

Mid & South Essex Success Regime Programme Board

Tuesday 31st January 2017, Board Room, Swift House, Chelmsford

Present: Anita Donley, (Independent Chair)
 Andy Vowles, Programme Director (NHSE)
 Caroline Russell, SRO Local Health & Care Portfolio
 Roger Harris, Corporate Director of Adults, Housing and Health, Thurrock Council
 Nick Feint, Southend-on-Sea Borough Council
 Thomas Nutt, Healthwatch Representative
 Donald McGeachy, LHC Medical Director
 Iain Martin, VC ARU
 Andrew Pike, Director of Commissioning Operations, NHSE
 Eric Watts, Service User Group Chair
 Nick Presmeg, Essex County Council

Apologies: Clare Panniker, Rob Tinlin, Simon Leftley,

Minutes: Jacky Dixon, Programme Manager (NHSE)

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: forward items on the agenda; Social care funding for 17/18 a joint report to come to the next Programme Board meeting summarising position, Roger Harris to lead co-ordination. Recent discussions have taken place with Essex County Council who has written to CCGs for an urgent meeting to discuss all implications on social care budget. CR to provide an update to the Programme Executive on the alignment of the social care budget with the financial bridge, what that might mean and what could be achieved.</p> <p>Actions: AV confirmed that all actions have been discharged or are in progress</p> <p>Decision: All agreed as a correct record of the meeting.</p>	<p>RH</p> <p>CR</p>

Item	Discussion	Action Lead
<p>3. Programme Summary</p>	<p>AV presented a summary of the overall programme activity during December 2016.</p> <p><u>In Hospital Portfolio</u> The three hospitals continue to build on the group arrangement with a single CEO and Joint Executive Group (JEG) now in place, and a shadow joint venture being developed</p> <p>Work continues on refining the acute reconfiguration models ready for the options appraisal review in February. Some clinical concerns in the South East remain, although there has been significant engagement activity with the hospital consultants and GPs. Appointment of Clare Panniker as joint CEO has given greater opportunity for her to meet with and engage with the hospital clinicians.</p> <p><u>Local health and care portfolio</u> Although concerns remain over the pace, scale and consistency of delivery of the Local Health and Care Programme, progress has been made. Since December the project management office is now led by a senior manager and work has started on mapping all the different work streams onto a tool called <i>Road Map</i> which will help to identify key milestones.</p> <p>CCGs as executives are working much more positively, an away day was held last Friday 27 January at which responsibility for functions across the 5 CCGs was discussed and agreed.</p> <p>The team continues to co-ordinate all the financial STP transformation bids across the foot print; rather a complex national process on how the transformational funding is being made available; trying to be as agile as possible to get as much money into the system as possible. All transformational funding bids will require sign off by the STP/SR Programme Board.</p> <p>Progressing with the assistance of Tony Young a technology project to look at opportunities to reduce outpatient follow up appointments and alternative ways of delivering after care.</p> <p>In discussion, members of the PB recognised the challenges facing Local Health and Care and explored what more might be done to accelerate delivery, especially in core areas such as the development of localities and rolling out consistent pathways in priority areas such as frailty. The Board agreed that it might be helpful to look in more detail at a key areas, such as frailty, at a future meeting.</p>	<p>CR</p>

Item	Discussion	Action Lead
	<p><u>Programme Management Office</u></p> <p>AV reported that a separate project group has been established to scope the impact of the proposed acute reconfiguration options on access and existing public transport arrangements. In addition, the LWAB is now established and reporting line agreed to the Programme Board. The programme has also recently published the Clinical Senate reports and work continues to finalise the Pre-Consultation Business Case document.</p> <p>The Programme Board were asked to review and note the risk register highlighting the most significant risks across the programme. All were noted.</p> <p>AP provided an update to the Programme Board on potential future funding and capital demands, including the need to consider alternative sources of capital funding, for example Local Authorities as investors in health. AV informed the Board that a SOC is currently being developed by the trusts; for governance purposes this will be overseen by the Programme Board and the Trust Boards will approve.</p> <p>Iain Martin raised a comment in relation to future workforce that the number of applications received for nursing and midwifery is down 29% year on year and across the region the workforce groups are looking at a range of incentives around loans that may be available to assist fill places. IM in discussion with HEE.</p> <p>CR mentioned a document titled <i>“Swimming together or sinking alone”</i> which might be useful as background information to circulate to the Programme Board members.</p> <p>Decision: The Programme Board noted the contents of the report and progress made. The content of the risk register was noted.</p> <p>It was suggested that for future meetings there should be detailed key milestones for each portfolio to track progress on what is being delivered/planned on a month by month basis over a 12 month period.</p> <p>It was suggested that the Programme Executive should receive reports on activity/demand management to link with tangible outcomes as part of the overall programme. CR/AV to prepare a report for the Programme Executive. A summary of this would be provided to the Programme Board and incorporated into</p>	<p></p> <p>JD</p> <p>AV/JD</p> <p>AV/CR</p>

Item	Discussion	Action Lead
	<p>the Programme Directors report.</p> <p>It was noted that all CCGs are currently working on the GP5YFV implementation plans <i>and collating these at system level</i> which will need sign off and endorsement by the SR/STP Chair. AV/CR to provide an update to the Programme Board during February and March.</p>	AV/CR
4. Options appraisal process	<p>AV presented a summary paper setting out the main process;</p> <ul style="list-style-type: none"> • 5 possible acute configurations • Now assessing these against agreed criteria developed with clinicians • 3 expert groups undertaking separate assessment; finance oversight group, service user group, and clinical expert group with clinical experts from outside of the geographic footprint • Formal options appraisal taking place on 22nd February with wider group of senior leaders from partner organisations and a number of advisors who will consider and appraise the options <p>At the February meeting the Programme Board will be asked to agree the final recommendations to go into the PCBC and these will form the basis for consideration by the CCGs and then public consultation at a later stage. The constitution of the Programme Board for that meeting will need to reflect statutory authority input.</p> <p>Discussion covered the fact that, as a matter of priority, consideration should be given to the impact on quality for the whole system; the concern of user groups about access is acknowledged, as is the potential impact of the proposed changes for the ambulance service. AV confirmed that more detailed work will take place on both access and ambulance service requirements when the options have been narrowed down. The Programme Board asked that the pre-read information being prepared is set out in an easy to understand format, recognising the complexity of the issue.</p> <p>Decisions: The Programme Board endorsed the proposed options appraisal process. Contents of the paper were agreed and noted.</p>	
5. Transformation Funding Summary	<p>The report presented an outline of the transformation bids submitted as part of the NHS England process. It was noted that the funding is non-recurrent. Some of the areas for funding are not particularly areas we would want to fast track changes in, however submissions have been made in order to ensure there are no gaps in funding.</p>	

Item	Discussion	Action Lead
	<p>Decision: The Programme Board noted and agreed the contents of the report. A further update will be submitted to the Programme Board in April.</p>	
<p>6. Governance and Joint Working</p>	<p>The report presented by AV set out proposals to review the current governance arrangements of the Success Regime programme particularly as this moves more in line with the STP framework.</p> <p>Now that the majority of the ‘design’ work for the SR/STP has been completed, it is an appropriate opportunity to review whether all the existing groups are still required, whether their purpose is clear, where they report to and whether some of them might form task and finish groups under the relevant portfolio. Discussions took place during the autumn between the Independent Chair and the Chairs of the three Health and Wellbeing Boards within the footprint, and the three boards have developed a set of principles suggesting how the STP should be progressed. These principles have been formally endorsed by each of the three Health and Wellbeing Boards and joint meetings will take place every 2 months.</p> <p>It is clear that STPs as a construct will be given greater authority in terms of governance and decision making over the coming year. Currently all STPs are raising similar questions with a request to NHS England to provide 2/3 models for potential adoption.</p> <p>Decision: The Programme Board endorsed the principles outlined and agreed that further action on this is taken forward by AV and the Independent Chair with a clear proposal for implementation shortly.</p> <p>The Programme Board endorse the principles and ways of working with the Health & Wellbeing Board and noted the development of the leadership forum chaired by the CEO of Essex County Council.</p>	<p>AV/AD</p>
<p>7. AOB</p>	<p>CR/RF spent Thursday evening, 26th January 2017, with Chelmsford City Council and discussed the potential of the proposed changes in the 3 hospitals. CR was presented with a 3,500 signed petition about potential “downgrading” of A&E at Broomfield hospital which will be discussed at the Mid Essex CCG Board.</p> <p>Forward items:</p> <ul style="list-style-type: none"> • Social Care Strategy/Changes/Finances – 28th February (Local Authorities to provide) • Recommendations on Options Appraisal outcome –February • Innovation and Digital – February • Transport and patient flows – March • Workforce – March (balance between NHS and LA) – choose one of the pieces of work in terms of an 	<p>RH AV CR AV CR</p>

Item	Discussion	Action Lead
	<p>integrated pathway (frailty) and use as a framework for how to approach the involvement of workforce with the clinical pathways.</p> <ul style="list-style-type: none"> • Mental health – April • Public Health – May • Discussion on the CPLG and other external groups to be taken forward by the Independent Chair and Medical Directors in conversation 	<p>RH Public Health AD</p>
10.	<p>Next meeting: Monday 28th February 2 – 4.30pm</p>	

FINAL