Mid & South Essex Sustainability and Transformation Partnership (STP)

Mid & South Essex STP Programme Board

Wednesday 20th December 2017 10.00 – 12.30 Thurrock Council, Civic Offices, Grays

Present: Anita Donley (AD), Independent Chair
Andy Vowles (AV), Programme Director
Caroline Rassell, SRO Local Health & Care Portfolio
Clare Panniker (CP), SRO In Hospital
Roger Harris (RH), Thurrock Council
Eric Watts (EW), Service User Group Chair
Iain Martin (IM), ARU
Donald McGeachy (DMc),
Stephanie Dawe (SD) EPUT
Sharon Houlden (SH) Southend Council

Minutes: Alison Alexander, Programme Support Office

Apologies: Simon Leftley, Peter Fairley, David Sollis, Sally Morris

In attendance: Patricia D'Orsi, Chief Nurse, Castlepoint & Rochford CCG, LWAB Primary Care workstream lead

Item	Discussion	Action Lead
1. Welcome and introductions	AD welcomed attendees and introductions were made.	
2. Minutes and actions	Minutes from the meeting held on 27 November 2017: Matters of fact: None **All agreed** **Decision: all agreed the minutes as a correct record of the meeting.** **Matters arising: None**	

Item	Discussion	Action Lead
3. Programme Director Summary Report	AV presented the report and informed the group about the background information available as part of the consultation and where we were to date. It was noted the consultation environment was challenging. RH noted the previous Joint Committee meeting held at the end of November had not been a straightforward meeting. He asked the Programme Board for comments of how they would like to reflect on the meeting. AV noted that the Chairs that abstained were not against the programme but rather had concerns around the primary care element of the programme and how this would fit in. CR had subsequently spoken to each CCG since the meeting to give them a clear view on how the work around GP primary care was progressing. Some external support was being brought in to help with this. EW noted having been at the Joint Committee meeting that there was a feeling that agenda items had been hidden, particularly around a lack of answers to questions from the CCG but he hoped that would just be a passing phase. DMc noted that some of this was due to the programme starting as a Success Regime and then gradually becoming a STP as the Success Regime had a slightly different remit. The Programme Board congratulated DMc on his appointment to the Medical Advisor for the Joint Committee. CR noted they had also appointed a primary care lead, Dr Brian Balmer, who would be working 1 day a week on the programme. The Board also congratulated him. CP noted the hospitals had held a joint appraisal workshop between all three boards and the results would be delivered at their Joint Board meeting in January. There was a discussion around the disclosure of the amount of money announced for Mid & South Essex in the budget, however as there had not been a formal disclosure it was agreed that we could say that Mid & South Essex were successful in their bid for capital allocation however the full amount had not been confirmed. RH asked if there were any caveats around the sale of land etc. CP noted there was around the sale of the land that Orsett Hospital occupies.	
4. STP Consultation Update	The final PCBC had been published on the new website. This contained details of CCG plans, transport etc. There was also a summary of clinical evidence, the main consultation document, a shorter summary document, detail around Orsett Hospital proposals, clinical senate reports and HealthWatch reports also had been	

Item	Discussion	Action Lead
	published. Following this there were a number of events being planned for the public as well as specific workshops starting in the new year. AV noted that there would be additional work around the Equality Impact during this time. The results of the consultation were likely to be presented to the Joint Committee in May/June but the date had not yet been finalised. AV noted his thanks to RH to get the issue of a Joint HOSC resolved. RH also thanked the team for going the extra mile around the wording on the Orsett document.	
5. Generic Framework for Localities	CR tabled a presentation. She talked this through. The primary care strategy was to complement the work already ongoing. The PCBC had two aims, i) to manage demand and ii) build capacity. It had been identified that the core of this was in regards to general practice. An immediate priority was to look at different ways of accessing primary care. The importance of a sustainable workforce could not be emphasised enough. Innovative solutions around other solutions were being looked at e.g. digital technology. Some external support was being procured to help with this work and would hopefully start in early January. It was noted there would be a challenge to convince the public to meet with different healthcare professionals and not just a GP. DMc noted that from a GPs perspective, it was good that the problems have been acknowledged and that work was ongoing to try and resolve these longstanding issues. He noted from experience in his own work that nurses on the frontline at GP surgeries are accepted relatively quickly by the public. EW welcomed the proposals but noted that for some people historically who liked to see the same GP but evaluation would be key. SD asked what work was ongoing alongside the consultation to help the shift in mindset around seeing a professional other than a GP. CP said that the public would rather be able to get an appointment with a credible professional and have a consultation more than seeing the same GP. IM spoke about encouraging early access to image and diagnostics for example.	

Item	Discussion	Action Lead
	EW noted there were people who would like to see a GP immediately with a single issue that could be easily resolved but also those that have more complex issues would need a different approach and would require continuity of care and there was evidence that this worked better. CR noted in response to CP comment around accessibility and availability (not necessarily a face to face consultation) but the same access across the whole Mid & South Essex patch would be very powerful. CR noted that different practices offer different ways of booking appointments but to have a common offer across the patch was very difficult to implement. SD felt that the broader view of the population was not being captured in the consultation and the views of the future. CR noted that two of the events were being held at ARU and Plume Academy to try and reach the younger generation. DMc noted from the previous comments about GP access, that for some people who develop something life threatening conditions that continuity from a health professional becomes very important. AV noted we need to articulate what to expect from primary care and this was slightly different to acute access and care. Sharon noted it was good to see it written down the work on primary care and would like to work on the local development. CP noted that public confidence needed to be built using the STP. Sharon noted that social care needed to sit alongside primary care. RH countered that for individual people they need to understand it from a local experience. Stephanie noted that we need to bridge the gap between local ownership and across the area.	
6. Service User Advisory Group update	EW introduced the paper and gave some personal background to his career along with a whistle stop tour of the SUAG meetings to date. Some meetings had been tempered. This had led to a conclusion that the user group be reviewed. EW would like to see a message board on the new website for people to leave their	

Item	Discussion	Action Lead
	comments but in that they could be removed if they abused the system. AV noted from his experience at the SUAG meeting that different members want different things from the meetings so the proposal would be for different groups with different remits. SD asked what percentage of members were young people and how to get them engaged in the future of healthcare. EW confirmed the majority of members were retired but he did meet young people through his network with the teenage cancer network. There were three proposals offered in the paper. Proposal 1 – Coordination of the STP patient and public representative groups. This would include inviting the Chairs and Vice Chairs of community providers to form a group of 'core' SUAG members. CR noted that this group needs to be people that are not already in the system e.g. lay members. The Programme Board agreed for an invite to go out and see what responses received. Proposal 2 – Widening the membership of SUAG. This would be through collaboration with patient groups and health professionals and each will have a separate workstream. The Programme Board agreed to this proposal. Proposal 3 – invite registered members (form completed) to form focus groups and themed activities– agreed Proposal 4 – Role of SUAG in reviewing the outcome of the consultation. There would be a further two meetings of core group to review the consultation emerging themes in February and a further review at the end of the consultation in March. AD thanked EW for all his work on this and to AD for helping with this also.	

Item	Discussion	Action Lead
7. Diabetes Update	Patricia D'Orsi presented her paper on diabetes. It was noted this work was slightly behind some of the other workstreams. Disparity appears to be a GP level rather than community or in the hospital. Diabetic pump – the numbers going through this service were relatively low so work was going on with how to increase these numbers. Education - The initial consultation where patients are told they have diabetes has a massive impact on how a patient will treat their condition so this needs to be consistent message across the area. Diabetic foot – PD asked for consultant representation from BTUH (CP to follow up). Task and finish groups had been established. Unnecessary duplication needed to change. The networks in North and South were being spoken to to try and bring the two groups together. Transformation funding – following a successful bid there are additional projects underway in the area which are being closely monitored by NHS England. AD asked how this work related to the work in public health authorities. PD noted there had been collaboration with LA public health colleagues on this work. It was noted that there was a risk that NHS England were only going to fund the numbers until a target had been reached.	
8. GP5YFV Workforce Plan	PD noted a caveat to the report in that the plan was a must do from NHS England. Originally it only included GP and practice nurses but now had to include all medical staff so was being reworked. PD went through the slides in the papers. Retention of staff was a key factor underpinning all of this. It was noted the GP numbers were not going to be achieved but as the plan becomes instilled then the number of required GPS will hopefully reduce.	

Item	Discussion	Action Lead
	20/50 GPs achieved so far. 10 high impact actions. Work had been ongoing with HEE to try and ascertain funding. DMc noted that there were a number of other health professionals that needed to be included. AV asked what the plan looks like in reality. DMc noted that eventually the new medical school at ARU will help but this will take a number of years before it would be possible to have these professionals trained and in the system. RH noted there was not much information around employment offers as a whole in an attempt to encourage staff to Essex and not London. IM noted that practices need to be approached to start taking on the medical students.	
9. LWAB – update	SD updated the group on the work of the LWAB. Capacity had dropped off in recent times but Jacky Dixon would now be providing support 3 days a week. Transformation investment money for workforce transformation provided by HEE was being held by Provide and EPUT whilst the full programme of investment was being worked on. Workshops were being set up for February and March to start moving the work forward. DMc had attended a stroke workshop in recent weeks and noted that any answer to questions there about workforce were answered that LWAB would sort it out. The workshops in February and March would try and bring this altogether. AV asked about decision making and who decides where the funding goes. **SD confirmed she would clarify this with LWAB as to whether this would come through the Programme Board.**	SD

Item	Discussion	Action Lead
	The Board noted the progress.	
10. Development of the STP – draft terms of reference	AV gave background that the programme started out as a success regime but this was now morphing into the STP. Having looked at other STPs there were Chairs of the STP (CCGs as statutory bodies). This had resulted in the terms of reference presented now. DMc asked for the reference to Accountable Care System to be removed due to its connotations for the public being negative. He asked as it was not a statutory body how would funding work. Also it was becoming close to the remit of HWB so how close should it be linked? AD will leave with the HWB to decide how they would like to work in the future. RH noted it was about getting the balance right across the footprint and would not do anything to undermine the HWB but it does make sense to collaborate. He noted a bit of confusion with the role of the joint committee and how the STP relates to this however was in favour of collaboration. SH echoed RH's comments but would not support it as it stands but was open to further discussion. CR would like to take these to the joint committee so all 5 chairs could review and comment. AD asked the group to agree this. AD reminded members and for noting that Programme Board papers referenced at the joint committee meetings should only be done so at the private part of the meeting. AV will update the TORs to reflect the comments above but would then welcome members to take these to their various groups for agreement. AD was clear that the document was not to be shared without being appropriately marked as draft/confidential/not for sharing at this stage. EW noted that shared groups were not included in the terms of reference but were happy to accept this as long as they were represented on the joint committee.	

Item	Discussion	Action Lead
	AV noted there would also be a proposal for a Chairs group. AD noted this would be helpful. The group agreed.	
11. AOB	None	
	Date of next meeting: **29th January 2018 – Swift House, Chelmsford** **Forward Items:** **March 2018 - Workforce**	