System Leadership Team
Meeting No. 32
Chair: Andy Williams
Date: Thursday 21 November 2019
Time: 9.00am – 12.00noon
Venue: Conference Room, 4th Floor, St Johns House, 30 East Street, Leicester LE1 6NB

Present:	
Andy Williams (AW)	LLR CCGs Accountable Officer and LLR STP Lead
John Adler (JA)	Chief Executive, University Hospitals of Leicester NHS Trust
Andrew Furlong (AFu)	Medical Director, University Hospitals of Leicester NHS Trust
Professor Mayur Lakhani (ML)	Clinical Chair, West Leicestershire CCG
Sue Lock (SL)	Managing Director, Leicester City CCG
Professor Azhar Farooqi (AFa)	Clinical Chair, Leicester City CCG
Michelle Iliffe (MI)	Director of Finance, Leicester City CCG
Mark Andrews (MA)	Strategic Director of People Rutland County Council
Evan Rees (ER)	Chair, BCT PPI Group, East Leicestershire and Rutland CCG
Stephen Bateman (SB)	Chief Executive Officer, DHU Health Care CIC (DHU)
Frances Shattock (FS)	Director of Strategic Transformation/ Locality, NHS England and Improvement
Hayley Jackson (HJ)	Assistant Director for Strategy and Transformation, NHS England and Improvement
In Attendance:	
Sarah Prema (SP)	Director of Strategy and Implementation, Leicester City CCG
Spencer Gay (SG)	Director of Finance, West Leicestershire CCG
Adhvait Sheth (AS)	LLR IM&T Enablement Manager, Leicester, Leicestershire and Rutland CCG's (for item 19/131)
Cheryl Davenport (CD)	Director of Health and Care Integration, Leicestershire County Council (for item 19/132)
Spencer Gay (SG)	Director of Finance, West Leicestershire CCG (for item 19/133)
Ian Wakefield (IW)	Head of Informatics
Jayshree Raval (JR)	Commissioning Collaborative Support Officer, ELR CCG (Minutes)
Apologies:	
Andy Keeling (AK)	Leicester City Council
Steven Forbes (SF)	Strategic Director for Adult Social Care, Leicester City Council
Ursula Montgomery(UM)	Clinical Chair, East Leicestershire and Rutland CCG and GP
John Sinnott (JS)	Chief Executive, Leicestershire County Council
Caroline Trevithick (CT)	Director of Nursing, West Leicestershire CCG
Donna Briggs (DB)	Chief Financial Officer, East Leicestershire and Rutland CCG
Sue Elcock (SE)	Medical Director, Leicestershire Partnership Trust
Angela Hillery (AH)	Chief Executive, Leicestershire Partnership Trust
Ben Holdaway (BH)	Director of Operations, EMAS
Donna Briggs (DB)	Chief Finance Officer, East Leicestershire and Rutland CCG

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SLT 19/125 Welcome and introductions

AW welcomed everyone to the meeting and introductions were made around the room.

SLT 19/126 Apologies for Absence and Quorum

Apologies were noted as above.

AW informed that the meeting was not quorate and if there were any items for approval then they would require ratifying at the next meeting. It was however noted that there were no items on the agenda that required approving and therefore the apologies were noted for the records and the meeting commenced.

AW did however request that the current terms of reference for this meeting is reviewed as part of the Governance work and bring back at the next meeting

SLT 19/127 Declarations of interest on Agenda Topics

The papers had been reviewed by a CCG Governance Officer and no conflicts of interest had been identified.

SLT 19/128 Notification of any other business

The Chair was not notified of any other items of business.

SLT 19/129 Minutes of meeting held on 17 October 2019

The minutes from the System Leadership Team held on 17 October 2019 were taken as true record of the meeting subject to amending a couple of members titles and initials.

SLT 19/130 Action notes of the meeting held on 17 October 2019 (Paper B)

The action log was reviewed and the following noted;

SL/21/01/08: Partnership Terms of Reference: SP informed that the workshop for the Partnership Board has been postponed. It was agreed that an informal meeting to take place in December 2019 and at the meeting agree a date for the workshop in January 2020. Update to be provided at the December 2019 meeting.

SLT/19/32: Frailty Programme Report: JA stated update on the matter will be provided at the December 2019 meeting.

SLT/19/76: Integrated Community Team: Action deferred to next meeting as CT was not at the meeting to provide update.

SLT/19/105: Long Term Plan: SP informed that Tim Sacks had picked up the workforce issue at the recent ACD forum and update on the matter will be provided at the next meeting.

SLT 19/131 IM&T Workstream Update

Adhvait Sheth (AS), LLR IM&T Enablement Manager, Leicester, Leicestershire and Rutland CCG's and Ian Wakefield (IW) Heads of Informatics attended for this item to present on the IM&T work stream.

AS informed that the purpose of the presentation was to highlight key achievements for the work-streams in 2019/20. He highlighted some of the areas such as:

- EMAS now able to access TPP Systm1 from their dispatch teams;
- Adult Social Care able to access the Enhanced SCR;
- Under RSS, the triaging in elective care is in place;

- The LLR Digital Innovation Hub has been established;
- Photo App, where HIS and Primary Care team are working towards enabling safe transportation of health photos between primary care and community care via IT for patients to be treated in the community;
- Also working with Accountable Clinical Directors (ACDs) and Primary Care Networks (PCNs) around PCN requirements.
- 14 Care Homes have gone live on Systm1 and further roll out will be taking place in the very near future;

AW commented on some of the points such as :

- EMAS now able to access medical records via Systm1, which assists them in making the appropriate decisions;
- How has the roll out of System1 been determined for Care Homes? IW explained that priority have been determined for large care homes. AFu commented that in his opinion those care homes should be prioritised where biggest impact is noticed. FS echoed similar views stating that those care homes should be targeted where high number of referrals are going in and high number of ambulance callers.

CD reminded that we are in a Purdah period and any communications going out should be communicated appropriately.

IW elaborated on some of the key priorities for the next 12 months. There were some comments/queries in respect of ensuring there is sustainable workforce as part of the strategy. Under the EMAS priority, it was noted that there is lack of traction in terms of the assessments carried out by EMAS not getting to ED ahead of the patients going in, thus slowing down the process in determining appropriate cause of action for the patients. IW informed that they are working with the EMAS IT team however; there is a lag in the development. AW informed that he has a meeting with EMAS soon and will pick the matter up with them. AW to update following his discussion with EMAS. **AW**

There was some further debate and discussions around enhancing the use of google and Alexa to get greater productivity and better patient experience. AFu also highlighted that although it is step in the right direction, it is vital to understand what the needs of our population is and what is useful for our health care prevention. MA informed that there is an opportunity to take these initiatives to market and work with the providers in terms of what the expectations are from us as the commissioners. A rhetorical question was made by FS in terms of creating an innovative environment where clinicians can be involved in creating ways that will support their visions and patients getting a better experience.

ML stated he acknowledged the work taken forward; however need to put more impetus under some of the areas in order to move forward with a pace. For e.g. he stated that it has taken 2 years to get 10 GP practices on line and stated that some of these vital work-streams are under- powered by clinicians and need to have more on board. JA added that some of this work is part of the strategy and therefore need to ensure that there is rigour and process in place. AFa, commented under PCN IT development stating that it is very important to ensure that PCNs are supported in getting the IT developed appropriately in order for them to move forward with their plans.

AW concluded the discussion and summarised some of the discussions and comments made during the presentation stating that :

- As a system we need to think at being more creative, embed cultural changes and understand how to support the workforce through the changes.
- Review of workforce in realigning some of the back office functions to get more collaborative working arrangements in place.
- Give direction to workforce by separately OD function from the provision of skill sets to the

workforce. This should be more aligned towards the digital direction.

Lastly AW thanked IW and AS on behalf of the SLT members for their hard work in taking the work forward and all the achievements made so far.

It was **RESOLVED** to:

- **RECEIVE** presentation on the key achievements.

AS and IW left the meeting

SLT 19/132 Population Health Management

Cheryl Davenport (CD) presented the paper which set out a proposed definition of Population Health Management (PHM) for LLR. Furthermore the paper also set out some key messages for SLT members to consider in terms of:

- Cascading communications and OD across SLT partners;
- A set of initial activities that should be undertaken during the remainder of 2019/20; AND
- A suggestion of how these could be developed and delivered at system, place and neighbourhood.

MI joined the meeting.

CD elaborated that the report highlights the overall strategic direction and early work programme. She stated that the PHM in LLR will be an enabler to the System Transformation Partnership (STP) and to the Integrated Care Service (ICS) model. It is designed to support improved decision making to achieve better health and care outcomes at system, place and neighbourhood. This will include specific priorities and activities to tackle health inequalities. She informed that work is underway to identify some of these priorities. Future commissioning or service redesign proposals will be informed by the LLR PHM approach and will be subject to completion of the appropriate EIAs in line with the existing procedures in LLR.

CD informed that the PHM working group is proposing a clear, brief and consistent set of messages for LLR which is distilled from various national publications. This would support the overall rationale as to why to take a PHM approach in LLR. The paper detailed recommendations for Organisational Development (OD) for PHM in LLR and how this will work. Following presentation of the paper, the meeting was open for discussion.

AFa commented that if a positive impact is to be seen then it is vital that there is greater engagement with the community from the beginning and have their buy in to see real impact. Furthermore MA suggested that although the set of messages are derived from the national guidance, it is important that the PHM programme highlights our approach towards the PHM programme. What steps need to be taken to empower and introduce innovative changes in teams at operational level? SP stated that in addition to MA's comments Public Health also need to introduce innovative ways and identify interventions that will support in the step changes. AFu stated that it is not just about engaging with the population but equally as a group do we have the correct information in terms of understanding the appropriate drivers and are we working on those appropriate areas to bring the changes.

There were some similar comments and suggestions as above from other members at the meeting with a view that the Partnership Board main focus should be on this PHM programme and should assist in driving the changes going forward. AW concluded by firstly thanking CD for taking this work forward and secondly agreed that the Partnership Board needs to own this and drive it forward. He also provided an e.g. of fire services and insurance companies in terms of their working methodologies in targeting the right population and suggested that the PHM needs to think of similar approach to target the right population. Lastly he informed that it would be useful to bring this paper back which

includes definition at system level in terms of PHM. What the true benefits would be at STP level and at ICS level.

It was **RESOLVED**:

- To adopt the NHSE definitions as set out on page 1 of the report to be used in all core materials and communications about PHM across LLR.

- To provide feedback on the proposed PHM LLR key messages as set out on page 2 and 3 of this report, and the two case studies at Appendix C. Subject to this feedback and any other actions required, these materials will be finalised to produce a starter resource for PHM for communication widely across LLR.

- To review the scope of the initial OD proposals for PHM in LLR outlined in this report on pages 7-10 and indicate whether these should be approved and implemented as proposed, or if any changes should be made to the overall approach and scope of these activities.

- To designate an operational management lead for PHM within LLR with immediate effect to coordinate and implement the PHM workplan including the OD activities set out in this report.

- To constitute the LLR PHM task group as an informal time limited group reporting to SLT until March 2020, to be supported by the operational management resource.

1. To note that:

    a. The initial priorities proposed for public health in support of the PHM programme
    b. A further report outlining the specifics of place based PHM tools and approaches, including LLR priorities for tackling health inequalities, will come to SLT in due course.
    c. The intent to develop a multiagency analyst peer group across LLR as part of the BI Strategy and PHM approach.
    d. An East Midlands PHM Analyst network is commencing shortly, which LLR analyst representatives will participate in.
    e. Representatives from the LLR PHM working group will maintain contact with the West Midlands PHM Programme Board/Network as part of business as usual arrangements.

SLT 19/133 Contractual Form for 2020/21 (presentation)

Spencer Gay(SG), presented a presentation which highlighted the:

- Contracts process for 2020/21;
- The operational plan and
- The revised governance structures.

In terms of next steps he stated that the contracts for next financial year are almost completed and need final agreement and Boards sign off with agreed timelines. JA informed that there is general support from the Boards in terms of the direction of travel. SG informed that communications is being drafted to inform staff of the new way of working together which will be sent out once the contracts have been signed off. SG informed that the contracting model will now be shared wish NHS England and Improvement (NHSE/I), which will highlight the new way of contracting and general risk sharing agreement which will demonstrate collaborative working arrangements as a system.

FS informed that the 'Hearts in Mind' communication would be useful when cascading communication to staff. She stated that she would share that communications with SG. FS added that to see NHSE/I as partners around this table and to start the conversation with them in terms of the magnitude of the financial challenges that the CCGs and providers face as a system. AW informed that this is a big

change in the context of more collaborative approach. SG agreed to circulate the presentation to the SLT members after the meeting. It was **RESOLVED to:** • **RECEIVE** a presentation on the contractual form for 2020/21 Meeting concluded at 11am	
Date, time and venue of next meeting	
9.00am – 12.00 noon on Thursday 19 December 2019, 4th Floor Conference Room, St John's House. CT would chair SLT from October to December.	