as social workers should also get involved.
- It was noted that the STP Training will support the alliances with social prescribing.
- There is so much fragmentation and labelling for social prescribing – there is a need to normalise it and use a generic term that everyone can understand.
- The Alliances are currently thinking about investing in social prescribing; we need to use an evidence base to do the right thing. Providing individuals with a range of choices through online mechanisms to make it more accessible.
- It was acknowledged that evaluating interventions is key but is difficult. The importance of maintaining quality standards and having a hand off point was raised. It was noted that social prescribers within CVST attend courses such as mental health first aid and making every contact count to provide them with the skills to engage people in the most appropriate way.

	<p>- It was agreed that there is a need to explore branding and a logo that can be used system wide to encourage access to services and activities.</p> <p>The chair suggested that this item should be brought back to the ICS Board in a year's time,</p> <p>ACTION: Sharon Alexander to provide a progress update to the board within a year</p>	SA
248	<p><u>System Operational Plan</u></p> <p>Susannah Howard presented the Draft System Operational Plan on behalf of Ed Garratt. A finance and activity plan had been submitted earlier this week. It was noted that this narrative plan then sets out our wider ambition to work as a whole system, with priorities set by health and wellbeing boards and a focus on delivery of population outcomes for the people we serve. It was acknowledged that the plan is very lengthy but that this stands as a testament to all of the work that continues across the system.</p> <p>NHSE had received the narrative in draft form by the agreed deadline of midday on Thursday 11 April 2019 with a caveat that stated the document would remain draft until after the STP Board on Friday 12 April 2019. The feedback from the STP Chairs Group and Healthwatch is that we would like to ensure we circulate the plan both electronically and also in hard copy to engage key stakeholders including local councillors, MP, Governors etc.</p> <p>The board were asked for comments, the following points were made;</p> <ul style="list-style-type: none"> • The plan was welcomed by the chairs group. There were no surprises within the document. The STP is knowledgeable and aware its priorities. Although they had had to look at the document quite quickly, they felt comfortable. • The plan reads as a narrative plan not an operational plan, members were interested in looking at where we are now to where we need to be. It was noted that delivery in the ICS will be at place level and it is therefore expected that detailed operational plans will be put together through the alliances. • NHSE felt the document was comprehensive. It was acknowledged that the document should be fluid and can be developed further and updated. • Concerns were raised around partners who had been very closely involved found the movement in the NHS so rapid and confusing. • It was noted that a shortened simplified video should be developed to describe the essential of the operational plan and ICS governance and make this more accessible. • Nick Presmeg and Paul Duell suggested some specific amendments to the paper. It was agreed that these would be shared with Susannah so they could be updated in the final print version. <p>ACTION: Nick Presmeg and Paul Duell to provide suggested amendments to Susannah Howard</p>	NP/PD

• **Part 2 – System Transformation Programme**

Ref	Item	Action
249	<p><u>Process for recruitment of the ICS Independent Non Executive Chair</u></p> <p>Sheila Childerhouse gave a verbal update on the recruitment process of the ICS Independent Non Executive Chair. The following points were made;</p> <p>Carmel Gibbons and Ruth Lewis from Odgers Berndtson had attended the chairs group meeting on Tuesday 9 April 2019 to discuss the process.</p> <p>The following timescales were confirmed;</p>	

<p>The board supported the proposal and were keen that this work is completed with a key conclusion this year.</p> <p>It was agreed that Paul Driscoll-Evans and Chris Tanner would bring a final proposal back to the May Board</p> <p>ACTION: Paul Driscoll-Evans and Chris Tanner to bring a final proposal back at the May meeting for signed off.</p>	<p>PDE/CT</p>
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- **Part 3 – Oversight of STP Delivery Programmes**

Ref	Item	Action
251	<p>Feedback from Regional STP Meeting</p> <p>Craig Black gave feedback on the meeting where the six STPs within the East of England had been invited to discuss the financial challenges within Cambridge and Peterborough STP.</p> <p>Cambridge and Peterborough STP had a control total target of £142 million but this was currently at £212 million. This has a significant amount of risk associated with it.</p> <p>It was noted that there was currently no directive for other STPs to move to bridge the gap and that this might come. Our position was clear that we submitted a position that is aligned to out control and not minded to risk this position.</p> <p>A further meeting has been arranged for three weeks' time. All six STPs have also agreed to work together to share good practice across the region. It was noted that Suffolk and North East Essex had been asked to lead in this on a theme of Clinical Engagement.</p>	
252	<p>Finance Dashboards</p> <p>Kirsty Denwood presented the latest Finance Dashboard. All organisations are on track to meet their control total. It was noted all health organisations within our system, have met their control totals and have come in on plan.</p>	
253	<p>Update on System Control Total</p> <p>Kirsty Denwood gave a further verbal update on System Control Total. It was noted that we have submitted balance plans from 19/20 exclude the ambulance control total. Our system has disputed the inclusion of the ambulance control total several times and that to date no response has been received following Nick Hulme's letter sent following discussions at the STP Board in February 2019.</p>	
254	<p>Update from Health and Wellbeing Boards</p> <p>North East Essex: Discussion had taken place at the Essex Health and Wellbeing Board around disparity of waiting times for assessments. Essex are particularly seeking to improve employability for those with Mental Health conditions. It was acknowledged that support around carers is not as developed as it needs to be. A paper will be brought to the board around three lenses of prevention, population health, system health and crisis in May. Integrated Sensory pathway, health poverty and STP updates were also discussed.</p> <p>Suffolk: The Suffolk Health and Wellbeing Strategy was agreed at the last meeting. The page from the operational plan that links the HWB strategies to the ambitions of the ICS was commended.</p>	
255	<p>Brexit</p> <p>Brexit remains a standing item as no formal communication has been received around standing down Brexit updates. It was acknowledged that a lot of the work has been completed but there needs to be</p>	

	<p>a continued focus. Brexit guidance has been shared with providers. It was noted that organisations can stand down daily calls but are required to keep Brexit on board agendas</p> <p>Widespread concerns were raised at the Essex Health and Wellbeing Board in January around system wide staff vacancies. Councillor John Spence wrote to parliament to voice concerns. It was noted that there has been an increase in EU nurses leaving the East of England rather than joining.</p>	
256	<p>Approval of Proposals for STP Investment</p> <p>The two proposals for STP Investment were taken as read. It was noted that the Digital proposal had been deferred and would be revisited at a later stage.</p>	
257	<p>Key STP Delivery Programme Reports</p> <p>The following key points were raised;</p> <p>Primary Care - digital first practice requirement to be highlighted of the scale and nature of the challenge to ensure our PC infrastructure is fit for purpose. A right is going to be given to people to be given digital practice.</p> <p>ACTION: Digital First Practice Requirement to be added to a future STP Board agenda</p> <p>Mental Health – There is an opportunity to submit an expression of interest to become a trailblazer site for Children and Young People around Mental Health in schools. It was noted that this will be discussed at the May Board.</p> <p>ACTION: Children and Young Peoples Mental Health to be discussed at the next STP Board</p> <p>UEC – It was noted that some of the data isn't correct and needs to be updated. This will be resolved for the next meeting. The board were asked to support the UEC away day on 13 May 2019</p> <p>ACTION: UEC Data to be updated for the next meeting ACTION: All to confirm who they would like to attend the UEC away day on 13 May 2019</p> <p>Planned Care/ Diabetes – It was noted that Shane Gordon and Tom Fowler have pulled together a short paper that contrasts work against population health outcomes. This will be shared at the next meeting.</p> <p>ACTION: Shane Gordon to share Diabetes paper on population health outcomes at the next meeting</p> <p>Maternity – Amendment requested for the following dashboard measures; C section % colouring is incorrect, should be green for lower and red for higher. Smoking number for Maternity 0 for ESNEFT – Data to be checked.</p> <p>ACTION: Amendments to be made to the Maternity Dashboard for the next STP Board</p> <p>Estates – No update provided. Concerns raised around operational issues in getting the information to update the workbook. The DoFs will be asked for their support.</p> <p>ACTION: STP Capital Projects to be brought to the next meeting</p> <p>Prevention – Issues raised around data; currently showing as Quarter 3, should be Quarter 4. This will be rectified for the next meeting.</p> <p>ACTION: Data to be amended in the Prevention Dashboard for the next meeting</p>	<p>SH</p> <p>AB</p> <p>SH ALL</p> <p>SG</p> <p>SH</p> <p>AL</p> <p>SH</p>

	<p>Workforce – Issues raised around Maternity. It was noted that there is a need for focus on workforce planning in some areas. Discussions currently taking place around devolvement of workforce responsibility down to STP level.</p>	
<p>258</p>	<p>Any Other Business None.</p>	

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