System Leadership Team
Meeting 23
Chair: Peter Miller
Date: Thursday 22nd November 2018
Time: 9.35 – 12:00
Venue: 8th Floor Conference Room, St Johns House, East Street, Leicester, LE1 6NB

Present:	
Peter Miller (PM)	LLR STP Chair, Chief Executive, Leicestershire Partnership Trust
Mark Andrews (MA)	Deputy Director for People, Rutland County Council
Sue Elcock (SE)	Medical Director, Leicestershire Partnership Trust
Karen English (KE)	Managing Director, East Leicestershire and Rutland CCG
Azhar Farooqi (AFa)	Clinical Chair, Leicester City CCG
Mayur Lakhani (ML)	Chair, West Leicestershire CCG, GP, Sileby and Chair Clinical Leadership Group
Roz Lindridge (RL)	Locality Director Central Midlands, NHS England
Sue Lock (SL)	Interim LLR STP Lead, Managing Director, Leicester City CCG
Ursula Montgomery (UM)	Chair, East Leicestershire and Rutland CCG and GP
Sarah Prema (SP)	Director of Strategy and Implementation, Leicester City CCG
Evan Rees (ER)	Chair, BCT PPI Group
Paul Traynor (PT)	Director of Finance, University Hospitals of Leicester NHS Trust
Caroline Trevithick (CT)	Interim Managing Director, West Leicestershire CCG
Jon Wilson (JW)	Director of Adults and Communities, Leicestershire County Council
Apologies:	
John Adler (JA)	Chief Executive, University Hospitals of Leicester NHS Trust
Steven Forbes (SF)	Strategic Director for Adult Social Care, Leicester City Council
Andrew Furlong (AF)	Medical Director, University Hospitals of Leicester NHS Trust
John Sinnott (JS)	Chief Executive, Leicestershire County Council
In Attendance:	
Shelly Heap	Board Support, BCT(Minutes)

SLT 22/11/01 Welcome and introductions	
Dr Ursula Montgomery, Chair East Leicestershire and Rutland CCG was welcomed to the group. The chair will rotate every three months between PM, KE, JA and CT	
SLT 22/11/02 Apologies for Absence and Quorum	
Apologies were received from Steven Forbes, Andrew Furlong, John Adler (Paul Traynor representing), and John Sinnott (Jon Wilson representing)	
SLT 22/11/03 Declarations of interest on Agenda Topics	
ER declared his role as trustee for Voluntary Action Leicestershire for item 8, paper D. There were no further declarations to note.	
SLT 22/11/04 Minutes of meeting held on 16th August 2018 and 18th October 2018	
The minutes of the meetings on 16/08/18 and 18/10/18 were approved as a true and accurate record.	
SLT 22/11/05 Action notes of the meeting held on 16th August 2018	
Both actions are on the meeting agenda for today.	
SLT 22/11/06 Key updates	
STP Events SL provided feedback from two recent events. The first event was about the NHS long term plan at which Matt Hancock talked about three broad areas of focus as follows: • Workforce - there was acknowledgment about the challenge to find the right people with the right skills and qualifications to implement new working models. • Prevention – previous investment has been for the treatment of illness rather than prevention, however, funding will be channelled into better health going forward. • Technology – the NHS has been slow to adopt and use technology consequently missing out on efficiencies. Simon Stevens outlined the five year funding deal, emphasising that the first two years will continue to be tough with little financial flexibility due to the number of pre-commitments against the funding. It was clear that we will need to work differently with a focus on the priority issues in the short to medium term to achieve financial balance. There are five tests/key issues which are outlined in the long term plan: 1. Return to financial balance across providers and commissioners 2. Productivity growth to be improved by at least 1.1% per annum 3. Delivering reduced growth in demand through integration 4. Operational and quality performance 5. To make better use of capital investments There were four areas highlighted where the findings on health outcomes are not as good as they should be. These are Cancer, CVD, Respiratory and Perinatal Mortality. Mental Health was also cited as an important issue. Time will need to be set aside for the system to start to organise transformation activities as well as to look at block contracting to start with effect from 2020. It was advised to start work as soon as possible as activity trends are already known; the guidance will be available shortly. It was acknowledged that 2019/2020 will be a very difficult time although work has already started on planning. There was feedback regarding Integrated Care Systems (ICS). There will not be any legislative changes or a blueprint for an ICS, although there will be some flexibility in size. Examples were	

discussed from other ICSs nationally, whilst some are working on the whole scope Lancashire and South Cumbria are developing an ICS with a focus on older people including the provision of enhanced services in established care homes.

The second event was the STP clinical leads meeting at the end of October 2018 . They stressed that fragmentation of systems is a key driver for inefficiency and extra cost. There was acknowledgment that there is a growing number of STPs who have an integrated vision but that delivery is fragmented. There was emphasis on organisational development and the need for talent management to identify people within our partnership organisations who have potential for development. The use of consistent Quality Improvement methodologies was also cited as important along with the building of informal relationships between GPs and consultants, clinicians and the public as well as between health and the local authorities as these were identified as key criteria for an effective ICS.

CT added that both events had a focus on the wider determinants of health at a local level, highlighting the importance of a neighbourhood approach and understanding of local health needs in addition to how to link this with prevention. There was also a discussion about clinical engagement work and how a step change is needed to engage the LLR whole clinical population to bring them along on the journey towards an ICS. The recent Making Things Happen (MaTH) event was very good but more can be done in relation to this.

UM told the partners that the newly formed Integrated Community Service Board has been looking at aspects of the LLR population health, prevention, care coordination as well as bringing together teams who work across boundaries. There are 13 Locality Teams already set up from which data could be analysed centrally to inform decisions about the direction of travel.

There was a group discussion about community and place with an opportunity to do something to bring everyone together to best serve the LLR community. The use of LA boundaries to define place could be used. PM noted that this needs to be defined in order to create strong partnerships to best develop services.

PM highlighted the great work that is currently being undertaken by Cheryl Davenport to develop a Business Intelligence system for LLR.

Engagement Events

There have been 7 events held so far with varying numbers and a wide variety of different people attending. Pressure groups have been at most events therefore; there has been a focus on ICU and whether our duty to consult with the public has been discharged. The Oakham event had much more focus on local services. There are two further events next week at Hinckley and the City (De Montfort University). The outputs will be captured and there will continue to be an ongoing dialogue with the public. Early feedback is that the public feel they haven't had enough opportunity to give their views, additionally that they haven't been listened to, therefore this is a good opportunity to learn from experience to improve in future.

The importance of developing a range of engagement activities rather than just public events was recognised. John Adler will be leading on Communications and Engagement and will be picking this up with Richard Morris and Sue Venables. SL expressed thanks and well done to all of those involved in the events.

SL highlighted that these events did not contain any update on mental health and that this was a gap to address at future events by having someone available to speak to the public and answer any questions.

SLT 22/11/07 System Leadership Team Terms of Reference Refresh	
SL updated the partners that it has been more complex than first thought to draft the SLT Terms of Reference as SLT was initially set up as a subcommittee of the CCGs, therefore the corporate governance side is more complicated. Consequently, further time is needed to continue to have one to one conversations with partners to understand the process to ensure the right level of input. It was agreed to have an outline of the key principles and guidance for discussion at the December SLT meeting. The full proposal should be ready for the January SLT meeting.	**SL**
SLT 22/11/08 Development of an Oversight Group Terms of Reference	
Pete Miller outlined the proposal in Paper D for the development of the terms of reference for the proposed new oversight group that was agreed by partners recently. The paper outlines the purpose and responsibilities of the group. Partners were invited to give their feedback and comments on the draft document as follows: • There was support for an oversight group to bring good governance to hold SLT to account on principles and behaviours as well as to provide guidance and support • The term 'oversight' should be changed as the group will not have any statutory power. • Both SLT and the oversight TOR cannot be done in isolation as SLT with inform the later. • The oversight TOR should clearly define the function of the group (including Liaison and Engagement) as well as outline responsibilities, power, limitations in addition to how the group links to CCG governing bodies. The difference between the oversight group and SLT should also be specified. • Membership should include Health and Wellbeing chairs, lay members, patients and the voluntary sector although it was acknowledged that it will be challenging to identify a single voluntary sector representative. • There was support for an internal chair initially but this would be kept under review • If the oversight group is open to the public consideration is required on how confidential issues will be discussed. It was agreed that SL and PM will work jointly on both Terms of Reference. In addition a pack of governance papers will be developed to include a memo of understanding, the values, purpose and behaviours etc. Corporate Governance will also be involved. Lincolnshire has a similar group which is called the Lincolnshire Co-ordinating Board and the System Executive sits underneath. RL will share the newly published guidance which will be very helpful.	**SL/PM**
SLT 22/11/09 Progress towards an ICS	
PM highlighted the progression of LLR towards becoming an ICS along with the criteria that will make the process successful as outlined in the table in Paper E. There is a NHS England Aspirant ICS Programme with entry criteria which will support systems to make the transition. The criteria are good indicators of success and include the following: • Effective leadership and strong relationships, • Track record of delivery • Strong financial management • Focussed on care redesign • Defined population	

The partners agreed to start development work in the new year with a view to move to the early stages of an ICS next spring 2019. The partners discussed the proposal and the following points were made: • Start a self-assessment against the outlined criteria • Organise a ICS Development Session in January 2019 • Begin to make small incremental changes towards becoming an ICS • Look at ways to improve relationships • Do this work in parallel with the STP plan refresh, adding next steps towards an ICS plans and time both to be completed at the same time SP highlighted that a lot of work was already started at the last SLT time out session and she will begin to gather more evidence for each of the categories for use at the January Development Session. It was acknowledged that a more effective PPI will be very important component and noted that there is currently a PPI review underway. RL supported the self-assessment as a very useful approach and suggested learning from others would be helpful. For example Wakefield, Cheshire and Suffolk will provide the national view and RL will put us directly in contact with them. RL advised that the National System Transformation Group is there to support ICS development and they will be happy to come and speak to partners or help facilitate the planned Development Session.	**SP** **PM**
SLT 22/11/10 LLR Digital Roadmap	
Ian Wakeford, IM&T Senior Responsible Officer attended the meeting to give an update on the LLR Digital Roadmap, Paper F attached. PM recently took on leadership of the IM& T workstream and a refresh of the digital roadmap was done to establish the direction of travel. IM&T have worked closely with the workstreams to understand their needs and this has informed the strategy. It was highlighted that the strategy is a technical business document and therefore it isn't public facing, however, there will be an IM&T annual report which will be public facing and which will include the IM&T achievements. The Roadmap is now ready for SLT approval. The context and the strategic drivers were explained: ***Local*** – BCT model of care supported by digital technology and transformational change – Supporting service redesign and what patients want – What patients, service users and staff have told us ***National*** – NIB Framework – paper free at point of care 2020, Transfers of Care – GP five year forward view, health and care integration – Secretary of State vision for health and care The vision and principles of the Strategy are aligned to the NHS plan and include: – Digital for all – Digital transformation – Having a single patient record is critical Transformational change is a golden thread running through the big 4 strategic objectives: 1. Improving record sharing and access rights to view summary care records, having fewer systems to avoid silo working 2. Supporting pathways e.g. all of the necessary information in the pathway is available to	

support safe transfers of care and shared care.

3. Digital Self Care – the use of apps for the public and clinicians and remote sensing to measure and monitor health (e.g. falls or blood sugar levels)
4. LLR wide Business Intelligence strategy to support public health, research and service redesign work is almost complete.

Leadership and Governance:

- Clinically led leadership and oversight
- IM&T strategy developed in partnership with major stakeholders who are involved in the IM&T Delivery Board
- Strong links with Information Governance
- AO links with SLT as route of escalation
- Annual planning cycle and priority refresh
- Strong links with the Public and Patient Involvement Group to capture valuable contributions

Funding and sources of investment – the various sources of funding have been non recurrent capital. Bids are coordinated for this money and these have been successful to date, however a national revenue funding model is needed to enable efficiency gains through moving to capital based services. The current three year plans will cost circa £27m. £16m funding is available which leaves a gap of £11m. There is a prioritisation framework in place and therefore some of the non-critical schemes with a medium level of benefit may have to wait or be reprioritised should further funding become available.

The partners asked questions and provided feedback as follows:

PT asked about the £11 m funding shortfall and if it would be likely that the non-critical schemes can be carried out given the 3 year plan is nearing the end of the term.
IW explained that it is unknown whether there will be further non recurrent capital available that we can bid for and if so this would change the figures. Additionally some of the schemes may not go ahead and some schemes may be funded directly by the relevant organisation should capital funding become available.

PT asked whether there was change management resource available for Transformation Scheme implementation.
IW answered yes; however, IM&T challenge bidders to ensure that schemes are Transformational and that they themselves have the necessary resources for implementation. If IM&T aren't assured that this is the case they can refuse a scheme.

UM asked about the UHL outpatient transformation and the linking of systems as it seems that this is not included in the roadmap.
IW and PM explained the background and the decisions that have already been made in relation to this at IM&T board. The UHL IM&T strategy is to maximise the use of nerve centre and pull information from the System One record for viewing instead of using System One directly. From the end user perspective it is better to use just one system.

MA thanked IM&T for the excellent approach that has been taken and the work that has been carried out to provide real tangible success. This has been linked to improvements for patients and the change has been clear to see. MA suggested this approach be used across all of the programmes.

JW told the partners that the LLR BI application had just been approved and everyone was very pleased with the great news.

JW asked about the national digital work that has taken place in regard to data anonymization to protect personally identifiable information, the joining of national and local data and the need for a local BI warehouse.
IW said that conversations with NHS digital have clarified the process for data anonymization. National data can be joined with local data so long as the same tool and process is used, however, that would always need to be a local BI warehouse as there are some data sets that would need to be held locally.

ML asked if the digital self-care objective is transformational and ambitious enough as others are beginning to use new technology such as an apps library, on-line access to results/blood tests, on-line booking of hospital appointments, remote consulting etc.
IW responded that the current 3 year strategy ambitions were limited by the current kit, technology and funding. However, most of the current contracts will be coming to an end in 2020/21 and therefore the Strategic Vision for 2012 will certainly incorporate the next generation of technology to support the NHS national strategy and Matt Hancock's cyber vision and the use of artificial Intelligence and new technology.

The strategy was approved and it was agreed to give some thought to outpatient inclusion. The investment position and implications of the strategy were noted.

SLT 22/11/11 BCT Outcomes Framework & Key Risks

Jon Adamson, STP Performance Analyst attended the meeting to present the up to date Outcomes Framework in Paper G. SP provided an overview of previous work on the framework which was approved at SLT in May 2017 where it was agreed to regularly report back to SLT.

The framework has just been updated with the most current data. 22 of the measures have been RAG rated, there are six red, one amber, 15 green. Further detail against each measure is detailed in the report.

JA has been reviewing the indicators along with the introduction of a new NHS dashboard for health and social care interface. Five recommendations to improve and strengthen the framework have been made as follows:

1. Future updates of the Framework should report *enablers* of success separately to *outcome measures*.
2. It is recommended that seven outcome measures are removed or replaced (8, 23, 25, 29, 31, 32, 35) and part of one (13a) is removed.
3. Outcome measures should continue to be RAG-rated at the STP area level but, wherever possible, data should also be reported at a lower geography, either Local Authority area, Clinical Commissioning Group area or Locality area.
4. Review where additional measures relating to Local Authority activity could be included to strengthen the BCT Outcomes Framework.
5. There is a need to strengthen the link between existing workstream activity and reporting (including QIPP) and the BCT Outcomes Framework.

The partners were asked for input and comments as follows:

- The secondary care workforce measure is showing as green and this isn't correct so it will need to be looked into.
- No measures should be removed but there should be further discussion with workstream leads to ensure KPIs are identified or alternatives are found.
- National Assurance statements will move to reporting at the system level in future. Some

CCG improvement indicators might be useful to include such as Mental Health. There was an offer from RL for NHS E to help to triangulate the information. • Cancer measures at the local level would be helpful to understand in more detail. There is an analyst at East Midlands Cancer Alliance who can help with this. JA was asked to make contact. • It was agreed that it would be useful to know who leads on each measure and that there is a plan in place to address any issues. This information will be added to the framework. The recommendations were agreed as follows: 1. Agreed 2. KPIs to be agreed for all measures with relevant workstream leads or replaced with an alternative. Measure 31 to be replaced with one regarding rationalisation from the Estates Strategy 3. Agreed 4. Additional LA measures will be agreed through the ICB Board 5. Agreed It was acknowledged that a structure is needed for how the framework will be used for performance management at SLT as well as for dealing with escalations. Actions: • Discussion with workstream leads to ensure KPIs are found for the seven outcome measures identified or that alternatives are found • To make contact with the analyst at East Midlands Cancer Alliance to look at local level cancer measures. • Leads and plans for monitoring each measure to be included in the outcome framework • Process to be developed for performance management of the outcomes framework at SLT and for dealing with escalations.	**SP/JA**
SLT 22/11/12 Frailty Update	
Paul Traynor highlighted some blockages which need to be flagged or progressed as outlined in Paper H. • The programme is largely on track to timescales • There are some delayed actions; however these are in hand with the Frailty Taskforce. • LLR non-weight bearing pathway – it is recommended that the A&E Delivery Board formally take on delivery of this. • LLR therapy pathway – still to be identified • Care homes has been taken by Rutland County Council – it was highlighted that this must move at pace and there will be an update on this item at the next SLT meeting. • Community Services Redesign is high risk as this is operationally a key issue. It was noted that there are potential resolutions for most of the issues.	
SLT 22/11/13 Notification of Any Other Business	
There was no other business raised.	
Date, time and venue of next meeting	
9am-12pm Thursday, 20th December 2018, 8th Floor Conference Room, St John's House	