

**System Leadership Team  
Meeting No. 26**

Chair: Peter Miller

Date: Thursday 18 April 2019

Time: 9.00 – 10.30

Venue: 4th Floor Conference Room, St Johns House, East Street, Leicester, LE1 6NB

<b>Present:</b>	
Peter Miller (PM)	LLR STP Chair, Chief Executive, Leicestershire Partnership Trust
Andrew Furlong (AF)	Medical Director, University Hospitals of Leicester NHS Trust
Mark Andrews (MA)	Deputy Director for People, Rutland County Council
Steve Forbes (SF)	Strategic Director for Adult Social Care, Leicester City Council
Professor Azhar Farooqi (PAF)	Clinical Chair, Leicester City CCG
Professor Mayur Lakhani (ML)	Chair, West Leicestershire CCG and Chair Clinical Leadership Group
Donna Enoux (DE)	Chief Finance Officer, East Leicestershire and Rutland CCG
Frances Shattock (FS)	Director of Strategic Transformation/Locality, NHS England & Improvement
Sue Lock (SL)	Interim LLR STP Lead, Managing Director, Leicester City CCG
Ursula Montgomery (UM)	Chair, East Leicestershire and Rutland CCG and GP
Evan Rees (ER)	Chair, BCT PPI Group
Caroline Trevithick (CT)	Interim Managing Director, West Leicestershire CCG
John Adler (JA)	Chief Executive, University Hospitals of Leicester NHS Trust
Stephen Bateman (SB)	Derbyshire Health Care CIC
John Sinnott (JS)	Chief Executive, Leicestershire County Council
<b>In Attendance:</b>	
Sarah Prema (SP)	Director of Strategy and Implementation, Leicester City CCG
Adhvait Sheth	LLR IM&T Enablement Manager
Jon Adamson	BI Insight Lead (BCT)
Alison Moss	Board Support Officer, Leicester City CCG (Minutes)
<b>Apologies:</b>	
Ben Holdaway (BH)	Director of Operations, EMAS
Karen English (KE)	Managing Director ELRCCG
Chris West (CW)	Chief Nurse and Quality Lead, Leicester City CCG

<b>SLT 19/36 Welcome and introductions</b>	
PM welcomed everyone to the meeting including FS who was attending her first meeting. Introductions were made.	
<b>SLT 19/37 Apologies for Absence and Quorum</b>	
Apologies were noted as above. The meeting was quorate.	
<b>SLT 19/38 Declarations of interest on Agenda Topics</b>	
No declarations of interest were noted.	
<b>SLT 19/39 Notification of any other business</b>	
SL said she would update the meeting on the appointment of a Single Accountable Officer for the LLR CCGs.	

**SLT 19/40 Minutes of meeting held on 21 March 2019 (Paper A)**

The reference, on page 3, to 'CRG' should have read 'CLG'. With that amendment the minutes of the meeting on 21 March 2019 were approved.

**SLT 19/41 Action notes of the meeting held on 21 March 2019 (Paper B)**

The action log was reviewed and the following noted:

SLT 19/8 Update on governance – the actions were subject to agreement of Partnership Group terms of reference (on the agenda).

SLT/19/29 SLT Work Programme – JS was to meet SL after the meeting to consider how the work programme could reflect local authority plans.

SLT/19/33 Update from STP Meeting  
 SL had not yet received information from Dorset ICS.

**SLT 19/42 Matters Arising**

The minutes of the confidential meeting held on 21 February 2019 had been reviewed at the last meeting and no amendments were made. However, as the meeting was not quorate (at that juncture) they had not been agreed. The minutes of the confidential meeting held on 21 February 2019 were agreed.

**SLT 19/43 LLR Digital Strategy – presentation**

Adhvait Sheth gave a presentation on the LLR Digital Strategy. He emphasised the multi-agency approach and outlined the system-wide priorities as: record sharing; digital self-care; supporting pathways and BI and research. He highlighted the current developments as: system standardisation; pathway system reviews; innovation; improved pathway navigation; information governance and LLR integrated care plan. He outlined the governance and funding arrangements.

JS asked, regarding slide 12, whether children's social care should be referenced. Adhvait noted that there had been a specific funding pot for adult social care. There was funding for SEND but no specific funding for children social care and which would be supported from the general 'transformation pot'.

Adhvait noted national developments as; integrated health and care records, 6 digital priorities for health systems, NHS App and online consultations.

SB noted that a provider had been selected for video consultations. He asked who the provider was for online consultations as it was a crowded market and there was a need for a standardised approach. ML was concerned that the project had been delayed and said the pace should be increased. It was noted that Skype was being introduced into general practice to facilitate MDTs and professional connections.

SP asked what communication had been planned around the launch of the NHS App in LLR on 22 April. Adhvait said that there would be a soft launch ahead of a nationwide campaign in September. SB said that NHS111 was planning communication to support the launch.

Adhvait reported that following the publication of the Long Term Plan, a strategic gap analysis had been completed. This identified 135 'asks' and noted that half of them had been addressed within the LLR plan. FS asked about timescales for addressing the remaining issues. Adhvait noted the intention to refresh the strategy by the Autumn. FS offered to help review the funding to see if LLR was accessing the available opportunities.

JA noted UHL's EPR strategy needed support from the system as it had compelling benefits. A bid for national funding had been made to supplement the significant funding from UHL. He said that the project had stalled in some respects and there was a need to convince national colleagues of the value and low cost. He said that many would have preferred the SystmOne route but Nerve Centre was a better product Nerve Centre and met interoperability standards. He said there was a need for the system to support the initiative as EPR was a key building block in the IT strategy.

ER noted that Advhvit had given the same presentation to the PPI Group and it had been well received. He said it was easily understood and demonstrated the patients' voice had been heard at the beginning; there were clear links between what the patients wanted and actions taken. He said that IT was not always discussed in other work streams.

ML asked whether there was sufficient clinical leadership. Advhvit agreed with need for clinical leadership and said a lot was being done nationally. AF said the UHL approach had secured clinical leadership to deliver an e-hospital and the 8 work streams were chaired by a clinician and the clinicians' involvement would be extended as the initiatives were rolled out. It was noted that two GPs, Drs Bentley and Pulman, sat in the Strategy Board and were actively engaged.

ML referred to the e-hospital concept and noted that NHS was the biggest user of Royal Mail and said out-patients should be prioritised to reduce waste. He also asked whether a partnership with a university of entrepreneur had been considered. Advhvit said work was being undertaken around research and innovation space and the academic health science network could be accessed.

SL said that there was a need to engage IT in current projects and work streams to aid efficiency. There was a need for a concerted effort around social care records.

SB considered that LLR was ahead of other areas but cautioned that unless general practice was aligned, progress would be delayed. Primary care would need the clinical leadership to drive IT change and this should be aligned to the GP Forward View.

UM agreed with the need to address e-solutions for outpatients as 1M patients across LLR attended every year. She asked what could be done to reduce repeat tests and ensure GPs had access to outpatient records. JA agreed and said that out patients had been prioritised as it was paper intensive service.

UM noted that video consultations were useful but thought that on-line and telephone and online consultations were more important at the present time. Practices needed the baseline equipment which included two screens; one for the consultation and another to access the medical records.

PM thanked Advhvit for the presentation.

#### **SLT 19/44 BCT Outcomes Framework**

Jon Adamson presented the BCT Outcomes framework which monitored the LLR STP.

Jon noted that only four of the 33 areas did not have a RAG rating.

The proposal was to remove the following metrics:

- 8) Provisions of equivalent health care in community based settings as alternatives to acute hospitals
- 13) Reduction in admissions to residential and nursing care homes per 1,000 of the population 18-64 years olds.
- 31) reduction in estates running costs
- 32) Increase in shared access to patient record.

Revised measures for maternity and access to CAMHS were proposed with a new for reablement. Advice was sought for an appropriate measure for estates and a national template awaited.

16 measures were RAG rated green; 4 amber and 9 red.

JA asked what SLT would do with the information. SL said the information was needed to set the context to the discussion and thought it would also be useful to assess the trends. SP thought SLT could task other groups to address any issues. It was suggested that the report could note what forum was addressing the issue. SL said that SLT should address any barriers to progress.

ML referred to eth outcome measure '10. Patient Experience of GP services' and the fact that satisfaction ratings were declining. He thought this should be owned by the Primary Care Board and it should take action to improve the scores. He added that the reports needed to be consistent in terminology used as the terms strands and goals had been used interchangeably and it wasn't clear whether there were 5 or 6 strands or 4 goals. He asked where the measure for a 'happy workforce' had gone.

It was noted that the outcome measure '8. Provision of equivalent healthcare in community-based settings as alternatives to acute hospitals' was to be removed. It was felt that it was important as it was the goal of the STP to change the model of care. JA noted that was no clear definition and it was no possible to measure it.

UM suggested there should be a measure of how many patients had signed up for ESCR. PM cautioned against having too many measures.

SP asked whether SLT wanted exception reports for those measures rated as red. PM agreed and JA said that many measures reflected long-term issues and there was danger of the report being static. MA proposed that SLT receive an initial report and then consider whether to request a further report. SL was concerned that SLT would turn into an assurance group. MA noted that point but said there was a danger of complacency and SLT needed to be driving the change.

SL noted an error on page 5 in respect of the 'primary care workforce – number of GPs' to note that for quarter 3 the WTE was 558.18 which was below the baseline of 563 (and not 526 as stated in the report).

SP agreed to ask the chairs of the respective groups to provide a brief report to the June SLT meeting for SLT to consider what further action was needed, following which there would be quarterly outturn reports for the BCT Outcomes Framework. FS said it was important to report on trends.

#### **SLT 19/45 Delivering the LLR System Control Totals in 2019/20**

DE gave a presentation of the LLR system controls for 2019/20 and the submission to NHSI which had expressed concern at the level of the risk in the system and convened escalation meetings. ELR and WL CCGs had an unidentified QIPP of £11M and there was a risk around existing QIPP schemes c£16M across all organisations giving an overall risk c£27M in all plans (assuming there was no over performance). A System Sustainability Group had been established to reduce the risks on existing QIPP schemes and develop new schemes. FS asked whether it would be helpful for NHSI to attend the group meetings. DE noted that NHSE attended the QIPP Assurance Group to provide support and challenge and she would review the offer. JA noted that workshop for governance was being arranged and that it might be useful for NHSI to attend that.





SB noted that something similar had been established in Derbyshire and that the Group was meeting weekly and was working at pace, DE said that that many of the sub-groups were meeting frequently but would review the frequency of meeting for the System Sustainability Group, ML asked about the membership and leadership of the Group. It was noted that the Danny D'Genie, CFO, LPT was the chair. MP thought there had been a process deficit as the terms of reference indicated that SLT should appoint the chair and members. SL, noting the point, said that the Group needed to work at pace.

#### **SLT 19/46 Terms of Reference of the Partnership Group (Paper E)**

SP presented the revised draft terms of reference following consideration of the draft by the respective organisations. Subsequent UHL had commented that the terms of office for the chair was too short and that it might be better to be three years rather than one year. SP proposed a two year term.

It was noted that EMAS had been missed off the membership and would be added.

It was noted that the chair would be independent and her/his relationship with the chairs of constituent organisations needed consideration. ER noted that the PPI group was supportive of the chair being independent. SP said consideration would be given regarding the selection of the voluntary sector representative.

SP asked whether the representatives from the local authorities should be the Health and Wellbeing Board chair of the Health lead. She added that they may be the same person. SF and MA noted that for the City and Rutland County they were the same person.

JS thought that it was premature for SLT to sign off the terms of reference and there was the danger of losing sight what the Group was going to consider. He thought that elected members would understand what the Group would oversee in the absence of a plan. JA noted that the non-executives at UHL had voiced a similar view. PM noted that it would be ideal for a plan to be in place for the group to oversee but that there was also benefit in convening the group beforehand to shape the plan. The Group would oversee the progress towards ICS as part of the Long Term Plan. JS suggested that the purpose of the Group could be more clearly defined at point 8 and subject to further discussion. SL agreed and said it was important to set out the expectations clearly. It was agreed to use the development session in May for further discussion.

JS considered that there needed to be a discussion around the terminology used for ICB and the definition of place. He wondered whether the definition should be the social care authority. He added that the membership of the group was top-heavy with NHS representatives and needed more representation from local authorities.

ML agreed with the points made but hoped for an early resolution and thought there was a need to be pragmatic.

SL said there would be further discussion at the workshop in May and there was a need to involve the partners in this. It was agreed to extend the time of the workshop and hold it between 9am and 1pm. JA proposed that the invitation be extended to a wider group, including the lay members. JS suggested the discussion be facilitated.

#### **SLT 19/47 PMO Budget Notification (Paper F)**

SP presented the PMO Budget Notification report for information. She noted that NHSE&I had allocated £233k to LLR to support the infrastructure costs; 2019/20 would be the last year of the funding. SP agreed to report to the June meeting. There would be a report on the remuneration of independent chairs.

<b>SLT 19/48 Revised Timetable for Work Stream Reporting (Paper G)</b>	
SP presented the report on the revised timetable for work stream reporting for information. SP had provided a template to facilitate a standard report. ML asked to see the template. SP agreed to circulate to SLT.	
<b>SLT 19/49 Update from STP Meetings</b>	
SL noted that there had been no meetings in the interim.	
<b>SLT/19/ 50 Mental Health Investment Standard sign off</b>	
It was agreed to circulate the letter from SL, PM and Spencer Gay for the Mental Health Investment Standard.	
<b>SLT/19/51 IM&amp;T Update</b>	
<b>Any Other Business</b>	
<p><u>LLR CCGs Accountable Officer</u>          SL reported that interviews had been held for the Single Accountable Officer for the LLR CCGs and the preferred candidate had been offered to post subject to approval by NHSEI. It was expected that he would be in post October/November.</p> <p><u>Population Health Support</u>          SL reported a meeting with the Commissioning Lead at NHSE&amp;I had been organised.</p>	
<b>Date, time and venue of next meeting</b>	
9am-12pm Thursday 20 June 2019, 4 <sup>th</sup> Floor Conference Room, St John's House	

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