

Mid & South Essex Success Regime Programme Board

Monday 12th December 2016, 11.00 – 13.30pm

The Library Meeting 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
 Sharon Holden, Deputy CEO, Southend-on-Sea Borough Council Deputy XXX
 Thomas Nutt, Healthwatch Representative
 Donald McGeachy, LHC Medical Director
 Iain Martin, VC ARU
 Andrew Pike, Director of Commissioning Operations, NHSE
 Clare Panniker, SRO In Hospital

Apologies: James Bullion, Ronan Fenton, Naresh Chenani, Frances Shattock, 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	Matters of fact: All agreed Matters arising: None Actions: AV confirmed that all actions have been discharged or are in progress Decision: All agreed as a correct record of the meeting.	
3. Programme Summary	AV presented a summary of the overall programme. The In Hospital portfolio had recently been selected as a national pathfinder for the corporate support/corporate services work stream. There are emerging clinical concerns in the south east over some aspects of the potential acute reconfiguration options and a range of clinical engagement events have taken place and are planned over the coming weeks with	

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	<p>consultants, GPs and other clinicians.</p> <p>Key elements of the Local Health and Care portfolio require joint working between the 5 CCGs; these matters have not been progressing at the required pace despite significant facilitation and support from the STP team. As a consequence no formal joint working arrangements have been agreed or established. As a result this portfolio and programme is at risk of being fragmented, with the added risk of destabilising other aspects of the SR/STP programme.</p> <p>Overall programme progress:</p> <ul style="list-style-type: none"> • Published the STP summary narrative and main documents • PCBC key document being finalised <p>AV provided confirmation on the steps taken to establish more detail on the clinical evidence base as previously requested by the Programme Board. The Eastern Academic Health Science Network has been engaged on a pro-bono basis to undertake an assimilation of the clinical evidence base for improvement in services as a result of integrated care delivered within a reconfigured service; this will include existing examples of reconfiguration of specialty specific services such as UEC, stroke, paediatrics, and maternity care. The timescale for reporting initial results is mid-January, with a full compendium available by the time formal consultation commences in May 2017. In addition EAHSN will provide information to support the PCBC and options appraisal.</p> <p>AV gave assurance to the Programme Board on the wider engagement programme taking place during December and January with the Medical Directors from Trusts and other senior leaders attending a range of meetings with consultants and clinicians, further ALG meetings, and a series of proactive sessions in different parts of the patch with GPs and hospital consultants to discuss the STP proposals.</p> <p>As a result of this earlier engagement the SR/STP timetable had been amended to give more time for wider engagement and feedback opportunities.</p> <p><u>In Hospital update - SRO Clare Panniker</u></p> <p>Good progress is being made generally with the three Trust Boards; agreement has been reached on a contractual joint venture in shadow form from January 2017 until April 2017 for overall governance arrangements.</p>	

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	<p>A 30 day consultation has just been completed across the three Trusts to form a single common executive leadership team with interviews due to take place in the coming weeks.</p> <p>The four clinical sub-groups continue to meet and discuss the potential reconfiguration models . The Board acknowledged in discussion that the rationale and the criteria guiding the design of reconfiguration can be blurred in debate by a responses based on local institutions and the future of the clinicians who work within them as well as concerns over the clinical evidence base for change. This is particularly evident within parts of the GP community in South East Essex. At present there is no clear articulation from this group of the amendments they would propose, having already agreed the case for change obviates remaining with the present arrangements. Suggestions have been received for a new hospital build but this would have a significant impact on travel for more patients and is not financially a viable option.</p> <p>CP felt that we needed to ensure during the coming weeks that we spend time on debating the <i>what if we don't change</i> scenario with the clinicians, GPs, service users etc. to ensure everyone understands fully the impact on services.</p> <p>A significant issue for the portfolio is funding for 17/18 and keeping morale and enthusiasm of senior management and clinical leads moving forward during this change period.</p> <p><u>Local Health &Care – SRO Caroline Russell</u></p> <p>There is a gap in system governance for the portfolio in trying to get commonality across the footprint – with lack of consistency in the pace of work and the content of workstreams that should be being delivered within a generic STP framework; things are being done at different pace, called different things and reflect five different aspirations for local health and care.</p> <p>Some progress has been made on Primary Care leadership, on the self-care agenda and on frailty, end of life and LTCs. However progress overall is concerning.</p> <p>CR reported that the Programme Director for LHC has been appointed which will assist in the coming months with co-ordination.</p>	

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	<p>Summary: The programme and portfolios are interdependent. On the strategic commissioning side there is no one forum to make STP wide decisions, and be accountable for what we are trying to do. This issue has now been escalated as it represents a real risk to the programme and subsequently a meeting took place with the five Chairs and AOs and the Regional Director of NHS England.</p> <p>Members discussed timing through December/January and impact on PCBC timeline.</p> <ul style="list-style-type: none"> • Pace and delivery needs to be consistent • Standardisation, scale and what needs to happen for the local population • Closer working with local government – more support with elected members • Maintain planned consultation in May • A straw man vision for the NIH - reinforce the STP vision levels <p>Decision: report and content noted; concerns on the LHC portfolio and potential risk to the wider programme noted. The Programme Board emphasised the need to progress greater collaborative working and await the decisions to be made on how to take this forward by the Regional Director of NHSE.</p> <p>Actions to be taken forward at Programme Executive – need to review the areas of service that may need to stop and rebalance services under the “what if we do nothing” scenario; consider further actions to take forward with the clinical community in Southend between now and March to ensure that the clinical groups are better informed.</p>	<p>AP</p> <p>AV/CP</p>
<p>4. Workforce</p>	<p>The paper presented a structured system wide approach to workforce strategy and workforce planning. The paper made proposals on the governance arrangements for this agenda through the establishment of the Local Workforce Action Board Workforce who would be accountable to the Programme Board.</p> <p>The Programme Board acknowledged the need to ensure consistency and co-ordination on a system wide basis to avoid the risk of fragmentation. It was suggested that AV liaised with the NHSE East Medical Director on the GP workforce as part of the GPVF.</p> <p>Decision: The Programme Board agreed with the proposals in the paper and key priorities identified. AV to take forward with the two Chairs of the LWAB to ensure the proposed governance is established. The Programme</p>	<p>AV</p>

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	<p>Board would review the draft TORs at the next Programme Board in January. The Chair and Board thanked Jacky Dixon for her efforts in development of the paper.</p>	
<p>5. Options appraisal February 2017</p>	<p>Five potential configuration potentials will be formally assessed against agreed criteria for the PCBC. An Options Appraisal workshop is being held all day on 8th February with consideration of the clinical evidence data, engagement feedback, and data on travel and transport; it is anticipated that 1 or 2 preferred options will be identified. The Programme Board will then be required to give their recommendations for inclusion in the PCBC at the end of February.</p> <p>Decision: The Programme Board agreed and noted the content of the paper, including its role in the process.</p>	
<p>6. STP Publication</p>	<p>Feedback letter received by the Independent Chair from NHSE, NHSI and the ALB bodies who undertook the evaluation, and the contents were discussed, including the thanks given to the executive team. The Board noted that nationally the MSE STP is one of the best plans.</p> <p>A discussion took place on the Mental Health strategy that is being taken forward on an Essex wide basis between the CCGs and Local Government. It was agreed that the Programme Director include an update and tracks the mental health strategy development in future Programme reports to the Board. There may need to be a standing item on mental health strategy at future Programme Boards, to be confirmed when required.</p> <p>Decision: The Programme Board agreed the content and noted actions to take forward. AV to take forward the actions and track as required. The Programme Board noted the efforts of the team and endorsed the Regional team thanks to the Programme Executive and team.</p>	<p>AV</p>
<p>7. Financial Planning 17/18</p>	<p>CR presented the paper on the financial risks for 17/18 for the SR/STP programme.</p> <p>At present there is no guarantee of future central funding for the programme and this is a major risk. Work on the PCBC has identified significant non-recurrent pump priming resources required, and it is not clear where such funds may be available from.</p> <p>A letter had been received and addressed to the STP from the Mental Health Trusts asking for financial support SR/STP. The Board agreed that a response would be issued stating there is no financial support available and the potential financial difficulties for the programme in 17/18.</p> <p>Both SROs and the Programme Director highlighted the need for a solution to the programme funding as soon as</p>	

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	<p>possible given the current resource commitment.</p> <p>The cost pressures within the Local Government were also acknowledged and a future meeting with all three Local Authorities was proposed to be held in early January to understand the impact of spend on health and social care as it is unlikely the CCGs are able to increase the BCF.</p> <p>The Programme Board requested a report in February from the three Local Authorities on the system-wide issues for social care to include; consideration of what leverage there is in more partnership working between the providers; details on the proposed service changes by the three LAs that impact more broadly on the SR/STP and a detailed approach to market-shaping.</p> <p>Decision: The Programme Board acknowledged the risks to the programme and concern on future funding and requested the Programme Executive to develop a range of options as follows:</p> <ul style="list-style-type: none"> • develop a clear picture of the de minimus level of funding required for 17/18 for delivery of the In Hospital, Local Health & Care and PMO work programme; • review the use of non-recurrent 0.5% for transformation funding the CCGs have in their allocation; • consider within the analysis the operational cost of £25M of 5 CCGs; • review range of funds that may be available to submit bids for such as Vanguard and any other STP funding that may become available; • ensure that the PCBC includes and shows the double running component. • The Local Authorities to bring a joint paper to the Board in February on Social Care funding, details on proposed service changes, system-wide issues for social care, partnership working arrangements and a detailed approach to market shaping. 	<p>AV/CP/CR</p> <p>CR</p> <p>All</p> <p>AV</p> <p>RH/SL/JB</p>
<p>8. Forward plan – key milestones</p>	<p>The plan and milestone were presented for information.</p> <p>Decision: forward plan and key milestones noted.</p>	
<p>9. AOB</p>	<p>Potential forward items:</p> <ul style="list-style-type: none"> • Transport and patient flows – 31st January 	

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	<ul style="list-style-type: none"> • Options for appraisal – 31st January • LWAB TORs/outline plan – 31st January • Social Care Strategy/Changes/Finances – 28th February (Local Authorities to provide) • Mental health strategy – as directed • Discussion on the CPLG and other external groups to be taken forward by the Independent Chair and Medical Directors in conversation 	
10.	<p>Next meeting: Wednesday 31st January 2 – 4.30pm Monday 28th February 2 – 4.30pm</p>	

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