



Suffolk & North East Essex STP Board

Thursday 20th April 2017

13:00 – 15:30

Weston Homes Community Stadium, United Way, Colchester Essex CO4 5UP

Notes and Actions

Attendance:

Alan Burns (Chair)	AB	STP Independent Chair
Nick Hulme	NH	STP Lead
Susannah Howard	SH	STP Programme Director
Becky Mead (Note Taker)	BM	STP Programme Office
Kirsty Denwood (Deputy)	KD	NE Essex CCG & STP Directors of Finance Group
Ed Garrett	EG	Ipswich & East Suffolk CCG/West Suffolk CCG
Craig Black (Deputy)	CB	West Suffolk Hospital NHS Trust
Shane Gordon	SG	Colchester Hospital NHS Foundation Trust
APOLOGIES		Ipswich Hospital NHS Trust
<i>Simon Harniess (Representing)</i>	SHa	Essex County Council
<i>Bernadette Lawrence (Representing)</i>	BL	Suffolk County Council
Michael Scott	MS	Norfolk & Suffolk NHS Foundation Trust
Sue Woodhouse (Deputy)	SW	Essex Partnership University NHS Foundation Trust
Glenn Young	GY	East of England Ambulance Trust
Lynne Woodcock	LW	Anglia Community Enterprise (ACE)
APOLOGIES		Healthwatch Essex
Andy Yacoub	AY	Healthwatch Suffolk
Simon Jones (Deputy)	SJ	Suffolk LMC
Brian Balmer	BB	North Essex LMC
APOLOGIES		NHS England
APOLOGIES		NHS Improvement
Gary Sweeney	GS	STP Chairs Group
Kate Walker	KW	STP Digital Strategy & Innovation Group
Amanda Lyes	AL	STP Estates Group
APOLOGIES		STP Workforce Group
Isabel Cockayne	IC	STP Comms & Engagement Group

Also in attendance:

Catherine Morgan	CM	Public Health England
Christopher Scrase	CS	STP Representative to East of England, Cancer Alliance
Rory Harvey	RH	Clinical Chair - East of England, Cancer Alliance

		Action
012.7	<p>Notes of the last STP Programme Board meeting The notes of the meeting held on 16th March were agreed.</p> <p>Catherine Morgan, Deputy Director of Strategy at Public Health England was in attendance for this meeting.</p> <p>AB informed the Board there would be two additional agenda items for discussion not listed on the agenda.</p> <ul style="list-style-type: none"> • STP Delivery Plan • Debate/Discussion about the opportunity to bid for capital funds and proposals for what the STP may potentially bid for. 	
013.0	<p>Updates on issues previously discussed</p>	
013.1	<ul style="list-style-type: none"> • Feedback on GP Forward View Submission EG provided an update. Following submission feedback has been received from NHSE on the 2nd stage plans. The plan was reviewed against nine areas and a RAG rating has been assigned for each area resulting in a rating of 'green' across each of these areas. 	
013.2	<ul style="list-style-type: none"> • Reports of Stakeholder Engagement Events SH provided an update from the three events which took place during March. SH reported that stakeholders gave feedback that they appreciated the STP linking in with their organisations. The aim is to repeat these events later in the year and HEE will be asked whether they are able to continue to fund these events going forward. 	SH
013.3	<ul style="list-style-type: none"> • Progress on Bids for Transformation Funding SH provided an update. The IAPT and Mental Health Liaison bids from Suffolk CCG were unsuccessful. SH reported that informal feedback the proposal for the Mental Health Liaison was that proposed posts were potentially banded too highly, there was not sufficient clarity about what would be provided and there was not enough clinical involvement in preparation of the bid. There may be a further opportunity to bid later in the year for Mental Health. SH will arrange to meet with colleagues from EPUT, NSFT and the CCGs to see how this submission can be revised. NH added that the principle of having something worked up in advance was a good idea. A holding note has been received for the Diabetes bid confirming that feedback should be received in a few weeks' time. No formal response has yet been received for the Learning Disabilities bids. The Cancer Alliance bid was discussed under agenda 020.0 	SH
013.4	<ul style="list-style-type: none"> • Strategy for Enhanced Health in Care Homes SH reported that there had not yet been any publication of an opportunity to bid for transformation funding, however work is underway to continue to develop proposals for a transformation programme in this area. This is being led by Lisa Llewelyn and Barbara McClean who will present an outline of this strategy to the next meeting in May. If there is no further opportunity to bid for transformation funding at that point the STP Board will be asked to consider whether this strategy should be taken forward anyway with a view to endorsing a full proposal at the June meeting. 	

014.0	<p>Delivery Updates & Highlight Reports</p> <p>SH provided an update. The STP is asked by NHSE to submit an overview of its delivery. The most recent overview highlight report was circulated. The structure of this sets out for the first time the details of the STP delivery workstreams as programmes and projects relating to the various STP Delivery Programme Boards. NHSE has provided a framework for the STP to work against and produce its delivery plan going forward. SH and AB had met with Carole Theobald, NHSE Locality Director this morning to discuss how to approach development of this Delivery Plan within the required timescales. SH to circulate a draft to colleagues next week.</p> <p>SH reported that she has recently met with SG to develop the assurance process to be used by the acute transformation programme board. SG will help pull this work together as a framework which will be used as a similar approach for programme boards for discussion at the next STP Board Meeting.</p>	SH SG
015.0	<p>Next Steps on the NHS Five Year Forward View</p> <p>The document was circulated with the agenda. NH commented that this was a good, clear document with specific reference to STPs. NH added that the document proved encouraging and there is nothing within it that should take us off course when developing our STP in the next 12 months. NH explained that that this STP is probably currently around the middle ranking of STPs in the country. It was agreed that a refresh of the STP financial bridge will be presented the Directors of Finance meeting on 5th May and at the next STP Board meeting on 18th May.</p>	KD
016.0 016.1	<p>STP Governance</p> <ul style="list-style-type: none"> • Revised STP Board Terms of Reference AB reported that the Terms of Reference for the STP Board had been reviewed in detail and were agreed at the STP Chairs Group meeting held on 13th April. The process to further develop the document had better aligned the narrative with guidance contained in the NHS Delivery Plan. <p>GS provided feedback from the STP Chairs meeting held on 13th April where members ensured that next steps and key issues were included in the TOR. Chairs agreed that the STP board should be about overseeing delivery of the programme rather than becoming an organisation in its own right. Chairs agreed the TOR and accepted that these can be reviewed when required. The issue of Non-Executive Director representation had been discussed and it had been agreed that NEDs may be required to be present at the board meetings for specific events but will not form part of the core membership at present.</p>	
016.2	The Board <u>AGREED</u> the Terms of Reference.	
016.3	<ul style="list-style-type: none"> • STP Governance Chart This was circulated for information. • Grid of STP Nominees This was circulated for information. It was noted that members of the STP Board should each appoint a deputy to attend Board in their absence and this should be someone who can represent their 	
		ALL

	organisation in their absence.	
017.0	<p>STP Capital Funding</p> <p>SH presented this item and updated the Board on how STPs had been invited to bid against an additional £325m of capital funding available nationally over the next 3 years. If the funding were split equally between the 44 STPs each would receive around £2.5M. AB suggested that we might therefore bid in excess of £2.5M and submit a total bid for approximately £5M.</p> <p>SH explained that following early work on this across the system, she had received outline bids for this STP totalling £11.4M. The STP Board was required to decide which final bids should be submitted by 21st April 2017.</p> <p>The bids were discussed and the following was noted:</p>	
017.1	<ul style="list-style-type: none"> • Kennedy Way Primary Care Hub To create a Primary Care Hub for North Clacton to include 3 GP Practices, Care Closer to home services and Renal Dialysis Unit. This property is NHS owned and by moving these services into a hub it will release other NHS buildings which can be sold and invested back locally. This is a scheme which had been worked up by NHSE but now handed to CCGs as they have fully delegated responsibility for Primary Care Commissioning. This bid will be submitted in April. 	
017.2	<ul style="list-style-type: none"> • Central Clacton Hospital scheme. This scheme would require £7M to make it compliant. An options appraisal is currently being carried out and this scheme will be submitted for bidding in May. NH asked whether we have sufficient clarity around the clinical strategy and the use of community sites to make a decision on clinical sites. 	
017.3	<ul style="list-style-type: none"> • Digital – <ol style="list-style-type: none"> 1. BI Architecture 2. System of shared records and communication method between care home and Primary Care 3. Shared Care Record Architecture <p>The group agreed that investing in digital should be an STP priority.</p> 	
017.4	<ul style="list-style-type: none"> • Primary Care Hub - Newmarket Newmarket hospital is owned by NHS Property Services and is in their capital plan and is known about by NHSE. KD advised that some clarity would be required whether Property Services capital is excluded from this. 	
017.5	<ul style="list-style-type: none"> • Additional clinical capacity – Sudbury The plan is to move and create additional clinical capacity in an under-used space at the Sudbury Health Centre. <p>The Board were asked for a steer on submission of the bids which need to be outlined by Friday 21st April. KD added that there needed to be clarity about for which year the capital is required and that we would then need to stick to these timelines. NH commented whether the eviction of a practice and re-housing it in Suffolk would benefit the whole of the STP. AY added that we should be testing each bid in terms of STP objectives and questioned why</p>	

	<p>there was not a bid being submitted for community transport. NH replied that nothing has been worked up to the level of submission for community transport, however this bidding process will not be a one off opportunity.</p> <p>The Board agreed to share their individual organisations capital plans which will encourage good peer reviewing. The request would be made via the DoFs group.</p> <p>SH and KD will provide feedback on the submission of capital bids at the next meeting after submission.</p>	<p>KD</p> <p>SH/KD</p>
018.0	<p>Clinical Involvement in STP Planning</p> <p>SG presented this item and a discussion paper was circulated with the agenda to explore how clinical involvement can form part of STP planning. It was noted that clinical leaders for projects should be appointed through the governance processes of the host organisation and should have a clear description of the objectives of the project, as well as their role and responsibilities. SG explained that there are several models in which clinicians can be involved during the development of projects which included external quality assurance as referenced within the paper. SG added that the RACI model had been used as a structure for considering clinical involvement and explores the roles that clinicians will require.</p> <p>SH explained to the Board that mandate documents are currently being collected and during this assurance process we should ensure that there is robust clinical involvement in each workstream. KW to look at what clinical involvement is required for the digital element and AL to look at this for Estates/Comms. It was agreed to use the Clinical Senate to review mandate documents taking existing projects for review then reshaping them in response to this feedback.</p> <p>NH added that views from social care staff are also important as they are staff who are working with clients and patients in a facing role. SH added that Pharmacy and Nursing staff would like to get involved in helping shape the STP. NH suggested the STP hold an open morning for all those organisations who have shown an interest along with those organisations who represent patient groups, this event could also be opened up to clinical groups.</p> <p>The Board AGREED the recommendations to promote the awareness of the opportunities and benefits of clinical involvement in its work, support member bodies within the STP footprint to utilise clinicians in the roles set out in the paper and ensure good use of existing resources where possible to secure high-quality clinical engagement.</p>	<p>SH</p>
019.0	<p>Additional Funding for Social Care</p> <p>SHa provided details on the additional funding announced by the Chancellor in his Spring budget from an Essex perspective. The government announced that an additional £2billion will be given to councils in England over the next 3 years for adult social care and Essex County Council (ECC) will receive £24M in 17/18 and £16.9M in 19/20.</p> <p>He explained that ECC has experienced growing pressures during 16/17 and is now in formal budget recovery. Its Director for Integration is requesting meetings to discuss how this additional funding can be used and liaising with</p>	

	<p>social care providers on finding more intelligent ways to work.</p> <p>NH commented that in reality ECC will not have plans in place for the first quarter of the year so will the full £24M be allocated to where it should be. He also raised concern that there will not be any impact in quarter 1 in terms of delays as there is no plan/intention from ECC at this point.</p> <p>BL gave a presentation from Suffolk County Council. Key points were:</p> <ul style="list-style-type: none"> • As part of the budget in March 2017 SCC received £14 million new funding in 2017/18. • This is non-recurrent and will reduce to £9 million in 2018/19 and £4.5 million in 2019/20. • Final guidance to be received but we know/expect <ul style="list-style-type: none"> • Funds to be pooled as BCF • NHS to have sign off • Focus on hospital discharges, purchasing more packages of care, and providing stability to the care market • Care market has expectations that these funds will be used to increase rates. This can't be done with non-recurrent money <p>We need to identify areas where spend could meet the required outcomes and support our strategic direction. As it is all non-recurrent it will need to have a clear end date, or generate enough savings to fund its continuation.</p> <ul style="list-style-type: none"> • Assistive Technology • Invest in the skills and training of the sector workforce • Reablement, including existing D2A schemes • Pump prime spend to save schemes • LD costs, or to pump prime a pooled fund • Continuing Health Care <p>Some may need to be managed county wide at this stage but would be mapped to alliances. Alliances commission in line with high level priorities, e.g. reablement, longer term sustainability.</p>	
020.0	<p>Key Theme: Cancer Services</p> <p>Dr Christopher Scrase was introduced to the Board as the STP representative on the Cancer Alliance Board. Dr. Scrase gave a presentation which showed a detailed review of the STP strategy for cancer services transformation. Key points discussed were:</p> <ul style="list-style-type: none"> • The 'refreshed' national cancer strategy and associated transformation funds through the Eastern Cancer Alliance require this STP to focus particularly on earlier diagnosis and the post treatment packages of care including specifically risk stratified follow up (including self-managed care) and the cancer rehabilitation and the optimal use of primary care across all elements of the cancer pathway. This STP will have the opportunity to take a lead in some of these projects and inform system learning and wider implementation with the English NHS. • A cancer workforce in the community is being developed so that cancer care can be considered seamless across the traditional primary-secondary care interface. 	

- It is essential that this STP is made aware of the developments within cancer services of which some are driven by national initiatives and some by more local issues.
- The STP will be in position to lead on projects from within the original project bid and inform the decision on how the bid money will be spent across the whole Alliance geography.
- There are changes in the numbers of cancer: currently 450 deaths a day and 980 cases each day. Survival is improving with new models of care.
- 42% of cancer is preventable
- 53% affect 75 and over
- It is 15 years since the Cancer Reform Strategy was published.
- The current STP footprint shows that Cancer pathways are complex and cancer networks have changed.
- The Cancer Alliance themes should also align with the STP themes

NH thanked Dr Christopher Scrase for his presentation and asked members as an STP to endorse the work planned and welcome an STP footprint approach to the cancer work. NH asked where should the STP concentrate its efforts and whether this should be around early diagnosis and reducing the number of people who discover they have cancer via non elective admission.

SH added that taking into account previous comments made at the STP Board, the STP must ensure primary care involvement and the key question is about how can the link be made from the Cancer Alliance infrastructure to the STP.

Dr Rory Harvey from the Cancer Alliance gave a presentation detailing the Cancer Alliance Bid application summary. The main points were noted.

- Cancer Alliances and Vanguard to bid from a total of £200m of transformation fund over 2 years for 3 interventions:
 - Early Diagnosis
 - Recovery Package
 - Stratified Follow Up
- Good engagement from primary care and patient groups is crucial. Multi disciplinary/early referral centres have received good 'buy in' from primary care.

AB thanked Dr Chris Scrase and Dr Rory Harvey for their presentations. The STP is interested in variation and understanding and learning from each other and its priorities are early diagnosis and patient engagement.

SH added that some project management resource will facilitate this work with the Cancer Alliance. The project will report via the STP Acute Transformation Board chaired by NH.

The Board **AGREED** the following recommendations:

1. Promote the awareness of the opportunities and benefits of clinical involvement in its work.
2. Support member bodies within the STP footprint to utilise clinicians in the roles set out in this paper.
3. Ensure good use of existing resources where possible to secure high-quality clinical engagement.

021.0	<p>Visit by Simon Stevens – Thursday 4th May 2017</p> <p>CB informed the Board that on 4th May the NHSE Executive Group will be visiting West Suffolk Hospital. The group will be having their own meeting with Andrew Pike and his team and then a separate meeting will be held with Nick Hulme, Stephen Dunn and Ed Garratt to discuss STP commissioning and West Suffolk Hospital. This will be followed by lunch and a Q&A session with staff and a tour of the hospital.</p>	
022.0	<p>Next meeting, Thursday 18th May 2017, Suffolk Association of Local Councils (SALC) Unit 11a, Hill View Business Park, Claydon, Ipswich IP6 0AJ 13:00 – 15:30</p> <p>Problems with the layout and acoustics of the meeting venue were noted. More suitable venues for future meetings would be sought.</p> <p>Agenda items:</p> <ul style="list-style-type: none"> - Refresh of Financial Bridge and how this will shape performance. 	<p>BM</p> <p>KD</p>

Meeting closed at 15:17