Mid & South Essex Sustainability and Transformation Partnership (STP)

Mid & South Essex STP Programme Board

Monday 29 January 2018 10.00 – 12.30 Swift House, Chelmsford

Present: Anita Donley (AD), Independent Chair
Andy Vowles (AV), Programme Director
Caroline Rassell (CR), SRO Local Health & Care
Clare Panniker (CP), SRO In Hospital
Roger Harris (RH), Thurrock Council
Eric Watts (EW), Service User Group Chair
Sally Morris (SM), EPUT
Sharon Houlden, (SH), Southend Council (on behalf of Simon Leftley)
Jo Cripps (JC), Interim Programme Director
Donald McGeachy (DM), Medical Director, LHC
Kim James, (KJ), HealthWatch
Ronan Fenton (RF), Medical Director, In Hospital

Minutes: Jacky Dixon, Senior Programme Manager

Apologies: Simon Leftley, Peter Fairley, David Sollis, Iain Martin

In attendance: Ian Wake, Director of Public Health, Thurrock Council

Item	Discussion	Action Lead
1. Welcome and introductions	AD welcomed attendees and introductions were made. AD thanked Ian Wake for the distribution of the Power Point slides ahead of the meeting and commented on how detailed and informative the presentation was. AD confirmed that this was the last Programme Board meeting at which Andy Vowles would be present as Programme Director and welcomed Jo Cripps to the meeting as Interim STP Programme Director.	
2. Minutes and actions	Minutes from the meeting held on 20 December 2017: **Matters of fact: Agreed**	

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	Matters arising: SUAG – EW raised a concern that the options proposed in the paper last month still need to be taken forward - AV/JC to follow up EW said that there were still concerns on patient representation e.g. the responses were still slow such as involvement with diabetes. JC confirmed that work is being taken forward to allow an expanded user group to implement a virtual PPG to assist with engagement. LWAB transformation funding plans – SM confirmed that this is to be discussed and agreed further at the next LWAB meeting on 6 February. The LWAB would present the STP wide transformation funding plans to the Partnership Board after seeking LWAB approval. **Decision: all agreed the minutes as a correct record of the meeting.**	**AV/JC** **SM**
3. Programme Director Summary Report	AV provided an update on progress; main focus has been on the consultation process and responses to enquiries raised on the proposals. A Joint Scrutiny Committee had now been formed to review the plans under the consultation arrangements. The CCG Joint Committee is now taking forward development of the Primary Care Strategy. Changes to the STP Programme Management office were noted, with the interim appointment of Jo Cripps as STP Programme Director from 1st February 2018. CP provided an update on the In Hospital portfolio. The main thrust of the work has been on the public consultation and hospitals trying to manage winter pressures and the A&E emergency flows. MSB Joint Working Group held on 10 January and made the decision to take forward a merger of the 3 hospitals to take forward the clinical changes required; there was one abstention but all others supported the proposed merger. Joint Working Board and Joint Executive Group now taking forward key actions to achieve a timetable of April 2019 for merger and establishment of those arrangements. Next milestone is the Clinical Senate review in April and the team are focussing on the level of detail of clinical evidence to be submitted, including details on work force and clinical pathways. CR provided an update on the Local Health and Care portfolio. Staff from within the five CCGs were supporting	

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	the public consultation events and work was taking place on managing the system on winter performance. Progress has been made with the CCG Joint Committee agreeing to develop an overall Primary Care strategy for the STP footprint. CR referenced a helpful discussion at the last Joint Committee meeting at which Jose Garcia, Chair of Southend CCG agreed to be the Chair of the STP Primary Care Strategy Group which meets weekly to lead the strategy development. CR confirmed that the CCGs felt that the Chairs and AOs were the most appropriate leadership group and therefore the CCG Joint Committee would be the vehicle for taking forward this piece of work. Brian Balmer is leading the group, and the support of Boston Consulting Group (BCG) as external consultants was welcomed as additional resource to support the analytics work for the Local Health & Care work. CR stated that within the five CCGs there is anxiety about derailing the work being taken forward locally within each individual CCG and that this Primary Care strategy adds value where appropriate and that the senior leaders are able to mitigate any concerns. This strategy will also assist with the consultation in defining more clearly the reconfiguration needed in local health and care to complement the acute services reconfiguration; and also to identify the investment requirement in terms of workforce etc. JC stated that there would be a draft by March to be circulated to CCG Boards and by April an agreed draft strategy. AD asked for this item to be added to the Partnership Board agenda in May and for the Partnership Board to receive a copy of the strategy. AV provided an update on the STP Programme Risk Register which would continue to be brought to the Partnership Board for noting; main concerns on non-recurrent funding and pump priming funding required, capacity constraints to deliver what is proposed as part of the consultation especially at this time of year and mobilisation of staff to this. **Decision: The Board noted the content of the updates provided and would receive detailed information at the meeting in May on the Primary Care strategy and supporting information on workforce etc.**	
4. STP Consultation Update	AV summarised the paper which gave an overview of status of the consultation up to Week 9. Public meetings being attended as well as H&WB boards and lots of focus groups especially those for particular interest groups such as maternity. The investment in a digital presence (social media) with the consultation Facebook page and	

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	Twitter has enabled us to about 70,000 people; early feedback at mid-term review of responses largely skewed towards the older population. At the end of the consultation period The Campaign Company would collate all the feedback received into an overall report for consideration by the CCG Joint Committee. 2 hot spots: • south east - concerns around stroke service reconfiguration • south west – Orsett Hospital and plans to develop the 4 centres in the community to provide services currently provided at Orsett, and the proposed closure of Orsett Hospital after that. Patient transport and access/transport in general is common area of concern in the meetings and will require further and more detailed development. EW commented on the use of social media; he felt that is was good to see Facebook involved as a way of engagement, however there did not appear to be a lot of detailed content. JC confirmed that the Facebook page had an embedded hyperlink to the STP web page. RH stated that he felt there was an issue of trust and confidence for the STP in the south west and in principle there was no objection to the concept of the 4 centres rather it was an issue relating to the chosen site for the hyper acute stroke unit. SM confirmed that the meeting at Southend H&WB had been challenging and that support was limited. Clearly the main concern remained around stroke services despite many focussed meetings over the last 6-8 months. RF confirmed there were also concerns about transport. AD thanked RF and others who attended on behalf of the STP. CP confirmed that the hospital are setting up a session with the local MP, local Stroke Association member and clinicians led by Paul Guyler to provide additional information on the proposed change to services.	

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	EW raised a point on behalf of the service user group there are many people who have detailed questions on transport. JC confirmed that the programme is currently establishing a working group with patients, staff and clinicians involved in focus group sessions to develop the transport options and this will link into the wider consultation feedback. **Decision: The Board noted the content of the report**	
5. Development of the STP	TORS of the Partnership Board effective from 1 April were submitted for final agreement. AD confirmed that the role of the Board would shift to be more inclusive of the strategic leadership of the STP and statutory organisations in the footprint. It is a balancing act unique to the Partnership Board in that the statutory decision making remains within statutory boards however the Partnership Board acts as a system wide forum where we bring together commissioners, providers and partners of the STP. It will be for the Partnership Board to strike the right balance to pursue a programme of work at system level which it would be responsible for overseeing. DMcG raised a comment that in future there would be no direct clinical input at the Partnership Board. AD responded that was the remit of the Clinical Cabinet which has a large number of clinicians who are to advise the Programme Board on clinical matters for the STP. RF/DMcG who Chair the Clinical Cabinet would review the planned agenda and JD confirmed the Clinical Cabinet members would be reviewing the outcome of the Clinical Senate Stage 2 review in May to provide a report to the Partnership Board. AD confirmed the intention was to have CEO level representation from the Local Authorities and it was for the respective CEOs to nominate appropriate deputies. AD confirmed to a question raised by EW that the SUAG Chair is no longer a member of the STP Partnership Board but that the Chair of the SUAG would be a member of the Chairs Group. AD confirmed that there are many engagement groups both within the hospitals and CCGs that the SUAG should look to interface with and that it would be helpful for EW to ensure the SUAG is appropriately represented at those groups. Quoracy – to be determined and finalised.	

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	The Board members agreed the final TORs presented which would be reflected in the membership of forthcoming meetings as from May 2018. RH stated that the relationship of the CCG Joint Committee and the STP Partnership Board is still unclear. AD commented that the paper also makes reference to review the system executive group and revise this group to oversee a delivery plan. Chairs Group TORs: AV confirmed that the proposed draft TORs had been shared with a few Chairs across the system for informal comments and there was agreed support for this group to be established. Amendment to be made to the membership; remove Chairs of Local Authorities as this would be the Chair of the Health &Wellbeing Board. The Board members agreed to the proposed TORS and for the group to now be established. **Decision: The Board members agreed the TORs of the new STP Partnership Board and the STP Chairs Group.**	
6. A new model of care for Tilbury & Chadwell	IW gave a presentation to the Board members on the work he had undertaken to review the model of care across Tilbury and Chadwell. This prompted much discussion and AD thanked IW once again for such a comprehensive and thought provoking report. EW raised a point with regards to the impact of the number of GPs available to support the model and the 20% of hard to treat patients with high blood pressure. DMcG expressed strong support – that this was a fantastic concept and should be taken forward to revise primary care across the 5 CCGs and should be implemented. Some of the work Boston Consulting Group (BCG) have been commissioned to undertake to support the development of the primary care strategy will reflect this model and BCG are having discussions with IW on this. CP commented that this could be a way of making tangible ideas in the PCBC and enables the 5 CCGs to be in a better place to describe the model of care.	

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	RF commented that he had been involved with the group and that this work is actually happening under the Thurrock ACP and focussed more on the holistic view which the primary care strategy needs to carefully consider. IW commented that there are constraints with regards to funding and the skills/mix of the workforce required to support the implementation but in Thurrock the CCG has worked extensively with the GP practices to take this forward. SM noted that there is potentially an impact on the Ambulance Service with paramedics supporting community services however it was noted that staff within the ambulance service is keen to support care in other settings and adopt a more flexible approach to roles. CP commented that a workforce strategy for out of hospital could be based upon this model with a range of new roles and skills required. KJ said that there was positive feedback from Thurrock and the wider community where this model has had an outcome in the number of people undertaking blood pressure tests; we need to continue to educate people differently on how to manage their health. **Decision: The Board members thanked IW once again and agreed that this model of care should in principle be replicated across the STP footprint and look to the CCG Joint Committee to take this forward with a further update in May.**	
7. Generic Framework for Localities	Discussion on this has taken place earlier in the meeting and CR confirmed the appointment of BCG and Brian Balmer who would be taking forward the development of the Primary Care strategy across the 5 CCGs which the CCG Joint Committee would sign off and approve. The timeline for the completion of this early draft was March and final draft in April, an update would be provided to the STP Partnership Board in May. JC confirmed that this is part of the analytical and back office work being undertaken by BCG and that the CCGs own the implementation of this strategy including other dependencies such as estates review, workforce planning etc. The CCGs are responsible for delivering this. AD asked for further information and a copy of the strategy to come to the STP Partnership Board in May.	

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	Decision: The Board noted the update.	
8. Joint Health & Wellbeing Strategy	It was agreed to defer this paper for the next meeting when Peter Fairley could present. **Decision: The Board deferred the paper.**	
9. AOB	EW asked what is the future of the Board and who is making decisions on how it is constituted and decision making or how to get involved with policy development by the Department of Health and NHS England? AD confirmed that the Board had debated this earlier on the development and revision of the TORs for the Partnership Board. The next stage was to develop the Programme Executive Group as a delivery board and other groups such as the Finance Oversight Group, Clinical Cabinet and LWAB would continue to report into the Partnership Board. JC offered to develop and map out the groups, AD asked JC to work with Jacky Dixon, Programme Manager who had already undertaken an extensive review and research of the governance of the STP Partnership Boards across the UK and had developed a range of various organograms available for consideration by the Board. SM asked the Board members to give their thanks to Andy Vowles for the work he had undertaken as Programme Director, all the Board members endorsed their thanks.	
	Date of Next meeting: 27th March 2018 **Forward items:** • **Detailed Estates Strategy (SEPI)** • **LWAB update and transformation budget proposal** • **a sophisticated model in March 2018 showing the workforce range of roles and skill requirements - LHC and In Hospital**	