

Mid & South Essex Success Regime Programme Board

Monday 24 July 2017 10.00 – 12.30pm, Committee Room 2, Civic Centre, Thurrock Council offices

Present: Anita Donley, (Independent Chair)
 Andy Vowles, Programme Director
 Jo Cripps, Chief Officer Local Health & Care Portfolio
 Clare Panniker, SRO In Hospital
 Sally Morris, Chief Executive, EPUT
 Kim James, HealthWatch
 Ronan Fenton, Group Medical Director
 Simon Froud, Essex County Council
 Les Billingham, Thurrock Council
 Trevor Fernandes, Service User Group Vice Chair

Apologies: Caroline Russell, Nick Presmeg, Donald McGeachy, Simon Leftley, Eric Watts, Roger Harris, Peter Fairley, Iain Martin

Minutes: Jacky Dixon, Senior Programme Manager (NHSE)

Attending: Louise Kitley Health Education England

Item	Discussion	Action Lead
1. Welcome and introductions	AD welcomed attendees and introductions were made.	
2. Minutes and actions	<p>Matters of fact: All agreed</p> <p>Matters arising:</p> <ul style="list-style-type: none"> PCLG – action outstanding to be taken forward and chase TORs for this group. <p>Decision: all agreed the minutes as a correct record of the meeting.</p>	JD
3. Programme Director Summary Report	AV provided an update on progress across the programme. CCG Joint Committee met for the first time on 7 th July; Mike Bewick has now been appointed as the Independent Clinical Chair. A Joint Commissioning Plan and Joint implementation Plan both signed off and approved by NHSE. Basildon & Brentwood are not full members of this committee at present, finding ways of getting this resolved under the constitution arrangements. In the interim they are observers and any decisions are also going via the Basildon &	

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	<p>Brentwood CCG Board. First Regional STP review by NHSE/NHSI held on 18 July.</p> <p>Work on-going on the acute model and A&E and lots of media activity. Moving forward we will be focussing on communications, the clinical review by the In Hospital sub-groups and further updates to the PCBC.</p> <p>In hospital:</p> <p>CP provided an update of progress with this portfolio:</p> <ul style="list-style-type: none"> • Reviewing the A&E model to try and recognise the concerns of the public, stakeholders and clinical staff whilst still trying to maintain the benefits for patients in the consolidation of services • Announced last week ambulances will still go to the local A&E and patients will be assessed, treated and transferred; for some patients (approximately 10%) they may be transferred to a consolidated centre most likely at Basildon. The detail is being worked through by clinical pathways with the intention that by the autumn we can describe more clearly the types of patients that will be moving under the treat and transfer/assessment model. • Still looking to separate emergency from elective surgery, different sites will do different things - consolidation of the core programme remains • Progress continues to move forward on some of the clinical work streams, stroke and thrombolysis distinct from the HCU – clinicians are working through in detail. <p>AD stated two examples, stroke and trauma; where clinical evidence demonstrates that the chances of recovering are 50% greater if patients are taken directly to an emergency specialist centre.</p> <p>Out of Hospital:</p> <p>Jo Cripps provided an update on behalf of CR.</p> <ul style="list-style-type: none"> • Main focus of the work has been on the formation of the Joint Committee. • Appointment of Lead AO for LHC Delivery and Lead SRO/Lead AO for Joint committee – roles being progressed to interview and appoint. • Structure to support Joint Commissioning team being developed • Reviewing contract discussions and alignment of commissioning intentions across acute mental health for 18/19 • Areas of the portfolio are progressing but capacity remains an issue. Trying to identify areas that can 	

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	<p>be taken forward once and what needs to remain in each CCG and taken forward.</p> <ul style="list-style-type: none"> • STP Delivery plan now approved by NHSE/NHSI – focus on developing the respiratory pathway across the system • JC gave a presentation to the SUAG describing the LHC model providing an overview of the various strands being considered. <p>AD asked for a LHC framework for the localities by authority and generic model of what a community hub would look like and when this can come to the programme board for discussion, would especially like to see the respiratory pathway. To add to the agenda for September/October.</p> <p>SM asked if work has been taken to identify and align staffing resource within the 5 CCGs to the wider STP footprint? JC responded that they are looking at having a single resource to do the work once, such as RTT/UEC returns, estates, etc. Demands are intense and we are not equipped to do this. AD stated that we have repeatedly talked about this within the Programme Executive team to try to resolve the capacity concerns and embrace the principle of subsidiarity at system level and not at 5 different CCGs. To be discussed further at Programme Executive to balance sovereignty of individual organisations and the wider STP.</p> <p>KW asked if there have been any discussions about having someone on the CCG Joint to represent the people and patients voices or will the local CCGs come out with the decision being made at joint level that may impact on social care delivery. KW also raised a concern about the balance of representation of the members of the Service Users Advisory Group especially from the Thurrock area and those who are disadvantaged.</p> <p>Risks to highlight:</p> <ul style="list-style-type: none"> • Access to capital – STP received a modest sum, under £1M, to support a few schemes, still remains a risk and working towards 2nd tranche of capital as per the autumn statement • Capacity – STP wide and also within the In Hospital work especially over the next few months • Joint Committee – still issues on getting all 5 CCGs as full committee members • SM raised a risk on community mental health pathway, Essex Strategy launched last week; outcomes and challenge to work out how that commissioning happens on an Essex wide basis rather than an STP footprint; still need to be resolved; concern strategy links into the 5YFV and how this is taken forward. 	

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4. Acute Reconfiguration	<p>Decision: The Board noted the updated reports and progress made</p> <p>Paper provides an update on the acute model reconfiguration. Re-engaging with the clinicians to improve their confidence as we move forwards. Emergency care group are starting to develop the treat and transfer models to ensure they improve care; now working at a pace that the clinicians feel comfortable with.</p> <p>AV raised a question on the timelines to ensure that the revised models and outcomes from the sub-groups and information will be available to update the PCBC in early September. CP responded that more time would obviously be welcomed however expected that by the end of September there would be a better quality product, however CP felt that by the end of August sufficient detail would be available for the PCBC to assist with the activity and financially modelling. By September there would be a crisp narrative to support the wider consultation/engagement. JC confirmed that the LHC portfolio is working to ensure there is primary care input to the Emergency work stream.</p> <p>Decision: The Board noted the contents of the report and update on the clinical reviews.</p>	
5. STP Oversight arrangements	<p>AV discussed the papers attached to the report. The Regional review was a positive discussion and recognised the balance of the challenges we face and the progress made. It was confirmed at this meeting that STPs are here to stay and are seen as the planning unit for the NHS. These regional reviews are likely to be held on a quarterly basis moving forwards.</p> <p>Local oversight arrangements and holding to account of the STP are being led by Andrew Pike DCO for Midlands & East (East) and meetings have been scheduled from September on a monthly basis.</p> <p>All 44 STPs across England are being rated and an STP dashboard of assessment has been published. Mid & south Essex is rated as advanced in recognition of the work that has been done and having a clear plan. There is strong sense that this rating matters and may be considered for access to capital and transformation funding; it is likely an STP will need to be in the top 2 categories to be considered for this funding. In the future the Programme Board will need to review progress against these metrics.</p> <p>Decision: The Board noted the report and supporting dashboard information and published outcomes</p>	
6. Clinical Cabinet/Governance	<p>The report provides an update on the proposed establishment of the Clinical Cabinet, TORs and support arrangements.</p>	

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	<p>AD raised a concern on how many groups appear to have developed especially on Primary Care and the need to ensure how these are aligned and report into the Programme Board. These need revising as part of the wider governance review.</p> <p>SM is to chase for nominations from the community providers to join as members of the clinical cabinet and notify the PMO as soon as possible.</p> <p>AV confirm that the PMO Manager, Jacky Dixon, will provide co-ordination and planning support to the Clinical Cabinet and set a schedule of meeting dates to start in early September.</p> <p>It is likely that membership of this group will develop especially on voluntary services and it was suggested that contact is made via the national council of voluntary services for a representative.</p> <p>Decision: The Board agreed with the establishment of the clinical cabinet and draft TORs as proposed within the report.</p>	
<p>7. LWAB/Update and strategy</p>	<p>A presentation was given by Louise Kitley, HEE and Sally Morris Joint Chair of the STP Local Workforce Action Board (LWAB) about the development of the STP workforce strategy and plan to take this forward.</p> <p>The draft strategy which covers local workforce profile, considers the intelligence available on the workforce challenges in the STP footprint and considers against the national context for example CSR and funding for pre-reg students; impact of BREXIT and opportunities within the Apprenticeship Levy.</p> <p>The main focus of the strategy is on demand, supply and retention. The strategy is supported by an implementation plan highlighting local priorities to be taken forward by the STP LWAB. It was agreed that the strategy and implementation plan would be shared and circulated to all Programme Board members by 5th September for review and comment at its next meeting on 26th September. This would give members 3 weeks to fully digest and enable further discussion. The LWAB would meet on 31 August to agree the draft documents.</p> <p>The Programme Board were asked to consider the following:</p> <ul style="list-style-type: none"> • The LWAB seeks the view of Programme Board in relation to the challenge of bringing social care/local authorities into the plan, in a consistent way for all three local authority/unitary bodies. 	

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	<ul style="list-style-type: none"> • As the STP Programme of work is allocated to Senior System Leaders, and the LWAB currently fulfils that purpose for the Workforce Enabling Delivery, does the Programme Board consider there is sufficient scope in the LWAB to carry out the workforce work stream, or do they feel additional capacity is required. • The LWAB seeks assurance and agreement from the Programme board on the priorities and outline plans highlight in this paper. • If the programme board agrees with the proposals, the LWAB proposes this be worked up into a full action and implementation plan by 1st September 2017. The plan will include specific leads for activities and corresponding outcomes, establish key performance indicators. <p>SM stated that some of the STP LWAB work streams have fallen behind due to capacity issues, reduced resource available from HEE as a result of the organisational changes within HEE and less resource from the partnership working boards.</p> <p>Discussion took place on the following:</p> <ul style="list-style-type: none"> • What the outputs will be from LWAB? • What the LWAB will be leading and who specifically? • What resource is required to move forward • Role of the LWAB for the STP <p>SF commented that there needs to be involvement of the Local Authorities with the proposed workforce strategy; to include social care given the desperate shortage of social workers and staff and in the care agencies and providers and joint teams they currently support in the hospitals. There needs to be representation of the LAs at the LWAB.</p> <p>CP raised a point that some of the priorities identified and actions are already being taken forward within the various organisations.</p> <p>Further clarification on the proposed working of the LWAB needs to be discussed outside of the meeting with the Chairs and the Programme Executive members.</p> <p>Decision: The Programme Board noted the update and asked for the draft strategy to be circulated by 5th September to enable members to review before the next programme board.</p>	

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<p>8. SEPI – current and future estates planning</p>	<p>The Programme Board members were provided with a brief summary of this proposed pilot scheme of which the mid & south Essex STP had been invited to participate. The first planned meeting is due to take place on 10th August.</p> <p>AV raised a question about how the STP and acute reconfiguration will link with SEPI and whether any resource will be available via this pilot to support the development of the local estates planning and strategy.</p> <p>SM raised concern about the work that has been completed previously and would be keen to ensure that this is not overlooked and fits into the wider strategic planning.</p> <p>AD asked for this to be a standing item on the agenda and for regular updates to be provided to the Board.</p> <p>Decision: The information was noted by the Programme Board.</p>	
<p>9. Social care strategy/challenges/final updates</p>	<p>SF provided an update for Essex County Council; the strategy and vision are being developed. The financial situation is very challenging and struggling in Essex with regards to the savings and plan for the next 5 years moving forward. The IBCF just concluded discussions with all CCGs and strategic plans and all figures signed off at the DCLG last Friday.</p> <p>LB provided an update for Thurrock; aligned to the work of the CCG with a degree of uncertainty about future commissioning arrangements; need to have a local plan that is for local people but understand the wider footprint. BCF and IBCF similar situation to Essex. Heavy investment in DTOC and developing a BCF plan encompassing all the various areas of transformation; work on Tilbury/Chadwell with provision of a more comprehensive out of hospital service and improved conditions and an integrated medical centre. Some tension on a Thurrock ACP and work being taken forward in Tilbury; still challenged with the domiciliary care market and pressure in the system to move on some areas.</p> <p>LB stated that it would be good at some point to have a conversation across the whole system and how to share learning on recruitment and retention. LB acknowledged there is a need to balance between localism, STP system and contribution from the Local Authorities so that the whole system improves. Local Authorities are not as involved as they should have been. Be useful to be engaged again with the wider programme and feel out of touch with what is going on locally.</p> <p>Decision: The updates were noted by the Programme Board.</p>	

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10. AOB	SM raised a risk of COIN – Community Interest Network - £1.2M shortfall at the moment in terms of funding; the platform we would use to share the information – need to resolve how this can be funded as a system.	
11. Next Meeting	<p>Date of next meeting: 21 August 10 – 12.30 Committee Room 5, Civic Centre, Victoria Avenue, Southend on Sea SS2 6ER (or 6EQ for satnav)</p> <p>Forward Items:</p> <ul style="list-style-type: none"> • Mental health – September • STP governance – October • STP metrics published for partnership – August • SUAG – August • Clinical pathways – September 	