

**System Leadership Team  
Meeting No. 25**

Chair: John Adler

Date: Thursday 18<sup>th</sup> July 2019

Time: 9.00 – 11.20

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

<b>Present:</b>	
John Adler (JA)	Chief Executive, University Hospitals of Leicester NHS Trust
Adam Andrews (AA)	Senior Delivery and Improvement Lead, NHSE/ I
Mark Andrews	Deputy Director for People, Rutland County Council
Andrew Furlong (AF)	Medical Director, University Hospitals of Leicester NHS Trust
Professor Azhar Farooqi	Clinical Chair, Leicester City CCG
Rob Haines (RH)	Head of Operations, Derbyshire Health Care CIC
Michelle Iliffe (MI)	Chief Financial Officer, Leicester City CCG
Andy Ker (AK)	Vice Clinical Chair, East Leicestershire and Rutland CCG
Peter Miller (PM)	Chief Executive, Leicestershire Partnership Trust
Anne-Maria Newham (AN)	Director of Nursing, Leicestershire Partnership Trust
Evan Rees (ER)	Chair, BCT PPI Group, East Leicestershire and Rutland CCG
Tim Sacks (TS)	Chief Operating Officer, East Leicestershire and Rutland CCG
Caroline Trevithick (CT)	Interim Managing Director, West Leicestershire CCG
Sue Venables (SV)	Head of Communications, Better Care Together
<b>In Attendance:</b>	
Liz McCann (LM)	Project Support Officer, Better Care Together (Minutes)
Sarah Prema (SP)	Director of Strategy and Implementation, Leicester City CCG
<b>Apologies:</b>	
Stephen Bateman (SB)	Chief, Executive Officer, Derbyshire Health Care CIC
Sue Elcock (SE)	Medical Director, Leicestershire Partnership Trust
Donna Enoux (DE)	Chief Financial Officer
Angela Hilary (AH)	Chief Executive, Leicestershire Partnership Trust
Sue Lock (SL)	Interim LLR STP Lead, Managing Director, Leicester City CCG
Ursula Montgomery (UM)	Chair, East Leicestershire and Rutland CCG and GP
Richard Morris (RM)	Director of Corporate Affairs, Leicester City CCG
Frances Shattock (FS)	Director of Strategic Transformation/ Locality, NHS England and Improvement
John Sinnott (JS)	Chief Executive, Leicestershire County Council

**SLT 19/70 Welcome and introductions**

JA welcomed everyone to the meeting.

**SLT 19/71 Apologies for Absence and Quorum**

Apologies were noted as above the meeting was not quorate.

**SLT 19/72 Declarations of interest on Agenda Topics**



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Declarations of interest were noted for item 19/76 - Integrated community services for GPs.	
<b>SLT 19/73 Notification of any other business</b>	
<b>SLT 19/74 Minutes of meeting held on 20 June 2019 (Paper A)</b>	
It was noted that the SLT minutes for 20/06/19 were presented at today's meeting for information only and would need to be re-presented for approval at next SLT meeting (where quorate).	
<b>SLT 19/75 Action notes of the meeting held on 20<sup>th</sup> June 2019 (Paper B)</b>	
Action SLT 19/29 – SP will liaise with SL to clarify what has been agreed regarding social care activities and troubled families.  The rest of the action log was reviewed and it was noted that the remaining actions were not yet due.	<b>SP</b>
<b>SLT 19/76 Integrated Community Teams (Paper C)</b>	
Tamsin Hooton (TH), Director of Service Redesign and Integration, West Leicestershire CCG attended to present around the Integrated Community Teams.  TH presented a PowerPoint presentation to the board highlighting the scope and priorities, key achievements, priorities for the next 12 months and the risks.  JA opened discussions.  AFa felt there was a good vision and approved with the future landscape and links to the care alliances. AFa highlighted the need to think about the next steps such as workforce and the integrated therapy services which could become the first steps towards integration. AFa suggested that areas such as EoL and Cardio becoming pilot areas for integration.  The board held discussions regarding therapies.  JA referred to the provider alliance model in ICS adding UHL were in favour of perusing integrated therapies, PM added that LPT would also be supportive. SP stated that work was ongoing to scope this work out and would come back to SLT.  The board discussed the importance of being able to describe what an integrated service model looks like. MA emphasised the insufficient workforce, adding we are unable to recruit but there is also not the investment. MA added there is hardly any therapist resource making it hard for them to engage culturally and hard for them to integrate.  AN reminded the board of the shortage of therapists adding they are also target driven which needs to be taken into consideration. MA agreed and suggested putting faith into a proposed model and release people from their targets.  CT referred to the risk and issues slide advising that the workforce sub group is linked into wider Better Care Together workforce group for input from Health Education England. CT confirmed the LWAB group has two new joint chairs.  TS informed the board of five roles funded within the PCN's adding there will be one full time	

equivalent physiotherapist for each PCN. TS recommended this would be a good opportunity to link into therapy early on. TS added that there is an ACD workshop taking place in September, and advised there is a clear programme in place with a forum to link into the LLR system.

The board held discussions regarding community services review.

CT highlighted engaging with UHL consultants and questioned if the Clinical Leadership Group needed to be involved in developing the model. AF confirmed that Mark Wightman and Rachna Vyas have spoken to the Senior Clinicians Cabinet to try and understand what has stopped previous attempts of integrated working. A workshop has been suggested between senior UHL clinician's, GP's and PCN's to deal with the wicked issues and establish a clear view between primary care and social care to ensure the work progresses. AFa felt it was important to link senior UHL clinicians and GPs and establish a clinical forum to develop plans together. CT felt this was an action for CLG to ensure joint working happens; CT will liaise with Mark Wightman and Rachna Vyas to arrange a workshop.

CT

JA referred back to the presentation highlighting carers. JA informed the Board that carer support was a strong theme at the UHL annual public meeting and was encouraged to hear the carers strategy is being looked into.

The group discussed the steer from the Clinical Commissioning Group around Integrated Community Teams. CT confirmed there was recognition of the risk and commitment to the programme.

JA raised EMAS as an issue due to their digital maturity which makes data sharing difficult. JA added there is a piece of work that IM&T are completing to this and advised TH to liaise with them regarding any requirements.

JA asked if CSR had moved onto the bed model yet as it would be useful to understand the approach and links to the Urgent Care workstream. TH confirmed a decision will be made when looking at options and whether it will involve inpatients or also the elective care offer. TH confirmed the steering group will put proposals into the CCG Boards. SP requested a project plan is presented to SLT confirming the information will be critical if we go to consultation around the acute and maternity reconfiguration to understand the impact.

JA recommended that TH invites a member of the Urgent Care workstreams and a UHL operational colleague to the CSR steering group meetings.

JA referred to the risk and issues slide. TH raised concerns around being able to offer OD support to neighbourhood teams which is also an issue for PCN's. PM advised there is funding available for OD, CT will liaise with CLG regarding OD support and feedback to SLT.

CT

## SLT 19/77 Primary Care (Paper D)

TS presented an update around Primary Care. The presentation involved an update regarding the key achievements, key priorities, PCN's and the 10 year plan and demand in primary care.

JA opened discussions.

PM highlighted that a target had been set by NHSI around GP numbers, which would mean a total of 638 GP's in LLR. PM acknowledged that this was difficult to achieve and asked if there was any plans to look into alternative roles to recruit which would lighten the GP load. TS confirmed there are several key elements for workforce:

- Recruitment and retention of GP's will recruit 30 GPs but by the time they are in position 30 GP sessions will be lost.
- TS reported that trainees within LLR have increased as the area has become a clearance option for those wishing to study to become a GP in London however once they become GPs they often go back to London to work.
- Additional roles. Funding is available for 13 roles per 50000 patients of which 11/12 is clinical roles; this is only helpful if they are doing frontline clinical work. That is the key task and workforce development needs to provide the training.

AF highlighted the Physician Associates two year scheme that ends in September and emphasised the importance of offering them all jobs. TS confirmed that the Physician Associates role is not funded until 2022/ 23. TS will make a case to NHSE to see if LLR can use the funding Physician Associates due to the scheme finishing.

TS outlined the ask of SLT. TS requested that SLT enable joint working and develop a broad career path that will make LLR attractive as an area to work. TS to link in with LWAB.

AFa highlighted that 25% of GP's work can be dealt with through self-care and asked if this has been considered. TS confirmed this has not been addressed but there is a key ambition for self-care to start.

TS clarified the key priorities alignment, function, investment and what we ask of the PCN. TS emphasised if commissioned appropriately the system see will a huge benefit.

AF requested a list of the 25 appointed ACDs.

JA requested feedback from the Partnership Group workshop around PCN representation. SP confirmed the group felt PCN representation should be at SLT.

TS referred to AF request for PCN contact and suggested using the September workshop to ask the PCN's how they would like to be involved in the system. JA agreed to defer PCN representation until after the workshop.

TS

## SLT 19/78 STP Elective care Transformation Plan sign off (Paper E)

Debra Mitchell (DM) and Helen Mather (HM) attended to present the STP Elective care Transformation Plan for sign off.

It was noted that the board was not quorate therefore the paper would be escalated to Sue Lock as STP lead to sign off.

The Board were informed that the plan had been submitted to NHSE/I in June 2019 and feedback was received on the 17<sup>th</sup> July 2019. DM confirmed the intention was for the plan to be submitted and then go to CCG boards for sign off.

HM talked through the paper.

JA invited the Board for comments.

MA asked how deliverable the plan is. HM confirmed all of the plan is deliverable adding the key is resource and clinical engagement. HM highlighted that joint working is vital which has improved significantly in the last 12 months. DM added that the plan only includes outcomes that are deliverable. MH explained that there has been some early successes for the plan, the Referral Support Service has had three services gone live with an aim of a 30% deflection, but has in fact achieved a 66% deflection result for UHL. There have also been similar results for ENT and Dermatology. DM highlighted that the key area for success will be around ophthalmology. HM added some elements of the plan have already begun with 200 cataract cases moved from UHL to the Alliance.

AK identified the top of page 18 stating that Cytology is not GP led therefore how can they reduce the number of tests by 6%, HM will look into this. AK also highlighted that his practice has not received anything to raise awareness of the cost of tests. HM confirmed that laminated versions should have been sent to all GP practices and they are also striving to get the costs onto ICE.

AA provided feedback having been on the NHSE/ I panel. AA confirmed it was a good plan with clear detail and direction.

CT highlighted engaging clinicians differently as one of the key areas to make the plans successful and asked in elective care is there anything to learn from or is that an area you need support? HM informed the group that a meeting was taking place in August 2019 with key individuals from the PCN's and the alliance as it was important to have a clear understanding of the work in each area and to agree a way forward. TS emphasised the importance of using the ACD forum to ensure there is one conversation had opposed to a number of conversations. CT identified that CLG need to consider a change in ways of working across the whole system.

JA summarised the Board were supportive of the plan however as the meeting is not quorate the sign off will be deferred to SL as STP lead.

## SLT 19/79 LLR End of Life Programme 2019/ 20 Briefing paper (Paper F)

Carole Ribbons, Interim Chief Nurse WLCCG (CR) attended to present the End of Life programme briefing paper.

CT informed the group that action four is now green following yesterday's working group meeting.

All actions are now green apart from a couple of amber actions. Improving the quality of advanced care plans, understanding the core and advanced offer in primary care and the gap analysis.

CR working group met yesterday and everyone is enthusiastic and committed from a system approach to deliver the objectives. CR referred to the EoL meeting yesterday where a stock take was completed, the driver diagram was reviewed along with key areas for post October 2019 for the medium or long term plan. This included education and training where LOROS will lead a Task and Finish group around education and will be working with Leicester University. CR highlighted to the board to note there may be cost implications. CR confirmed there is nothing to escalate at this stage.

JA opened questions.

SP raised the care plans highlighting the importance of people reading them. SP asked for clarification of the main outcomes by October 2019. CR explained there were four key areas education, training, service improvement, communication and engagement.

PM asked if the group were confident that their plan would deliver the actions of the outcomes from Learning Lessons to improve care. CR explained that one of the drivers for this work was Learning Lessons to Improve Care; CR added there is the EoL Task Force and the Medicine Management group had cross referenced the outstanding actions.

AF highlighted the themes from the learning lessons report as better recognition, system working and having earlier conversations. AF emphasised the importance of working towards Respect the national recognised best practise document.

## SLT 19/80 Estates Strategy – to receive (Paper G)

TS presented the updated template requested by NHSE which was initially rated as good.

TS provided an overview of the document which includes a governance structure, work that we're doing and the next stages, providing high level key work on capital and estates.

JA invited the board to comment.

ER approved of communications and engagement being added to the governance section of the template.

JA referred to the UHL reconfiguration and the ICU scheme which is going ahead. JA noted that a formal request will be made to the investment panel to go ahead with public consultation.

JA asked about the positioning of the adult mental health aspect, PM clarified it's not to be lost sight of but a strategic outline case is due in September 2019.



<p>PM requested it is noted that there is a system ask to reduce capital spend by 20% and whether the topic should be brought to a future SLT meeting. JA confirmed due to tight timescales the decision been made. SP requested that the reductions are to be made available and can be noted in the minutes. SP to liaise will LPT and UHL.</p> <p>TS informed the board that NHSE have removed £1 million from the GP IT capital budget to fund learning disability bungalows. TS is taking further steps to understand the implications.</p>	
<p><b>SLT 19/81 Update report on ICS development (Paper H) and SLT 19/82 ICS Implementation Document (for information) (Paper I)</b></p>	
<p>SP provided an update. SP explained a regional group has been set up to drive the ICS work forward. A high level draft will be received by this group in August 2019. The final version will be due on the 27<sup>th</sup> September 2019 with the normal operational planning taking place from November 2019 onwards.</p> <p>The maturity matrix itself was presented at the last SLT meeting. SP added that NHSE have requested LLR complete the online offer. SP confirmed that this may seem like a duplication of work however if we did not complete the NHSE version we would be the only area in the country. The board agreed the work should be completed, SP will liaise with Sarah Hughes and the PMO will send out communications.</p> <p>SP provided feedback on the partnership group meeting on Monday 15<sup>th</sup> July 2019, where there was a consensus for support to establish a group.</p> <p>AK confirmed the AK lay membership is changing at ELRCCG and the new vice chair is Fiona Barber. TS to send JA contact details.</p> <p>JA informed the board that the Partnership Group will begin in September 2019.</p> <p>CT referred to the maturity matrix and the changes to the Health and Wellbeing Board which needs to form part of the future ICS. JA confirmed there needs to be a link with the wider council cabinet instead of the Health and Wellbeing Board.</p> <p>There were further discussions around ICS, the pathways reporting back and how they need to work more closely with providers. JA confirmed him, AH and Andy will meet to discuss this further.</p>	<p><b>SP</b></p>
<p><b>SLT/ 19/83 IM&amp;T Update (Paper J)</b></p>	
<p>JA noted this paper was for information only.</p>	
<p><b>SLT 19/84 Any other business</b></p>	
<p>JA provided an update regarding Leicestershire County Council's position around SLT and the Partnership Group. They have asked for the following statement to be added to the BCT website.</p> <p>"The County Council strongly supports the integration of health and care services whenever possible and to the benefit of those receiving care in any setting. The Council continues to commit significant resources to that end. However, in the case of a move to an 'Integrated Care</p>	

<p>System' in Leicester, Leicestershire and Rutland, as required by NHS England, the County Council is awaiting clarification from the NHS as to what this would actually mean in practice before it can indicate its support."</p> <p>SLT agreed to this. JA agreed to connect with JS to discuss further.</p>	
<b>Date, time and venue of next meeting</b>	
<p>9am-12pm Thursday 22<sup>nd</sup> August 2019, 8<sup>th</sup> Floor Conference Room, St John's House</p>	