

**Suffolk & North East Essex STP Board
Meeting held on Friday 15 March 2019
at Icen Centre, Colchester Hospital
Draft Notes and Actions**

Nick Hulme (Chair)	NH	STP Lead
Ed Garratt	EG	Ipswich & East Suffolk CCG & West Suffolk CCG
Peter Fairley	PF	Essex County Council
Sue Cook	SC	Suffolk County Council
APOLOGIES	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
APOLOGIES	AL	Norfolk & Suffolk NHS Foundation Trust
Andy Brogan	AB	Essex Partnership University NHS Foundation Trust
David Allen	DA	East of England Ambulance Trust
Lynne Woodcock	LW	Anglia Community Enterprise
Andy Yacoub	AY	Healthwatch
APOLOGIES	MM	St Elizabeth Hospice on behalf of the three Hospices
Joanne Sunderland	JS	GP Primary Choice
APOLOGIES	DP	Suffolk GP Federation
Simon Jones	SJ	Suffolk LMC
Brian Balmer	BB	North Essex LMC
APOLOGIES	IG	Suffolk District & Borough Councils
Pam Donnelly	PD	North East Essex District & Borough Councils
APOLOGIES	SA	Voluntary Sector Representative – North East Essex
Wendy Herber	WH	Voluntary Sector Representative - Suffolk
Anne Humphrys	AH	Higher Ambitions Group / Patient & Carer Representative
Paul Duell	PDU	LPN Chairs Group – Suffolk & NE Essex
Phil Carver	PC	Health Education East of England
APOLOGIES	AJ	Public Health
Carole Theobald	CT	NHS England
Ruth Forbes	RF	NHS Improvement
Lisa Lewellyn	LL	North East Essex CCG
APOLOGIES	HC	North East Essex CCG
APOLOGIES	RW	Suffolk CCGs
APOLOGIES	AL	Suffolk CCGs
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

Also in attendance:

Sally Shaw	SS	Director, First Site
Mandy Fowler	MF	Independent Cultural Consultant, First Site
David Ashby	DA	NHS England
Caroline Procter	CP	STP Programme Manager, Primary Care
Simon Morgan (AV support)	-	STP Delivery Support Unit
Victoria Fennell (notes)	-	STP Delivery Support Unit

Introductions, Minutes of the last meeting, Action Log

The Chair, Nick Hulme, welcomed all to the meeting and apologies from members of the Board were noted. The minutes of the meeting held on the 8 February 2019 were reviewed and accepted as a true and accurate record of the meeting. All actions were marked as complete.

Matters Arising

Nick Hulme gave the following update on matters discussed at the previous meeting;

Meeting with the Care Quality Commission

A meeting was held on 1 March 2019 with the CQC to explore a more pragmatic approach to leveraging intelligence across our system to form an accurate picture of how well services are working for people rather than organisations. This is relevant to national discussions at the moment. It was noted that other systems have found this approach particularly helpful. It was acknowledged that identifying excellence in providers and commissioners doesn't necessarily mean the overall experience for citizens is good. Further discussions will be held with the CQC to explore how this will be taken forward for our system

Finance

At the National ICS Leads meeting on 6 March 2019, we had responded as a system to proposals for host ICSs to hold the entire risk for the Ambulance Trust within their System Control totals. Simon Stevens has been asked to have a wider discussion around whether system control totals are the most appropriate way to manage system finances. Suggestions around aggregating budgets locally were raised. It was also noted that key leaders from our system have been invited to a finance meeting with Anne Radmore on 19 March 2019.

Holiday Hunger

Wendy Herber and Sally Shaw gave presentations on Holiday Hunger, with particular focus on three community and voluntary sector programmes that provide an emergency food fund for deprived children during the school holidays.

The following points were made;

- Hunger in the UK is now a national issue. It's estimated that 3.7 million people in the UK were living in moderately food insecure homes and 4.7 million people were living in severely food insecure homes in 2014, totalling 8.4 million (foodfoundation.org)
- A report on local food banks was recently published in the East Anglian Daily Times around a 50% increase in their usage across our footprint.
- Free school meals were discussed. It was noted that the assessment criteria for this is complex and difficult for families to negotiate. It was noted that shame and isolation is a key issue.
- It was **agreed** that there is a need to think differently around these issues. It was noted that Ipswich and East Suffolk CCG have provided funding to support the elderly, food banks and two holiday hunger projects in Ipswich.
- The Ipswich Holiday Hunger project in Gainsborough was discussed. This is a particularly deprived area of Ipswich that is experiencing gang issues.
- Whitton Youth Partnership, a grassroots charity who offer innovative play and youth services for children and young people aged 6-19 years in the Whitton, Whitehouse and Castle Hill

areas of Ipswich have also developed a Holiday Hunger project for their service users which has been a great success.

- The First Site Gallery in Colchester has been transformed into a place where communities see the gallery as a valuable asset. Holiday Hunger was raised as a key concern following public engagement with First Site to identify the local need.
- A programme that is free to families in need has been run over the last 18 months that comprises of sport activities in the morning, followed by a cooked meal and art activities in the evening. The Holiday Fund support the whole funding by providing a network for parents, carers and other family members.
- A video was shared with the board that showed users of the First Site Holiday Fund that has enabled children to socialise with others and support parents to provide children with a hot meal. It was noted that Tendring District Council and the Arts Council have invited First Site to roll out another programme in Harwich.
- First Site will be expanding their activities to term time activities for parents, including employability skills and activities for young children. Any family can take part in the holiday activity. The course booked out in 23 minutes.

The following questions and comments taken from the board;

- NECCG has commissioned £75,000 to support the expansion of the First Site project. Ed Garratt was thanked for the CCG's contribution.
- Lisa Llewellyn suggested promoting healthcare job roles to parents who attend First Site activities and offered her support to this.
- Mark Shenton reminded the group that the connection between art and health is centuries old. There is an opportunity for GP Practice's to display art from local communities to get people thinking about their health in a different way.
- It was **agreed** that we need to think about where we deliver services and if there are alternatives that are more suited to the communities we serve.
- The case studies shared were truly inspirational, we need to think about how we disguise delivery of services more creatively to support us in tackling other key issues for our system such as obesity, loneliness and isolation. The importance of addressing adult hunger was also raised.

The board were informed that Wendy would no longer be a member of the board as she is leaving her role at the Suffolk Community Foundation. The chair thanked Wendy Herber for her valuable contributions to the work of the system and wished her well in the future.

ACTION: Lisa Llewellyn to have conversation with Sally Shaw around promoting healthcare roles to parents

Gold and Bronze Data Packs

David Ashby from NHS England presented the Gold and Bronze Data Packs on behalf of Tessa Walton who was unable to attend due to sickness.

NHSI and NHSE are working collaboratively to give actionable insight for systems and partnerships. The Bronze Data Packs are a universal offer, whereas the Gold Data Packs are much more specific in locality and place level. The data packs are bringing together the GIRFT and Right Care work. It was noted that Joan Skeggs, the Right Care delivery partner has already been working with partners across the system.

The following comments and questions were raised by the board;

- The Board found the high level analysis and structure useful to pull out high level priorities. However, there are challenges around the quality of the data as it is a year out of date and data sources are not easily identifiable.
- A key issue was raised around interpreting the system trends alongside locality issues.
- Delivery Structures have been set up to reflect localities. Questions raised around how the data maps to our ICS programmes and investment profiles.
- Data Packs enable systems to ask questions. Population Health Management Tools may also support us to drill down to answer the questions.
- It was noted that there needs to be a greater emphasis on the GP Workforce Gap. Questions raised around focus on GPS rather than all front line staff and what influence we have as a system on developing a better reflection Data around all appointments with a clinician rather than just GP appointments would be helpful.
- Questions raised around how peer groups are calibrated against the other areas. Differences between rural and urban areas need to be considered.
- Concerns raised around the lag between the data and analysis. Discussion held on ways to build the capacity around PHM, what decisions the data supports and on what level
- It was noted that the data packs will be shared at an Alliance Level to discuss in greater detail.

The board **agreed** that we should work with NHS England to develop a Gold Data Pack for the system – especially as this will provide greater data insight in particular at a more local level. It was **agreed** that Susannah Howard would work with Tessa Walton on a proposal for a Gold Data Pack with the support of the STP Population Health Management Group. It was acknowledged that the Gold Data Packs need to include social care and a local narrative from the Voluntary and Community Sector.

ACTION: Susannah Howard to work with Tessa Walton and the STP Population Health Management Group to develop a proposal for a System Gold Data Pack.

ACTION: Tessa Walton to be invited to present the proposal for a Gold Data Pack at future board meeting once developed.

Estates Strategy and Model Hospital

Susannah Howard presented the paper on the system Estates Strategy and Model Hospital on behalf of Amanda Lyes.

The existing Estates strategy for our footprint has been rated as strong. NHSE and NHSI have confirmed that the strength of this rating will impact on the ability of systems to bid for future capital funding and draw down wave 4 capital funding. Therefore maintaining a good or strong strategy rating is extremely important.

NHSE/NHSI have stated that the STP Estates Strategies (previously known as the workbook) will need to be resubmitted in June 2019 to assess progress against stated targets and of the direct link to the rating for future capital bids.

In light of the announcement of our strong rating, Suffolk and North East Essex STP have received requests to share their Strategy with other STPs. The STP Estates Strategy Group have considered this issue and propose that they will only share the document containing system wide data on the following conditions:

- Commercially sensitive information redacted
- GP surgery names redacted
- Hardcopy only to be provided with watermark stating not for further sharing

The board **agreed** to the STP Estates Strategy Group sharing the document under the conditions noted.

The following comments were made by the board;

- Business Cases are now being encouraged that bring back NHS Property Services Estates into local NHS ownership. Discussion was held around the benefit of coordinating. It was **agreed** that the STP Estates Strategy Group should coordinate this on behalf of the system.
- Work has taken place in West Suffolk with Matt Hancock MP to bring a local surgery on to the Newmarket Hospital site.
- It was acknowledged that the Public Sector Estate Strategy needs to be taken into consideration. The district councils, county councils and other public sector partners have had the attitude of one public sector estate and maximising it. There is a strong established public sector estate group already in place. It was **agreed** the STP Estates Group needs to be bolted on to this.
- A number of libraries are closing in Essex. Conversations being held on how these buildings can be held going forward. Disposal value will benefit the system.

ACTION: STP Estates Strategy Group to coordinate business cases to bring back NHS Property Services Estates into local NHS ownership.

ACTION: STP Estates Strategy Group to ensure there is representation on the Public Sector Estates Group

Model Hospital

David Ashby described the Model Hospital - a digital information service provided by NHSI which is designed to help NHS Trusts improve their productivity and efficiency. The database has access restricted to the trusts, and provides comparisons against peers on productivity and efficiencies with one data stream providing information on estates.

Model Hospital contains information that can provide updates on the progress of the estates strategy to help inform the resubmission. The STP Estates Strategy Group have agreed that the STP Estates Programme Manager should be allowed access to the database.

NHSI have stated that each Trust needs to complete a template to provide permission for the Programme Manager to be given access to the database, which must be signed by a Trust Board Member.

The board **agreed** to provide permission for the STP Estates Programme Manager to access the database. It was also suggested that data within Model Hospital might also be useful to other STP work programmes and so access to the wider dataset should be sought for other STP programmes.

ACTION: STP Board Members from each Trust to authorise access to the Model Hospital database for STP Delivery Support Unit and CCGs.

NHS Planning

Ed Garratt gave an update on the recent NHS Contract Alignment exercise (aka 'triangulation') that takes place on a quarterly basis. At this stage of the year, the exercise takes on greater significance as it seeks to ensure that current year (2018/19) financial performance of organisations is based on consistent assumptions of income (provider) and expenditure (commissioner) as the year-end approaches, and that the plans for next year (2019/20) are also based on aligned inter-organisational assumptions.

Particular reference was drawn to paragraph 2.3 that states no other STP in East of England is reporting contracts for 2019/20 as closely aligned as Suffolk and North East Essex.

A narrative operational plan is also being developed and will be shared at the next board meeting.

It was noted that the main finance schedules have been agreed. The position regarding Specialised Commissioning has yet to be resolved along with a solution for the issues raised around the proposal for host ICSs to hold the entire risk for the Ambulance Trust in their System Control.

Anne Radmore has requested to meet with each system in the East region to assess the current state of 2019/20 plans. A slide pack is in preparation for the meeting to cover the following areas;

- Key messages/headlines.
- Summarise system priorities that you are seeking to achieve in 19/20
- System overview of underlying expenditure position – evidence of STP assurance.
- Application of CCG growth demonstrating the values associated with tariff/activity growth/MHIS etc.
- Summary of the overall 2019/20 financial plan with a comparison to Control Totals.
- What activity the system plans to commission and how this delivers RTT backlog and constitutional standards.
- Contract position including triangulation.
- System review of CIP & QIPP Plans including RAG of progress.
- System review of risks and mitigations clearly identifying the level of reserves that the system holds.
- What solutions are available to the system to close the gap in 2019/20.
- Operational & quality risks and mitigations.
- Workforce & capacity.

Twelve people from our system had originally been asked to attend however the board **agreed** that a smaller group comprising Nick Hulme, Susannah Howard, Ed Garratt and Kirsty Denwood would be more appropriate to attend.

ACTION: Nick Hulme, Susannah Howard, Ed Garratt and Kirsty Denwood to attend meeting with Ann Radmore on 19 March 2019 and provide update at the next board meeting

DRAFT ESNEFT Strategy

Shane Gordon presented the DRAFT ESNEFT Strategy. Extensive engagement has taken place and the amended DRAFT Strategy will be reviewed and agreed on Thursday 21 March 2019. It was acknowledged that it's an important step for members of the STP Board to scrutinise the strategy.

The board were encouraged to comment, the following points were made;

- The board felt the strategy was well written and clear. Members were asked to feedback their views to Shane Gordon before Thursday 21 March 2019.
- Particular attention was drawn to strategic objective 3 – developing a centre of excellence. It was noted that clarity on the spread and concentration of acute services would be helpful.
- It was acknowledged that one of the challenges is to get ‘buy in’ from organisations outside of the STP footprint where there may not be the same level of trust.
- The Strategic Plan will be used to engage communities of services. The details need to develop through service delivery plans. Members would be interested to hear more about the patient perspective as it’s a useful engagement document for staff and service users.

ACTION: Board members to feedback their views on the ESNEFT strategy to Shane Gordon before Thursday 21 March 2019.

Terms of reference for Stroke Review

Ed Garratt presented the draft Stroke Review Terms of Reference for approval.

The following points were made;

- It was **agreed** that Dr Mark Shenton should chair the Stroke Board as clinical lead
- It was **agreed** that the Ambulance Trust must be included as members of the Stroke Board
- The quality of Stroke Services across the STP footprint is good. Discussions need to be held around sustainability and changes to workforce and technology. It was noted that conversations are being held with clinicians to develop sustainable services and further clinical improvement.
- It was **agreed** that transformational change for Stroke services should be planned for the next 10 years.
- The board highlighted that the document doesn’t mention Thrombectomy although this is mentioned specifically in the NHS Long Term Plan. Patients are going to be underserved to Thrombectomy in the first wave and as a system we should look to pursue with specialised commissioning as soon as possible.
- Discussion held around the scope for the work of the Stroke Board - enablement and continuity of care and prevention should be included.
- The importance of learning from neighbouring STPs and the importance of comms and engagement was raised.

ACTION: Draft Terms of Reference for the STP Stroke Board to be amended in response to the comments made by the board.

Recruitment of the ICS Independent Non Executive Chair

Susannah Howard and Sheila Childerhouse presented the DRAFT Job Description and Person Specification for the ICS Independent Non Executive Chair with the board. The documents are aligned to the Stage 2 Governance Process and have also incorporated key elements from other systems.

Special thanks was noted for Andy Yacoub and the team at Healthwatch Suffolk for supporting the review of the draft. It was noted that this will be part of the recruitment process going forward along with providing candidates with the opportunity to present at the STP board alongside a number of other panels across the system.

The STP Chairs Group agreed a salary of circa £60,000 for two days each week and for the CCGs to be the host employer. The role will be accountable through the Non-Executive Oversight Committee which includes the chairs of the Health and Wellbeing Boards, Acute Trust and Commissioning Groups.

The board **agreed** to sign off the draft Job Description/Person Specification.

Further to the meeting of the STP Chairs Group on Tuesday 12 March 2019, quotes have been obtained from agencies able to provide support to recruit our ICS Independent Non-Executive Chair.

A telephone conference call will be held with the STP Chairs Group to select the agency that we will work with. It was noted that the advert is set to be released around the end of March with the appointment potentially being made in June 2019.

ACTION: An update on progress with recruitment to be shared with the board at the next meeting.

Discussion was held around who would attend the Regional and National ICS/STP Leads Meetings going forward were raised. It was **agreed** that the Executive Lead would begin to attend ICS Leads Meetings going forward.

Developing Primary Care Networks

Mark Shenton presented the paper on Primary Care Networks on behalf of Hasan Chowhan. Mark gave an overview of the recently published Primary Care Network Contract and an update on the proposed schemes in primary care supported by the ICS 'Realising Ambitions' funds.

The following points were made on the Primary Care Network Contract;

- NHSE expect 100% geographical coverage by July 2019. **All** patients must be in a PCN.
- The 'deal' is for 5 years.
- Each practice will receive £14,000 each year for participation. And a further £2.19 (£2.01 in 19/20) per head based on list size.
- Each network must cover between 30-50,000 patients and need to make sense geographically
- New PCN workforce will be part funded recurrently at 70%, with 30% to be provided by the Network members (apart from social prescribers which will be 100% funded by NHSE), with the eligible posts increased over the next five years to enable Networks to build up their expanded primary care team. (BMA, 2019)
- Further guidance will be published on Friday 29 March. The CCG and STP Board to agree the PCN plans for the system in May.
- Primary Care Network Contracts to go live in July. Some networks are already planning to manage demand and give people access to what they need through the voluntary sector.

The following questions and comments were raised by the board;

- Concerns were raised around paramedics moving into Primary Care. It was noted that Health Education England have plans in place to mitigate this through paramedicine degrees.
- There is significant overlap with CCG, super-practices and federations. Discussions held on how to resolve the overlap of responsibility and support the PCNs as alliances.
- Discussion held around how clinical directors link in with other governance in terms of wider system governance
- Request to support GPs to understand the system vision for our ICS.

- It was acknowledged that the timeframe is fast. The investment we have been making to develop Primary Care gives us a strong starting point with practices despite quantifiable risk and nervousness around making this substantive change in commitment to one another
- There is a need to support our practices in making this decision rather than demand it and to support them in know the geography works for them and their patients.
- Discussion held around opportunities to build in a commitment around pace, priorities, pace, implementation, style and approach that builds in coproduction and other opportunities might then arise because it meets the needs better.

The following points were made on the proposed schemes in primary care supported by the ICS 'Realising Ambitions' funds. The three CCGs had been given an allocation based on £1 per patient.

The schemes listed below are being developed through their respective alliance. Part of this process will be the agreement of outcome measures and reporting mechanisms.

Suffolk Wide Scheme

Healthy Living Pharmacies. A "The Healthy Living Pharmacy (HLP)" model is a tiered framework aimed at achieving consistent delivery of a broad range of health improvement interventions through community pharmacies to meet local needs.

West Suffolk Scheme

Locality based Health Care Assistants to improve working across primary care and community services and to provide additional capacity.

Ipswich and East Suffolk Scheme

- 1) Resource to support the continued development of the Integrated Neighbourhood Teams.
- 2) A joint Training and Education programme for all Primary Care providers to consider topics such as mental health and wellbeing; diabetes; and frail elderly care. It will broaden the current One Clinical Community beyond medical, nursing and therapy professions.
- 3) Development of a single shared mission and 'Every Contact Counts' campaign in each locality. The topic will be determined through the joint education and training events.

North East Essex Scheme

- 1) Resource to develop the leaders of the Primary Care Networks in the neighbourhood localities. This will support the ambition of the Long Term plan and the new Primary Care network Contract.
- 2) Opportunity to engage the LPC and Pharmacy leaders in the emerging localities. The focus of the investment will be on developing neighbourhood teams and truly engaging at a ward based level with the public to understand what would keep them well, free from crisis and activating the population.

Update from Health and Wellbeing Boards

Suffolk: The Suffolk Health and Wellbeing Board was held on Thursday 7 March and covered health, housing and homelessness. The draft stage 2 ICS Governance Paper had also been discussed.

North East Essex: Essex has secured £10 million from Sport England. It was noted that the North East

Essex Alliance will be developing a work plan for the funding. The ICS Governance Paper will be presented on Wednesday 20th March, Workforce challenges will be discussed in May.

Brexit

Nick Hulme shared a paper from NHS England entitled 'How can systems prepare for an EU exit?' Particular attention was drawn to 74% medical products and 90% medical advice. It was noted that a lot of work has taking place locally to mitigate the impact of Brexit.

It was acknowledged that supporting the Private, Voluntary and Independent sector was a key issue.

Finance Dashboards

Kirsty Denwood presented the Finance Dashboard. All organisations are on track to meet their control total.

Approval of Proposals for STP Investment

Kirsty Denwood presented the proposals for STP Investment. The paper gave a recommendation for the board to approve the Estates and Technology Transformation Funding (ETTF) and for the Enhanced Care in Care Homes (ECCH) project to be deferred from approval in the absence of a formal business case to review, and in view of a number of issues that need to be resolved (including VFM, alignment to digital strategy and support for ongoing revenue costs).

The board **agreed** to approve the ETTF proposal and defer the ECCH proposal as recommended by the STP Directors of Finance Group.

Key STP Delivery Programme Reports

Programme Reports **agreed** as read.

ACTION: NSFT CQC Inspection and CAMHS to be a standing item on the risk register for the Mental Health Dashboard

Any other business

None.