



**STP Leadership Board
18 May 2018**

**Rufford Suite, County Hall, Nottingham
Board meeting 13:30 – 16:00**

Name	Present	Apologies
Amanda Sullivan (AS)	X	
Andy Haynes (AH)	X	
Anthony May (AM)		X
Chris Packham (CP)		X
David Pearson (DP) - chair	X	
Deborah Jaines (DJ)	X	
Helen Jones (HJ) <i>on behalf of Ian Curryer</i>	X	
Helen Pledger (HPI)	X	
Hugh Porter (HPo)	X	
Ian Curryer (IC)		X
Julie Hankin (JH)		X
Lyn Bacon (LB)	X	
Richard Mitchell (RM)	X	
Ruth Hawkins (RH)	X	
Sam Walters (SW)	X	
Stephen Shortt (SS)	X	
Susan Bowler (SB)		X
Tracy Taylor (TT)	X	
Wendy Saviour (WS)	X	
In attendance:		
Adam Walker (AW) <i>(item 4)</i>	X	
Beth Maher (BM)	X	
Jane North (JN) <i>(item 4)</i>	X	
Joanna Cooper (JC)	X	
Marcus Pratt (MP)		X
Nick Barlow (NB) <i>(item 4)</i>	X	

1. Welcome and introductions

DP welcomed everyone to the meeting.

2. Conflicts of interest

Nothing declared.

3. Minutes of previous meeting and Action log

Minutes of Leadership Board meeting and development session on 20 April were agreed as an accurate record of the meeting.



Action log updated as follows:

- LB3 – Jon Towler has offered to support the development of the risk register.
- LB28 – a draft action plan has been developed and was circulated following the 20 April development session. DJ going to work with Lucy Dadge to ensure that there is no slippage on immediate actions. The Deloitte work will cover medium and longer terms actions in detail.

4. Newton Europe diagnostic of savings in adult social care: Nottingham County Council and Nottingham City Council

Helen Jones, Jane North, Adam Walker, and Nick Barlow attended to present an overview of the Newton Europe diagnostic of savings in adult social care in the city and county. Presentation to be circulated.

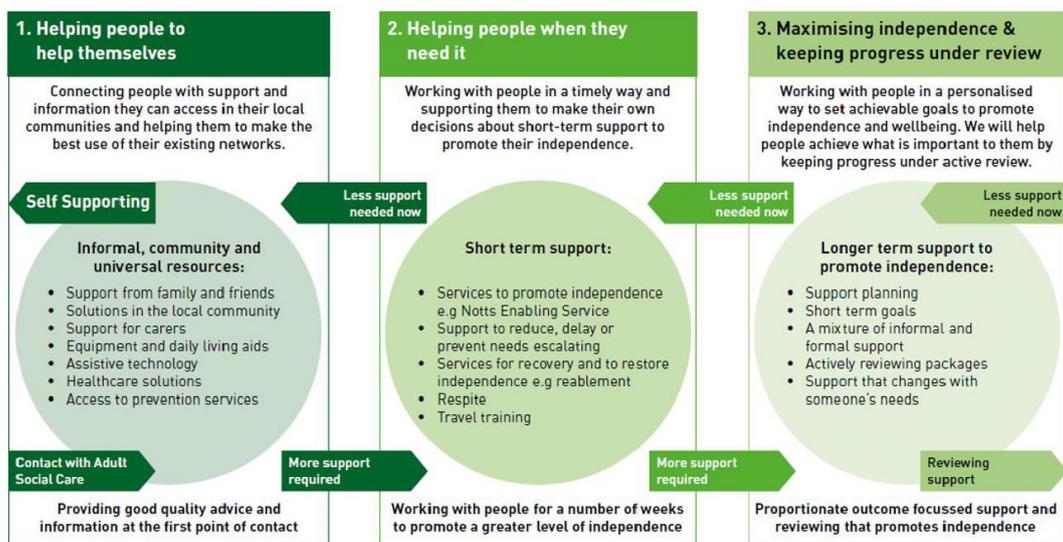
AW outlined the objectives of the presentation:

- Identify opportunities for joint working with social care to deliver on STP intentions
- To be transparent about improvement activity in social care
- To demonstrate how clinical variation applies in social care
- Demonstrate the positives of working together to focus on outcomes, not services or beds, and to demonstrate the impact of doing this

HJ and JN outlined the context of the city and county councils. Despite significant progress, both authorities have financial savings still to be achieved.

Adult social care services are underpinned by social care strategy based on Care Act duties and responsibilities to maximise independence. Board to note the requirement for a financial contribution from service users.

WHAT MAKES A GOOD INTEGRATED SOCIAL CARE MODEL?





A robust analysis of social care pathways took place to determine where decisions and care provided maximise independence, and whether productivity can be improved. The diagnostic identified the following key areas:

- Managing demand at the front door in the community and hospital: by addressing inappropriate referral levels (34% of health referrals could have been signposted elsewhere) , then responding quicker to the people with social care need and getting the right help in place
- Right resources to support independent living in the community: 56% of people in short term care in the County should not have been there. In the city, 4 out of 5 of people in a short term care placement would be there for the rest of their lives. Hospital pressures to free up a bed can have life time consequences for the person and life time costs for social care and health.
- Variation in front line decision making: variation in health and social care provides a big opportunity to reduce costs and improve outcomes.

The group discussed:

- Similarities between the model of social care in the city and county, differences lie in market availability.
- Workforce implications – needs to be taken forward through capacity and demand modelling.

ACTIONS:

JC to circulate the Newton Europe diagnostic of savings in adult social care to the Board

5. STP Annual Report

DP introduced the STP annual report, intended for the 'informed' audience, and draft narrative that has been created using material provided by SROs and Programme Directors as part of the work-stream confirm and challenge process, and from organisational communications and engagement leads.

Issues to be addressed:

- Page 27 on key priorities needs to incorporate / be replaced by the MOU and NHS constitutional standards.
- Page 14 cancer and end of life need to be separated in this document – further consideration needs to be given to end of life within the STP.
- Page 17 best use of resources and utilising resources to best effect.
- To give consideration to the accessibility of the document in relation to reading age with a view to having two documents.
- Consideration of whether the length of the document could be condensed.
- Developing the document to take a more pictorial form.
- Consider staff as audience.

BM outlined the approach being taken by communications leads to develop the case studies as standalone documents, and production of videos that can be used in organisational annual public meetings.

ACTIONS:

DP take comments away to consider and develop final version of the STP Annual Report.

6. Improving Personalised care in Nottingham and Nottinghamshire

WS presented the circulated paper on the system personalised care diagnostic. The Memorandum of Understanding with NHS England was agreed following the discussion at the 23 March meeting. NHS England have subsequently committed additional resource to ensure that this work is progressed.

HP requested that cost implications of the alternative service (not the project costs) be modelled with the work-stream agreeing with CCGs to ensure that this is captured.

The Board agreed the recommendations that will form the basis of the strategy and work plan.

ACTIONS:

Roz Howie to ensure that cost implications of personalised care is modelled and agreed with CCGs.

7. STP governance

DP presented the circulated paper and new and updated Terms of Reference (TOR). TORs to be considered with a view to being fit for purpose for the next six months.

The Board agreed:

- The updated Terms of Reference for the STP Leadership Board
 - All SROs reflected in the TORs – can be represented by their Chief Executive.
- The updated Terms of Reference for the STP Directors of Finance Group
- The Terms of Reference for the STP Performance Oversight Group and noted that the group focuses only on constitutional performance
- The updated Terms of Reference for the STP Advisory Group
- That the chair of the STP Advisory Group becomes a member of the STP Leadership Board
 - The Chair of this group needs to fulfil the task of being representative of the membership of the Advisory Group as a whole, not just their own constituent organisation

HP updated the Board that the planning task and finish group needs to continue its work. HP will develop a TOR.

ACTIONS:

HP to develop Terms of Reference for the STP planning task and finish group for approval at the STP Leadership Board in June 2018.

8. Update from Mid Nottinghamshire Better Together

AS presented the circulated reports from Mid-Nottinghamshire. The Board are asked to note the updates and advise of any collateral opportunities for system wide working not yet identified by local partners.

At month 12 the Alliance work plan delivered £17.1m against a revised target of £19.4m for 2017/18.

The Alliance Leadership Board has reviewed how it operates in order to maximise the joint benefit of all partners in delivery. To this end, a Transformation Board has been established that will have a dedicated focus on delivering sustainable and safe change, and this will oversee the refreshed work programmes as follows;

- Healthy living
- Urgent care
- Elective care
- Proactive and Long Term Conditions

The report also describes how Locality Hubs will be a key aspect of the delivery infrastructure, through and around which all of the necessary capability and capacity to deliver out of hospital services and support citizens in proactively managing their own care and health and wellbeing will be co-ordinated.

Consideration to be given to how we spread the approach across the STP.

9. STP Risk Register

DP presented the circulated risk register exception report for risks scoring above 12. There are no new or exiting risks.

DJ outlined how the risk register is to be developed prior to a proposed risk register being presented at the June meeting:

- Risks to delivery of programmes
- System risks
- Risks to operational performance

AH asked that patient safety and clinical risks be considered.

10. STP CQUIN 2017/18 Milestone Achievement

Provider conflicts of interest noted for this item and members from provider organisations were asked to leave the room.

SW presented the circulated paper on STP CQUIN milestone achievement. Milestones have been achieved in Greater Nottingham and Mid Nottinghamshire.



WS raised concern regarding the proposed payment for EMAS given their limited engagement with the STP. SW highlighted that they had met the minimum requirements however. It was noted that for 2019/20 mechanisms for greater EMAS engagement are in place for 2018/19 in pursuit of improving the position in respect of non-conveyancing. Some concern remained however and it was agreed DP and WS should meet with EMAS to discuss and raise issues on behalf of the Board – Board divided about whether the 2017/18 CQUIN was met.

The Board agreed the following recommendations:

1. To approve full payment (0.5% of eligible contract value) for the 2017/18 STP CQUIN milestones for each of the following providers:
 - a. EMAS
 - b. NUH
 - c. NHCFT
 - d. CP
 - e. SFHFT
2. To approve the proposed arrangements for approving achievement/ subsequent payment for the 2018/19 STP CQUIN milestones.

ACTIONS:

DP and WS to meet with EMAS to discuss and raise issues on behalf of the Board.

11. System plan and control total

HP provided an update to the Board. Further guidance on system control incentive fund has now been issued and a proposal is required by 31 May. Work is taking place to ascertain the best approach.

There are three incentive fund options:

1. Full Incentive - All Financial Sustainability Funding (SF) assigned to the delivery of the system control total
2. Partial Incentive - Only the additional Provider Financial Sustainability Fund (PSF) attributed to delivery of the system control total
3. 50% Partial Incentive – 50% of the additional Provider Financial Sustainability Fund (PSF) assigned to the delivery of the system control total

A tapered approach has also been implemented which Finance Directors need to give further consideration to.

STP Finance Group to meet on 21 May and by 23 May will circulate an options paper for agreement virtually by the submission deadline of 31 May. HP to circulate the guidance.



ACTIONS:

HP with the STP Finance Group to formulate a proposal on the system control total incentive fund and circulate guidance by 23 May.

12. May 2018 performance report

WS presented the circulated report. Wheelchairs for children remains a concern and is escalating. Re-procurement of services is underway which is intended to address underperformance issues.

HP requested that an amendment be made to page 2 “ACS 2 – Operate within System Control Total and maximise efficiencies” on the coversheet and the performance pack be reissued – there is not a £13.2m surplus.

WS to discuss with Sarah Bray the development an integrated highlight report for wheel chairs.

ACTIONS:

Sarah Bray to reissue the STP performance report with amendments made
WS to discuss with Sarah Bray the development an integrated highlight report for wheel chairs.

13. Report from STP Lead

NHS England reconfiguration guidance has been published.

ICS review meeting took place on 2 May. NHS Improvement and NHS England regional and national teams have confirmed their support in principle to extending the current Greater Nottingham Integrated Care System (ICS) to incorporate the Mid-Nottinghamshire area. Our proposal is for the ICS to cover the whole of Nottinghamshire and include all of its statutory commissioners and providers. This was discussed and support in principle agreed by Michael McDonnell (NHSE, Transforming Health Systems) and Ben Dyson (NHSI, Executive Director of Strategy) in early March 2018. A recommendation has been submitted to the national STP Governance Group that the ICS is ready to progress to partial status. This will be on an expanded Nottinghamshire-wide footprint.

Senior leaders from the Nottinghamshire STP have been invited to attend a series round table discussions with the Prime Minister and Secretary of State about the future of health and social care and in particular a long term funding settlement. Nottinghamshire showcased a range of innovative examples from Greater Nottingham and Mid Nottinghamshire along with other high profile STP areas from across the Country. The importance of a long term funding settlement was emphasised by demonstrating the positive things can be achieved if you get the right investment in health and social care, and the challenge of moving from local transformation to large scale transformation.



There have been recent presentations at Oversight and Scrutiny Committees and Health and Wellbeing Boards.

Publication online of the minutes is scheduled to take place following minutes being ratified at the next meeting. Minutes can go to confidential boards in draft form as needed. Organisations to publish the link to STP Leadership Board meeting minutes in their board papers.

14. Any other business

June development session to go ahead on 29 June. Deputies to be identified as needed due to annual leave commitments of some members.

Time and place of next meeting: 29 June 2018, Rufford suite, County Hall