

## Mid & South Essex Success Regime Programme Board

**Monday 26 June 2017 10.00 – 12.30pm, Room 6 County Hall, Chelmsford**

Present: Anita Donley, (Independent Chair)  
 Andy Vowles, Programme Director  
 Jo Cripps, Chief Officer Local Health & Care Portfolio  
 Roger Harris, Corporate Director of Adults, Housing and Health, Thurrock Council  
 Eric Watts, Service User Group Chair  
 Peter Fairley, Essex County Council  
 Iain Martin, Vice Chair, ARU  
 Clare Panniker, SRO In Hospital  
 Sally Morris, Chief Executive, EPUT  
 Kim James, HealthWatch  
 Ronan Fenton, Group Medical Director

Apologies: Caroline Russell, Nick Presmeg, Donald McGeachy, Naresh Chenani, Simon Leftley

Minutes: Jacky Dixon, Senior Programme Manager (NHSE)

Attending: Jason Skinner, Chief Finance Officer, Local Health & Care Portfolio (Item 6)  
 Niki Mallett and Patrick Guthrie from the Public Service Reform Unit, Essex County Council (Item 8)

Item	Discussion	Action Lead
1. Welcome and introductions	AD welcomed attendees and introductions were made. Kim James confirmed she is now attending as representative for HealthWatch and would attend future meetings. AD stated that at a future point there may be a need to reconsider the membership of the programme board and this is on the forward agenda for August meeting.	AD
2. Minutes and actions	Matters of fact: <b>All agreed</b>  <b>Matters arising:</b> <ul style="list-style-type: none"> <li>Clinical Cabinet TORs,– Sally Morris confirmed they are still considering who would be most appropriate consultant level representative from community providers to participate. The LMC</li> </ul>	DMC/RF

Item	Discussion	Action Lead
	<p>representation/line of accountability is still to be finalised, DMC/RF to finalise TORs</p> <ul style="list-style-type: none"> <li>• PCLG TORs – PMO taking forward with Ian Stidston</li> <li>• SUAG members input to the work streams being taken forward by Tom Abell</li> <li>• Further update on public health will be provided from all three public health consultants at a future meeting. Anita Donley has written to all three DPHs</li> <li>• LWAB Item 7 – there is concern re alignment of workforce work streams to the STP delivery plan; the LWAB have been asked to bring a paper in a month/2 months’ time; it was acknowledged there are supply/leadership concerns about capacity in the system to take areas forward; all agreed there is a need to identify medium and long-term action. AV to liaise with LWAB to action</li> </ul> <p><b>Decision: all agreed the minutes as a correct record of the meeting.</b></p>	<p>AV TA  AV</p>
<p>3. Programme Director Summary Report</p>	<p>AV provided an update on progress across the programme. Main focus continues on the PCBC which is an item on the agenda. The PMO has co-ordinated the completion of a series of action planning templates to be completed flowing from the next steps document; UEC return due later this week.</p> <p>The Board were asked to note the appended Local Maternity Services briefing report and endorse the proposed Steering Group governance arrangements and key milestones for delivery. It was agreed that this work needed to be overseen by the Programme Board and as such regular updates will be submitted to the Board.</p> <p>The Programme Executive group had reviewed the “Programme” risk register with key risks as follows; access to capital funding, delays to the establishment and formation of the CCG Joint committee, capacity and resource issues, ambulance modelling expertise from the commissioner, and media and campaigning issues particularly at Southend.</p> <p><b>In hospital:</b> CP provided an update of progress with this portfolio:</p> <ul style="list-style-type: none"> <li>• progressing with the establishment of the revised clinical sub-groups and programme board set up to monitor progress; starting to appoint clinical leads to the programmes to provide multi-disciplinary teams.</li> <li>• Developing a list of high priority clinical redesign schemes.</li> <li>• New OOH contract for radiology across the 3 hospitals has been awarded with financial saving in Year 1.</li> </ul>	

Item	Discussion	Action Lead
	<ul style="list-style-type: none"> <li>• A company called <i>Methods</i> is working with the trust on each of the areas of corporate support, JEG looking to start to progress in earnest the consolidation of the three sets of corporate services. Discussions are taking place with NHSI on financial support that will be necessary to support this programme of work, IT and restructuring costs.</li> <li>• Limited Pathfinder progress pre-election now looking to take forward.</li> </ul> <p>By the end of August there will be greater detail on what we are describing for the A&amp;E model for all 3 hospitals and the associated pathways, and this will feed into the PCBC. CO confirmed that the trusts are currently working with clinicians on how we can move this forward and progress plans for local A&amp;E treat and transfer models with potential onward conveyancing to a specialist centre. CP confirmed that A&amp;E clinical leads are engaged in that work</p> <p>RH stated that we need to consider aligned pieces of work such as Orsett Hospital and whether this can be progressed.</p> <p>KJ raised a concern about the need to progress to consultation on Orsett. AV said there is potential to progress. NHSE concern was whether the Scrutiny Committee were fully involved. Thurrock Council have been working with the Trust and CCG and are supportive of the change as this means more services being delivered in Thurrock.</p> <p>EW asked about the radiology contract and will all radiologists be part of the STP team. CP confirmed that the radiologists will be reporting into the company awarded the contract.</p> <p><b>Out of Hospital:</b> Jo Cripps provided an update on behalf of CR.</p> <ul style="list-style-type: none"> <li>• Main focus of the work has been on the formation of the Joint Committee. Submitting the proposed implementation plan to NHSE for approval tomorrow.</li> <li>• The Independent Chair interview is due to take place later in the week.</li> <li>• First public meeting scheduled for 7<sup>th</sup> July and currently planning draft agenda. Will be the first meeting of the committee with the intention to plan the work for the forthcoming months.</li> <li>• Appointment of Lead AO and Lead SRO – discussing with NHSE the HR process to take these appointments forward. Taking specialist external HR advice on how this can be progressed.</li> <li>• Areas of the portfolio are progressing but capacity remains an issue. Trying to identify areas that can be taken forward once and what needs to remain in each CCG and taken forward.</li> </ul>	

Item	Discussion	Action Lead
	<p>AD asked if there is a connection on clinical pathways between both the portfolios? JC confirmed that she is having those discussions with Tom Abell; it will happen but direct line of sight of who is leading for the STP is still a struggle – it is intended to review towards the end of August. AD stated that we need to ensure that progress is reviewed on integration as part of the Programme Board KPI particularly on LTC.</p> <p>The major milestones matrix provided by the PMO for the whole programme was noted</p> <p><b>Decision: The Board noted the updated reports and progress made and agreed to the establishment of the Local Maternity Services Group.</b></p>	
4. Timetable	<p>AV introduced the paper proposing a revised timetable for the national assurance process of the PCBC. Delays to the original timeline have been a result of the ongoing delay to establishing joint working across the 5 CCGs and formation of the CCG Joint Committee. Delays also occurred due to the General election which hindered local engagement processes.</p> <p>SM asked a question that Provider Boards are noting and commenting rather than approving the PCBC, AV confirmed that is correct. AV confirmed that the PCBC needs formal agreement by Joint Committee of CCG before it can go forward into the assurance process</p> <p>RH raised a question on whether any future discussions about the A&amp;E will be decoupled from this consultation? The In Hospital team are working over the coming months to refresh and rewrite the Acute section and to include the outcomes of the sub-groups and development of “blue prints”.</p> <p>AV explained the rationale for a phased approach to implementation. Specific service consultations will progress as required.</p> <p>EW stated that SUAG continue to have concerns about the ambulance journeys, and are looking into this issue</p> <p><b>Decision: The Board noted the updated timetable and approved</b></p>	
5. CCG Joint Committee	The paper presented outlined the progress of the formation of the Joint Committee.	

Item	Discussion	Action Lead
	<p>It was noted that Basildon &amp; Brentwood CCG (who are not under legal direction) had consulted their member practices an amending their constitution, but this had been rejected. As a result, the CCG cannot become full members of the Joint Committee. This has been escalated to NHSE who will consider what action to take.</p> <p>An Implementation Plan has been developed and submitted to NHSE for approval. The plan provides details on how the Joint Committee will discharge its functions as follows:</p> <p><u>Commissioning functions</u></p> <ul style="list-style-type: none"> <li>• Acute services (NHS and independent sector) commissioning and contracting</li> <li>• NHS 111/OOH commissioning and contracting</li> <li>• Ambulance services commissioning and contracting</li> <li>• Patient Transport Services commissioning and contracting</li> <li>• Learning Disability services (within the existing pan- Essex arrangements)</li> <li>• Mental Health services contracting and commissioning of Acute Mental Health services (within pan- Essex arrangements)</li> </ul> <p><u>Strategic functions</u></p> <ul style="list-style-type: none"> <li>• Decisions on relevant STP wide service configurations</li> <li>• Leadership of relevant public consultations on significant service changes that affect the whole STP area</li> <li>• Agreement of STP wide service restriction policies</li> <li>• Agreement of relevant STP wide outcomes, frameworks and pathways</li> <li>• Agreement of the STP local health and care strategy</li> <li>• Receive and provide reports on the delivery of the STP local health and care strategy</li> </ul>	

Item	Discussion	Action Lead
	<p>Monthly meetings are being scheduled and a significant amount of development work will be required.</p> <p><b>Decision: The Board noted the progress made on the establishment of the Joint Committee and its place in the wider STP architecture</b></p>	
<p>6. PCBC</p>	<p>Jason Skinner joined the Board to discuss the financial annex of the PCBC.</p> <p>AV gave an overview of the draft PCBC document, structure and content required for the national assurance process. The core document is supported by a large number of appendices available but not circulated for this meeting. Further revisions to the document will be made and included as we consider the clinical outputs by the sub groups over the coming months.</p> <p>Finance section refers to the annex and sets out the financial environment in which we are operating in and what the journey would look like over the next four financial years if we did nothing. This is based on the work within the STP plans and a large focus is on the health element within the financial bridge. JS talked through the financial bridge example.</p> <p>Increasing detail behind the relevant numbers within the overall bridge. Bridge shows overall position and what would be achieved if the changes proposed are taken forward. JS referred the Board to slide 23 and the sensitivity analysis “growth in the system” down to activity growth and pricing; inflation pricing modelled on national tariffs; largest driver is activity and activity coming into the system that requires health care treatment this has been modelled over the 5 year period by CCG and activity expected; increase in growth in areas we have an elderly population.</p> <p>IW stated that the total budget across the region is at £2.25BN this shows that each 1% costs £2.25M, the incremental costs seems to be huge and needs interrogating. How does the model allow for effectiveness of preventative strategies and are they built into this. JS confirmed that for every initiative these are financially modelled individually.</p> <p>SM raised a point in regard to consistency within the annex. The narrative needs to be reviewed as some organisations are included as part of the bridge and others are not. JS confirmed that the financial bridge model includes all spend on health service via the commissioners and includes the financial position of all</p>	

Item	Discussion	Action Lead
	<p>providers who are NHS bodies (not Provide who is a non NHS provider). A review of the labelling/narrative would be undertaken to ensure this is clear and organisations listed.</p> <p>The Board were asked to note that the financial annex reflects all aspects of the STP which the PCBC does not in its entirety.</p> <p><b>Decision: The draft PCBC document and financial annex were noted by the Board</b></p>	
<p>7. Social Care Strategy/Finance</p>	<p>RH provided an update for Thurrock. BCF guidance has still not been published; not hindering things unduly; no agreed plan and everything is draft; IBCF money - still awaiting guidance to be issued and unsure of how directive this guidance will be in the use of the funding. At a local level meetings continue, draft plan with Thurrock CCG and £750K identified for new initiatives. Social Care featured in the General Election campaign, rumoured to be a green paper on social care funding in the autumn; potential funding gap as some is not recurrent; the precept is still around and Local Authority can increase this by 6% over 3 years – cannot go above 3% in any one year.</p> <p>PF provide an update for Essex. Continue to engage with all the CCGs; discussions have been more positive as the month has developed, now identified £8.5M for new initiatives and CCGs content with how that is being planned. Main areas for investment discharge to assess and unblock capacity, issues in the care market especially around quality improvement. Training is being provided for care works on dealing with patients with dementia, end of life and fall reduction. Work is taking place to align social workers with GP practices. PF confirmed that Essex County Council are decommissioning the falls programme across Essex, an element of it will be protected on the exercise programme with PSI. EW asked about the falls programme; Mike Gogarty, Essex Public Health consultant to produce a note to explain the rationale for the decommissioning of this programme.</p> <p>BCF Plan will need to go to Health &amp; Wellbeing Board, Scrutiny, NHSE and several stages could in theory not be signed off until November/December. Advice received that we can continue to spend even though we do not have a BCF plan.</p> <p><b>Decision: The Programme Board noted the update and asked for this to remain as a further agenda item.</b></p>	

Item	Discussion	Action Lead
<p>8. Essex Data Programme Pilot</p>	<p>The Board received a presentation on the programme of work on a shared vision for Essex to 2025. Series of workshops held on the core themes emerging. Health &amp; Wellbeing work is still developing and draft vision for consultation and engagement is being developed over the summer months.</p> <p>The Initiative was kicked off by the partnership board, working with Clare Morris at ARHP on this. It enables a prediction of health outcomes earlier to potentially reduce demand and cost. Needs to feed into STP priorities to deliver within 4/5 years. No funding or resource required from the STP to support this. Need to link with commissioners and Information Governance leads. It was suggested that this item would be added to the agenda of the future Joint H&amp;WB Chair meetings for the 3 Local Authorities and PF to take forward.</p> <p>Pilot and platform running since last Autumn and confident that the methodology makes a difference and results in better outcomes;</p> <p><b>Decision: The update was noted by the Programme Board.</b></p>	
<p>9. AOB</p>	<p>AD stated that the planned Joint H&amp;WB Chairs meeting has been cancelled because of recent changes and waits for notification of next meeting.</p> <p>IW provided an update on the status of the Medical School development; running to time, waiting for the authority to recruit during Sept/Oct from the GMC (consultation has been completed) – only 3 new providers in the mix Aston (6 weeks ahead finished stage 5, Surrey is year behind ARU)</p> <p>EW commented on the need to progress to public consultation in order to bring clarity on what is (and is not) being proposed, and that in places members of the public are confused.</p>	
<p>10. Next Meeting</p>	<p><b>Date of next meeting:</b> 24<sup>th</sup> July 10.00 – 12.30pm Committee Room 2, Thurrock Council, Civic Offices, New Road, Grays, Essex RM17 6SL</p> <p>Forward Items:</p> <ul style="list-style-type: none"> <li>• Mental health – <b>August</b></li> <li>• STP governance – <b>August</b></li> <li>• STP metrics published for partnership – <b>August</b></li> <li>• SUAG – <b>August</b></li> </ul>	



Item	Discussion	Action Lead
	<ul style="list-style-type: none"><li data-bbox="562 236 981 266">• Clinical pathways – <b>September</b></li></ul>	

FINAL