Trust Board paper M

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 6 December 2018

The following reports are attached to this Bulletin as an item for noting, and are circulated to UHL Trust Board members and recipients of public Trust Board papers accordingly:-

- **System Leadership Team minutes (16 August 2018 and 18 October 2018)** – Lead contact point Mr J Adler, Chief Executive (0116 258 8940) – **papers 1 and 2**

It is intended that these papers will not be discussed at the formal Trust Board meeting on 6 December 2018, unless members wish to raise specific points on the reports.

This approach was agreed by the Trust Board on 10 June 2004 (point 7 of paper Q). Any queries should be directed to the specified lead contact point in the first instance. In the event of any further outstanding issues, these may be raised at the Trust Board meeting with the prior agreement of the Chairman.

System Leadership Team
Meeting 21
Chair: Toby Sanders
Date: Thursday 16th August 2018
Time: 10:15 – 12:00
Venue: 8th Floor Conference Room, St Johns House, East Street, Leicester, LE1 6NB

Present:	
Toby Sanders (TS)	Chair, LLR STP Lead, Managing Director, West Leicestershire CCG
Karen English (KE)	Managing Director, East Leicestershire and Rutland CCG
Azhar Farooqi (AFa)	Clinical Chair, Leicester City CCG
Andrew Furlong (AF)	Medical Director, University Hospitals of Leicester NHS Trust
Andy Keeling (AK)	Chief Executive, Leicester City Council
Roz Lindridge (RL)	Locality Director Central Midlands, NHS England
Sue Lock (SL)	Managing Director, Leicester City CCG
Will Legge (WL)	Director of Strategy & Information, EMAS, NHS Trust
Peter Miller (PM)	Chief Executive, Leicestershire Partnership Trust
Richard Morris (RM)	Director of Corporate Affairs, LCCG SRO Communications and Engagement
Tim O'Neill (TO'N)	Deputy Chief Executive, Rutland County Council
Richard Palin (RP)	Chair, East Leicestershire and Rutland CCG
Sarah Prema (SP)	Director of Strategy and Implementation, Leicester City CCG
Evan Rees (ER)	Chair, BCT PPI Group
Caroline Trevithick (CT)	Deputy Managing Director, Chief Nurse and Quality Lead, West Leicestershire CCG
Chris Trzcinski (CTr)	Vice Clinical Chair, West Leicestershire CCG
Mark Wightman (MW)	Director of Strategy and Communications, University Hospitals of Leicester NHS Trust
Apologies:	
John Adler (JA)	Chief Executive, University Hospitals of Leicester NHS Trust
Mark Andrews (MA)	Deputy Director for People, Rutland County Council
Steven Forbes (SF)	Strategic Director for Adult Social Care, Leicester City Council

Mayur Lakhani (ML)	Chair, West Leicestershire CCG, GP, Sileby Co-Chair Clinical Leadership Group
John Sinnott (JS)	Chief Executive, Leicestershire County Council
In Attendance:	
Shelly Heap	Board Support, BCT(Minutes)
Sue Venables (SV)	Head of Communications and Engagement, Better Care Together

SLT 16/08/01 Welcome and introductions

As TS is moving to his new post in Northamptonshire at the beginning of November 2018, Caroline Trevithick will be attending SLT meetings in her role as Deputy Managing Director of West Leicestershire CCG to provide Management continuity for the organisation.

WL told the group that he will no longer be attending Senior Leadership Team (SLT) due to internal changes at East Midlands Ambulance Service (EMAS); he will be supporting Derbyshire in future. However, the new representative for Leicestershire will be Ben Holdaway who is operations focused and a strategic thinker who will make a very good contribution to SLT. TS expressed thanks to WL for his valuable contribution as his role with other STPs has given him an excellent insight and perspective which he has bought to LLR.

SLT 16/08/02 Apologies for Absence and Quorum

Apologies were received from John Adler (Mark Wightman representing), Mark Andrews (Tim O'Neill representing), Steven Forbes (Andy Keeling representing), Mayur Lakhani (Chris Trzcinski representing), John Sinnott.

SLT 16/08/03 Declarations of interest on Agenda Topics

There were no declarations of interest to note.

SLT 16/08/04 Minutes of meeting held on 19th July 2018

The minutes of the last meeting were accepted as a true and accurate record.

SLT 16/08/05 Action notes of the meeting held on 19th July 2018

It was noted that each action has been completed and those relating to the Leadership and Governance review will be discussed on today's agenda.

SLT 16/08/06 Feedback from Regional STP Leads Meeting, 3rd August 2018

TS provided feedback from the recent Regional Sustainable Transformation Partnership (STP) leads meeting for noting as outlined in Paper C.

The main areas of discussion were as follows:

- ***Progress on joint working between NHS England and NHS Improvement***
  - There has been a lot of progress on the development of 15 functional and 9 enabling workstreams. They are working towards single leads for each regional area and the expectation is that the second level tier regional structures should be in place by the autumn. There is likely to be a number of National Directors for each organisation; nevertheless, it is planned that they will work together as a single team. Portfolios that were described for NHS Improvement may include Commercial, People and Improvement and for NHS England, Strategy and Innovation, Elective and Urgent Care, Nursing, Medical and Finance. However, it was acknowledged that when Regional Leads have been appointed that they will direct the development of the lower tier structure. These changes are likely to result in the evolution of the interface between

STPs and NHSE/I going forward.

- ***The evolution of STPs and Integrated Care Systems*** (ICSs)
  - A number of areas are being considered at national level such as direct commissioning, pharmacy, dental and opthamology and it is likely that devolution into local STP structures will be take place. LLR has not expressed an interest in the early wave to become an ICS at this stage; however there is an expectation by NHSE for STPs to move on from current arrangements and therefore this will be a theme for discussion at the September 2018 Time Out Session.

- ***Additional National Funding***
  - There have been a number of letters from NHSE to all STPs regarding additional funding which is very positive and helpful. Leicester, Leicestershire and Rutland (LLR) will receive funding for the following programmes: Urgent and Emergency Care, Planned Care, and Information Management and Technology (IM&T). LLR will be required to produce and share plans for how the funding will be used. SL pointed out that there has also been recent confirmation of additional funding for Cancer.

WL queried if the transformational fund was capital and RL clarified that it is non-recurring revenue specific and amounts to circa £7.1m over 3 years for LLR. This is in addition to National funding already identified for STPs.

SLT 16/08/07 Draft of LLR STP Elective Care Transformation Plan

Ket Chudasama (KC), Director of Performance and Corporate Affairs, West Leicestershire CCG and Helen Mather (HM), Planned Care Programme Lead attended to present Paper D for approval by SLT.

Since the initial draft plan was presented and broad support received at the last SLT meeting in July 2018, it has been through the relevant Board Meetings which have supported the plan and positive feedback has also been received from NHS England which is highlighted in the attached paper.

KC outlined the key main changes as follows:

- Clearer articulation of the principles and examples of University Hospitals Leicester (UHL) led elective care initiatives such as one stop clinics in urology and renal, an increase in the use of digital technologies, reconfiguration within theatres to improve patient flow and clinical adjacencies, and development of the Planned Care Treatment Centre at the Glenfield Hospital (paragraph 26-27)
- CCG and UHL actions to sustain waiting list improvements (paragraph 46-47)
- Linkage between MSK actions and clinical outcomes (paragraph 56)

Two areas are yet to be finalised as further information is awaited. These are further detail on advice and guidance and the linkage between actions and outcomes on ophthalmology and this will be completed in time for submission of the plan on 23 August 2018.

The partners discussed the ambitiousness of the plan in terms of overall improvement and change to adapt to future needs. There was discussion about the time frame of the plan over the next five years and agreed that the longer term plan should be wider and more ambitious but it was recognised how challenging longer term planning can be. Capacity planning to ensure sufficient support across all settings to implement the proposed changes was also discussed.

There was concern about ‘buy in’ and the huge cultural and behavioural changes necessary for clinicians (GP’s and Hospital Doctors), who are already under pressure particularly in relation

to the electronic Referral Management System (PRISM) as the view is that this will increase the amount of work clinicians undertake. HM advised that the aim is to ensure the system is less labour intensive and although this is challenging, work continues to iron out issues to improve compliance, minimise duplication and improve demand management. It was acknowledged that this will take some time to implement, however, clinicians are generally supportive of the necessary change and it is important to continue to engage the workforce in this respect. Furthermore, it was accepted how important it is for investment in digitisation and particularly for interoperability development. HM explained that there have been strong links established with IM&T and other work streams to address interdependencies.

ER asked how Patient and Public Involvement (PPI) groups had been involved in the process. KC explained that there is representation at the Planned Care Board level. In addition the UHL Patient Group and other groups were also engaged and involved in the process however, this was not reflected in the document and it was agreed to include it.

There was further discussion relating to the increased volume and earlier referrals and whether the 20% reduction modelling could be achieved. HM explained how the modelling had been undertaken to arrive at this figure and is confident that it is realistic.

The partners were in agreement that the plan is a good foundation and it was approved, pending inclusion of the following:

- Reflect PPI involvement
- Link to IM&T and work stream interdependencies
- The Clinical Leadership Group will test the assumptions in the plan

The issue of activity alignment must be addressed and it was agreed that this would be taken back to the Planned Care Board for consideration.

SLT 16/08/08 LLR Frailty Programme 18/19 update

Rachna Vyas (RV), Deputy Director of Strategy and Implementation attended to provide an update on the areas of progress in the Frailty Programme as outlined in Paper E.

Action 2: Design and implement a system to enable each part of the system to access and enact care plan

There has been a lot of practical progress made relating to the use of systems as follows:

- The information available in the care plan has been made more accessible on SystmOne, which has been enabled by the IM&T programme.
- Multiple log-in software to reduce the time taken to log into systems has been trialled and well received by Clinicians.
- Work has been undertaken with Dr Bentley to ensure that the right information is available in the care plan to make a decision to prevent unnecessary readmission of patients.
- Planned Care templates will be improved after learning from last winter. The work is planned to take place in August and September 2018 with testing during October 2018 and the work should be completed by the end of October 2018.

The Making Things Happen (MaTH) Event took place at the end of July 2018 and was attended by approximately 120 Health and Social Care staff. An outcome of the event relating to what staff said needed to be done differently to enable change and innovation to improve a system of care for frailty was outlined. This proposal is outlined in Appendix 2 and contains seven commitments to be adopted across LLR to support behavioural and attitude change. RV asked for support from the partners to share this with their Executive Teams. Additionally, it will be shared with the Clinical Leadership Group (CLG) and the Public and Patient Involvement Group (PPI) for their input and feedback on the content.

Work has been undertaken on the Primary Care co-ordination function in relation to the front door process on the emergency floor and discussions about this are still ongoing. There will be significant changes to and impact on attendance to admission flow as a result. Additionally, RV highlighted that the scale of pilots and their timing should be increased to make a real difference in time for this winter. Questions and comments from the partners were provided as follows: WL queried the comments in red on Page 4 of the briefing paper relating to EMAS. RV explained that a representative from EMAS has been invited to join the group but no-one has been able to attend as yet, therefore these are actions raised at the MaTH event that still need to be explored. It was agreed that both listening to as well as incorporating patient feedback into the programme was very important. RV told the partners that she is working on how best to service all the groups that have shown an interest in being involved in the Frailty programme. MW raised a point regarding the 'Learning Lessons to Improve Care Clinical Quality Audit (LLtIC)' report which was produced by Mazars LLP. A key element of the report was an emerging picture of frail elderly patients being admitted to UHL due to deterioration in their condition. Therefore, it is important to identify these patients much earlier and deliver care as well as to put preventative measures in place to prevent admission to hospital which was a recommendation in the report. In terms of increasing the scale of pilots RV explained that additional resource would be required to do this and it was agreed that if necessary the Frailty Board should escalate this in their next briefing paper to SLT and provide recommendations so that partners can discuss resources and take timely action. MaTH Event, appendix 2 is to be tabled at CLG and PPI meetings for input and feedback. SLT to provide feedback on appendix 2 directly to RV.	**RV**
SLT 16/08/09 IM&T update	
PM provided an update for noting on IM&T, Provider Digitisation as outlined in the slides in Paper F. Confirmation was received yesterday that £412.5m has been made available nationally on a fair share basis for Provider Digitisation over a three year programme. There is a process to go through to draw down the capital and the plan must be submitted by 5th October 2018, therefore a list of the prioritised plans for LLR is being developed over the next few weeks. PM requested delegated authority to go ahead with this work and to bring back to SLT for approval prior to the IM&T programme Board in September 2018. There is a meeting with John Adler and John Clarke the first week in September 2018 to discuss engagement and it is important to ensure there is good engagement with the Local Authorities and there will be a focus on deliverability. It was highlighted that in the third year, voluntary sector input will need to be strengthened and therefore LOROS or others may be included at this stage. There was a discussion about EMAS and UHL who are not eligible for this funding but who could improve recording to provide meaningful business intelligence (BI) as currently although information is gathered it isn't in a format that can be analysed and reported on and this could improve operations and provide invaluable insights. PM explained that Ian Wakeford has recently presented the IM&T plan to SLT following six months of discussions with work stream leads to identify the key priorities and that all organisations are represented in the IM&T Board. Furthermore it was pointed out that the funding is not specifically for BI, however, WL thought that it could be evidenced as clinical BI. It was also noted that Cheryl Davenport is currently working on BI solutions for LLR which may address the issues experienced by EMAS and UHL.	

PM will feed this information back to the IM&T board, MW and WL agreed to discuss further outside SLT. There was a further discussion with the partners about moving towards using a single system such as SystmOne, and PM confirmed that this is the national strategic direction over the next three years, However, it was recognised that it is also important to ensure interoperability between the various systems currently in use as this is a priority area for Clinicians but that this is a huge challenge. It was agreed that PM will compile the list of prioritised plans for LLR for remote SLT sign off in September.	**PM**
SLT 16/08/10 Proposal for Out of Hospital Board	
Tamsin Hooton (TH), Director, Community Services Redesign, Cheryl Davenport (CD), Integrated Locality Teams Senior Responsible Officer (SRO), Leicestershire County Council and Jon Wilson, Home First SRO, Leicestershire County Council joined the meeting to present the LLR Out of Hospital Work stream proposal for SLT agreement. TH outlined the introduction, background and recommendations proposed in Paper G to create a single place based Local Authority structure Out of Hospital work stream by aligning a number of existing work streams, specifically the Integrated Teams, Home First and Community Services Redesign and their subgroups. Work has taken place to scope the proposal, consider the interdependencies and look at the membership. The governance structure is shown in the diagram on the last page and it was acknowledged that really strong programme management will be required given the complexity and interdependencies. TS asked JW and CD for their views on the proposal outlined and both confirmed that they are broadly supportive and that in operational terms the teams work has already started to work in this way as most work is cross cutting and cannot happen in isolation, therefore, it makes sense to establish the overall governance arrangements and worksteams will evolve over time. However, the size and scope of the board and the wide set of programmes is a concern. There was a lengthy discussion by the partners about where specific programmes should be placed and issues relating to the size and scope of the proposed board was considered as it was accepted how broad and complex it would be due to cross over and interdependencies. However, some programmes can operate with a task and finish group approach whilst still coming under the Out of Hospital workstream if this is the best fit. It was established that the use of a matrix management approach would be helpful. It was agreed that the core elements and logic of the proposal are sound; however, there needs to be further consideration of where long term conditions such as respiratory are placed, therefore, there was no overall agreement on this point. It is proposed that Frailty would remain a separate programme as it is clearly independent. Each recommendation was addressed separately for approval as follows: 1. Integrated Teams and Home First Programme Boards will be merged to create a new 'Out of Hospital' Board with effect from September 2018. Ursula Montgomery will be the chair - APPROVED 2. Scope and Governance structure including membership of the group – APPROVED (except for long term conditions which requires further consideration) 3. Each of the LA Upper Tier Place Based Groups to confirm their governance, decision making and working arrangements in relation to the Out of Hospital Board and to reflect this is the SLT Governance Review - APPROVED In addition, it was agreed that the Terms of Reference and membership of the new Programme Board would be considered at the opening meeting of the new board.	

It was agreed that the three CCG leads would meet to discuss Programme Management support and SRO arrangements for the new workstream and return to SLT with a proposal.	**TS/SL/ KE**
SLT 16/08/11 Clinical Leadership Terms of Reference	
CT presented Paper H on behalf of the Clinical Leadership Group (CLG) on the updated Terms of Reference (TOR) for approval. CLG have updated its TOR in line with the annual plan and in response to the challenge from SLT about developing the role of an internal clinical senate for the STP. It is intended that CLG becomes an integral step in Better Care Together (BCT) pathway redesign, supporting system organisational development with a focus on monitoring the management of clinical risk and facilitating cultural change where required. In terms of the membership, some gaps were identified for both EMAS and University representation which will be explored further. The partners discussed the proposal and agreed to approve it on the basis of a refresh of CLG under the current SLT governance arrangement. It will be looked at more broadly in the forthcoming STP governance review with the intention that CLG should take a more significant leadership role, more closely aligned to clinical work streams and which sets the Clinical Strategy for LLR and holds SLT to account. In addition, to look at creating a broader community of clinical leads which is adequately resourced.	
SLT 16/08/12 Leadership and Governance	
TS proposed a Time Out session using the SLT meeting date on 20th September 2018 from 9.00am to 2.30pm at Glenfield NSPCC Centre. The session will include an informal stock take to allow for an honest and frank assessment between partners to come to a shared understanding of how the partnership should operate. The National Leadership Centre will facilitate the session and there will be one to one phone calls with the partners to establish the background and to structure the agenda. SLT discussed attendance at the session and it was established that as well as SLT partners that the chairs of UHL, LPT and NED from EMAS. The partners agreed to the proposal. TS announced that the three CCG Boards agreed at their August 2018 meetings to undertake work to consider the benefits of a single Accountable Officer and management team structure across the three CCGS. This would include reviewing learning from other areas. NHS England will provide external support to carry this out promptly over the next few weeks and bring a proposal back to the three CCG boards. ***STP Lead Role post 1st November*** It was confirmed that TS will be leaving West Leicestershire CCG at the end of October 2018. There have been discussions with NHS England and NHS Improvement regarding a replacement for the STP Lead role and there will be a formal appointment process dependant on the outcome of the STP Governance review. An interim arrangement may need to be put in place which will be decided following the September 2018 Time Out Session.	
Date, time and venue of next meeting	
9am-12pm Thursday, 18th October 2018, 8th Floor Conference Room, St John's House	

System Leadership Team
Meeting 22
Chair: Toby Sanders
Date: Thursday 18th October 2018
Time: 10:00 – 12:00
Venue: 8th Floor Conference Room, St Johns House, East Street, Leicester, LE1 6NB

Present:	
Toby Sanders (TS)	Chair, LLR STP Lead, Managing Director, West Leicestershire CCG
John Adler (JA)	Chief Executive, University Hospitals of Leicester NHS 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
Steven Forbes (SF)	Strategic Director for Adult Social Care, Leicester City Council
Andrew Furlong (AF)	Medical Director, University Hospitals of Leicester NHS Trust
Andy Ker (AK)	Clinical Vice Chair, East Leicestershire and Rutland CCG
Ben Holdaway (BH)	Director of Operations, East Midlands Ambulance Service
Roz Lindridge (RL)	Locality Director Central Midlands, NHS England
Sue Lock (SL)	Managing Director, Leicester City CCG
Peter Miller (PM)	Chief Executive, Leicestershire Partnership Trust
Richard Morris (RM)	Director of Corporate Affairs, LCCG SRO Communications and Engagement
Sarah Prema (SP)	Director of Strategy and Implementation, Leicester City CCG
Nick Pulman (NP)	Clinical Vice Chair, West Leicestershire CCG
Evan Rees (ER)	Chair, BCT PPI Group
John Sinnott (JS)	Chief Executive, Leicestershire County Council
Caroline Trevithick (CT)	Deputy Managing Director, Chief Nurse and Quality Lead, West Leicestershire CCG
Apologies:	
Azhar Farooqi (AFa)	Clinical Chair, Leicester City CCG

Mayur Lakhani (ML)	Chair, West Leicestershire CCG, GP, Sileby Co-Chair Clinical Leadership Group
Richard Palin (RP)	Chair, East Leicestershire and Rutland CCG
In Attendance:	
Shelly Heap	Board Support, BCT(Minutes)
Sue Venables (SV)	Head of Communications and Engagement, Better Care Together

SLT 18/10/01 Welcome and introductions

Sue Elcock, who has started as the new Medical Director at Leicestershire Partnership Trust and Ben Holdaway, Director of Operations, East Midlands Ambulance Service were welcomed to the group.

SLT 18/10/02 Apologies for Absence and Quorum

Apologies were received from Richard Palin (Andy Ker representing), Mayur Lakhani (Nick Pulman representing) and Azhar Farooqi. However, as there isn't clinical representation available today from City CCG the meeting isn't quorate, therefore the August 2018 minutes from the last meeting will be checked for accuracy today but come back to the next meeting for approval.

SLT 18/10/03 Declarations of interest on Agenda Topics

Item 7 – BCT Future Leadership and Governance. It was noted that there may be individual Officer interest in the future leadership and governance arrangements.

SLT 18/10/04 Minutes of meeting held on 16th August 2018

The minutes of the last meeting were accepted as an accurate record but will be formally approved at the next meeting.

SLT 18/10/05 Action notes of the meeting held on 16th August 2018

It was noted that all actions on the log have been completed.

SLT 18/10/06 Progress Update on CCG Collaborative Joint Working

AK and NP gave a brief verbal update on progress with the discussions about the collaborative working arrangements of the three CCGs. There is external resource in the form of Dawn Smith to help work through the best option for how the three organisations will work together effectively and how joint and common committees will operate in the new structure. Dawn has now met with the CCG board members and at the October 2018 Joint Board Development meeting she presented what is happening with CCGs nationally which proved very helpful to the discussion. There is now a sway of opinion that is supportive of moving towards a single Accountable Officer and Management Team, however, ongoing constructive meetings and discussions are being held on a weekly basis to develop the finer details of the proposal. It is planned that a final proposal will be ready for the December 2018 Governing Body Meetings.

SLT 18/10/07 Future Leadership and Governance Arrangements

TS outlined the proposals for the future leadership and governance arrangements of the STP as set out in Paper C.

SLT members had a very constructive time out session on 20 September 2018 and key actions from the day included proposals for changes to the STP lead role, SLT arrangements and the formation of a new oversight group.

Temporary arrangements for a team based approach for the interim are proposed as follows:

- Sue Lock to take on the overall STP Lead role
- Other NHS Chief Offices to support and lead on specific functions as outlined in Paper C.
- The roles of STP lead and SLT chair to be separated to enable more effective meetings.
- SLT chair will rotate on a three monthly basis in the following order PM, KE, JA, CT

The partners supported the interim arrangements outlined and it was agreed that TS will formally write, in his capacity as the outgoing STP lead, to NHS England for their approval.

The partners discussed the longer term role of SLT and it was agreed that the terms of reference, the broader purpose and effectiveness and individual accountability of members should be reviewed and defined. Membership was also discussed and whether other groups not currently represented such as Derbyshire Healthcare United, Federations, voluntary, academic sectors and other groups should be included. However no conclusion was reached. There was further debate regarding the long term STP lead role.
It was agreed that SL will do further work on the proposals and include a refresh of the SLT TOR for the November SLT meeting. RL will source information on what roles other STP leads and SLT chairs hold. **SL RL**

In addition, it is proposed to form a new Oversight Group which would include Local Authorities. This group will meet in a public forum, possibly on a quarterly basis. It was agreed that this should be scoped out with a proposal to the December SLT meeting. ER recommended that there is PPI representation on this forum. **PM**

It was noted that the Leadership centre have more capacity to support this work going forward.

SLT 18/10/08 LLR Local Workforce Action Board Annual Report

PM presented the Local Workforce Annual Report as outlined in Paper D for information purposes. It was noted that around spring 2019 there will be a refresh of the plan and strategy to incorporate the new National Workforce Strategy.

PM highlighted that a major priority to focus on is the large amount of nursing vacancies which stands at over 600 across the LLR region. It was pointed out that the high number of nursing vacancies is a worldwide issue. Workforce planning has been reviewing how to address this situation and looking at different ways to attract and retain staff as well as looking into new markets and it is also planned to create 100 new registered nurse posts. It was acknowledged that this is a very difficult situation to manage and is a threat to the quality of care as well as affecting performance and flow. PM told partners that there is an opportunity to improve and strengthen working arrangements in relation to workforce planning with Local Authority colleagues.

There are resources of circa £1 m available to support organisational development, training and growth management across the system.

The partners discussed issues such as attraction, retention, training and progression etc. PM assured the partners that work is being carried out on these aspects including training and good career pathways as well as considering the future skills mix. The clinical workstreams have linked into this work and the National Workforce strategy will help to develop it further.

AK gave examples where Practice Nurses have trained to become Advanced Nurse Practitioners and have been backfilled by reception staff who are keen to progress into nursing but have found limited Health Care Assistant (HCA) training has been available and therefore it

was suggested to look into expanding this course. NP also highlighted that the system needs to keep up and recognise when peoples roles are changing when acting up into new roles.

SL asked how Specialised Commissioning is linked to the plan and referred to recent discussions regarding Head and Neck Services which will both directly and indirectly impact on the skills required for specialised services. It was acknowledged that this is not particularly well connected to these plans and that there is a need to relate this to the strategic plan.

SLT 18/10/09 LLR Frailty Programme 18/19 update

JA provided a succinct update on the Frailty Programme as outlined in Paper E.

Good news of note is that the programme is going very well and there is good engagement and collaboration from the agencies involved. It has been refreshing to have a mandate to get on with the work and this is a useful reference point for a future working approach.

Three items were escalated for agreement as follows:

- ***The future of the key role of Primary Care coordinator –*** KE confirmed that the Integrated Community Board are currently developing the model and there will be a decision on the coordinator role around the end of November 2018.
- ***Primary care record access and the design of the care plan*** – The launch of the communications package has been delayed, the new timescale for completion is 1st November 2018. It has been identified that the care plan itself is causing major issues partly due to a lack of clinical oversight in the development; work is required to simplify it. Partners agreed a mandate for the Frailty Programme to co-ordinate a redesign, linking with relevant groups and IM&T.
- ***Alignment of the Clinical Frailty Score*** –agreement for the use of one national frailty score (CFS) is required, although this may impact EMAS regionally. BH confirmed that EMAS will feed back the decision directly to JA.

SLT 18/10/10 Any Other Business

TS added an additional item to the agenda on Planning and Strategy following a letter from NHS England and NHS Improvement which was handed out at the meeting.

The government has announced a five year revenue budget settlement for the NHS and has asked them for a long term plan to be developed in return. The plan will be published in late November or early December 2018. Briefings for NHS Chief Officers are planned in London and Leeds over the next couple of weeks. TS will be attending the meeting in London next Monday and will brief CCG and SLT colleagues afterwards. This is very welcome news and will provide financial clarity in the longer term. There is also a National Sustainable Transformation Partnership (STP) Meeting the following week which SL and CT are attending.

Payment reform is outlined in the letter and there is a proposal to move to a blended funding approach for urgent and emergency care, additionally there will be changes to contracting and providers. There is an expectation that systems will produce updated local plans for the five year period with 2019/20 as a transitional year. There will be some practical questions that arise from the letter as well as to start work on our response to the letter and it was agreed to table this as a standard agenda item over the next few months. RL told the members she is attending a planning meeting this Friday and to email her any questions which she will raise and feedback on.

The members comments and feedback were taken as follows:

- To produce a new strategic five year operational and financial plan which includes details of how our approach to the LLR system and governance. To have a clear focus on a small number of system related deliverables best for LLR and to begin

engagement activities at an early stage. • Local Authorities funding for Children's Social Care will have an impact on the system and may also affect LA's ability to remain full partners; however, it was acknowledged that they are integral to the STP. • Long term funding was welcomed but it was acknowledged that this will not bridge the funding gaps. SL thanked TS for his work as lead of the LLR STP and what has been achieved and the members wished him the best of luck in his new role.	
Date, time and venue of next meeting	
9am-12pm Thursday, 22nd November 2018, 8th Floor Conference Room, St John's House	