Mid & South Essex Success Regime Programme Board

Tuesday 28th February 2017, Board Room, Swift House, Chelmsford

Present: Anita Donley, (Independent Chair)
Andy Vowles, Programme Director (NHSE)
Caroline Rassell, SRO Local Health & Care Portfolio
Roger Harris, Corporate Director of Adults, Housing and Health, Thurrock Council
Simon Leftley, Southend-on-Sea Borough Council
Thomas Nutt, Healthwatch Representative
Donald McGeachy, LHC Medical Director
Iain Martin, VC ARU
Clare Panniker, Chief Executive (BTUH, MEHT, SUHFT)
Eric Watts, Service User Group Chair
Nick Presmeg, Essex County Council
Ronan Fenton, Medical Director
Naresh Chenani (NHSI)

Apologies: Rob Tinlin, Andrew Pike, Jacky Dixon, Frances Shattock

Minutes: Alison Alexander, Programme Support Officer (NHSE)

Item	Discussion	Action Lead
1. Welcome and introductions	AD welcomed attendees and introductions were made.	
2. Minutes and actions	Matters of fact: **All agreed** Matters arising: Social Care – item on the agenda CR – carry forward following discussion on social care Frailty – item on the agenda under Programme Director report Activity and demand management – summaries as and when required to be taken to the Programme Executive GP5YFV item on the agenda Governance and joint working – proposals to be brought to the next meeting Options appraisal – on the agenda	

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	Digital appraisal – agreed at Programme Executive Workforce – Discuss under Programme Director report **Decision: All agreed as a correct record of the meeting.**	
3. Programme Director Summary Report	AV presented a summary of the overall programme activity during January 2017. **<u>Overview</u>** AV reported that the main focus for the core team has been preparing for the options appraisal process. In addition, progress has been made with the workforce, with the LWAB having met a second time and agreed four priorities for development, and more detailed work mapping pubic transport issues is underway. **<u>In Hospital portfolio</u>** CP gave an overview of the revised governance and leadership arrangements of the three acute trusts. Acute leadership group is now reforming and becoming more mainstream taking forward work on reconfiguration and re-design, along with the development of a cancer workstream. CP updated that a strategic outline case that addresses the capital requirement of the acute trusts was being worked on to develop the new clinical models. CP reported that the Corporate work had been progressing at a slower pace. A meeting with Lord Carter was held at the end of January and there had been ongoing dialogue of how to drive the work forward to accelerate progress. A degree of outsourcing had been identified but the detail had not yet been established. Staff side had been made aware. Clinical Support – imaging and diagnostics had been looked at but detail had not been identified. EW asked if there was a plan to have a cancer directorate. CP confirmed there would be. There were no plans to run the surgical side of oncology as one service. There was a discussion held around what services in terms of cancer would be held at which site. CP confirmed that regardless of the outcome of the work of the Success Regime *some* of the cancer work would be	

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	reconfigured. **<u>Local Health & Care portfolio</u>** CR noted there were 4 Accountable Officers and 1 Managing Director in place. All 5 had met and agreed which Accountable Officer would lead on which piece of programme work that would need to be done once across the footprint. They were trying to do this with minimal HR disruption. Carol Anderson had been working on changes within the hospital. IS was leading on at self care, localities and children, MA was leading on long term conditions, frailty and end of life, John Leslie was looking at BI performance and considering ways of working to reduce duplication. CR reported that for primary care funding of £1.8m had been secured. 50 EU GPs would be arriving soon with the first tranche going into Castle Point & Rochford and Thurrock. Mike Bewick had been secured to work with the primary care leader's forum for the whole of the next year to develop leadership for the future which will link into Workforce. A primary care workforce tool had been developed, including healthcare assistants, pharmacists etc. In terms of Frailty that Mandy Ansell was leading on, including a 100 day challenge to see how close each of the 3 frailty units are to the blue print from last year to see if a palpable difference had been made to outcomes. Digital innovation – Dan Doherty working on, focusing on how innovation might enable new ways of delivering OP services. The self care agenda was being looked at with the Directors of Public Health. Campaign ongoing around the 12000 lost GP appointments due to "did not attends" would make a significant difference in appointments. A discussion was held around bringing an example of an integrated pathway to the Board for assurance and information purposes. It was agreed that this would need to include how the differing localities would deal with this in their own ways. This would be done for an integrated frailty pathway. CR/AV to meet to discuss further. CR to also to bring papers regarding GP recruitment and frailty to future Board meetings.	CR/AV

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	It was agreed that a paper summarising development with GP recruitment would be brought to the meeting in March and a discussion would be held with The Chair as to which meetings the frailty papers would be presented. **Risk Register** AV highlighted key risks. The first one being around the lack of capital. Work continued on outline cases and discussions with NHSI and NHSE. Secondly the issue of the CCG joint committee is still to be resolved. Thirdly, central Success Regime funding not available, or would be very limited, in 17/18. It was not clear where non-recurrent funding for reconfiguration would come from. RH asked where the bid for non-recurrent funding would come from. AV confirmed that for the schemes that needed pump priming there was a risk as it is not clear if central funds are available. There were also other bids for mental health etc that could potentially support the position however it was not clear at this stage on definite funding. **The Board noted the update report and the risk register.**	CR
4. Options appraisal	AV gave a summary of the options appraisal process. AV highlighted the EAHSN report which has not been circulated in full but was available on request AV gave an overview of the scoring from the process, including the capital and productivity scores reach by FOG, and the weighted and unweighted scores from the main options appraisal event held on 22 February and the Clinical and Service User panels. AV highlighted that options 2A scored highest across each of the four main criteria. RH asked if there would be just 1 option in the PCBC. AV noted that other PCBCs reviewed tended to highlight a single option, but this is not a requirement. It was also stated that for public consultation all options may be presented, with the preferred option or options highlighted. RH also asked whose decision it would be to decide from a governance point of view which option or options go forward. AV confirmed this Board would recommend the approach however the ultimate decision rests with CCG boards. IM noted 2A and 2B are reliant on capital investment and queried whether it would be possible to make	

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	changes without significant capital. CP noted it would be possible to make a start with consolidation but reaching the final destination of separation and consolidation would not be achievable. It was noted that some members of the Service User Advisory Group panel had concerns over the amount of time available to read and digest the amount of information provided before scoring needed to be done on the options. It was also noted that the group felt that many of the options could result in perceived 'winners and losers' and this was a concern. SL informed the Board that there remained concerns within Southend about Option 2A, and that based on current information this option was not likely to command support locally. NP commented that it will be important to understand the impact of implementing any preferred option on social care. TN commented that from his perspective the options appraisal was a good process, and reminded members that the status quo is not an option. He welcomed the opportunity to redesign pathways as part of the programme and the importance of including lived experience as part of the methodology. The Board agreed a paper setting out the preferred option or options, and the results of further engagement to be brought to a future meeting. It was noted that purdah would have commenced by the time of the next meeting, however it was agreed that this should not affect business as usual work continuing. **Decision: The Board noted the outcomes of the options appraisal.**	AV
5. Social Care Strategy and Funding Proposals 17/18	RH presented the paper and noted the contribution of his 3 finance colleagues at the local authorities. It was noted that the figures were based on adult social care and not housing or children. NP noted structural deficit growing all the time as savings were not always being made. The demand management and commercial savings were lower in the following years.	

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	The Chair asked what the impact would be. RH noted delayed transfers of care and demand management may potentially mean more people turning up at A&E. TN noted that as a Board, system carers need to be supported. It could not be assumed they can do more as it would put more pressure on them and the system. NP noted that money will not fix the system on the whole. The community needed to be looked at to try and determine the key issues and how they can be resolved rather than just putting money towards everything (noting that there isn't any). It was noted it had been disappointing how slowly the joint CCG working had come together and that it all had to be joined together as a whole. The Chair asked the Local Authority colleagues in the room how they would like to bring all the social care integration work together as an STP footprint. RH noted that there could be more to do but there were more common approaches than not. The Chair asked Local Authority colleagues to bring a paper to the Board on how the 3 Local Authority areas could align their activity in regard to integrating social care under the STP footprint. **Decision: The paper was noted by the Board.**	RH/NP/SL
6. GP5YFV – Update on submission for information	CR gave the group an update on the GP 5 year forward view submission which was for all 5 CCGs in the SR area. It detailed how the GPs would be aligning services to the 5 year view. CR had a one page summary which would be circulated with the minutes. **Decision: The paper was noted by the Board.**	CR/AA
7. AOB	• Essex data analytics programme AV noted this was something that would be worth exploring further and that he has agreed to meet the team developing it. CR noted the Accountable Officers had discussed previously and were working with Ian Wake and the public health team in Thurrock.	
	Next meeting:	

Item	Discussion	Action Lead
	Monday 27th March 9.30-12 noon	