Mid & South Essex Success Regime Programme Board

Monday 14th November 2016, 11.00 – 13.30pm

The Library Meeting Room, Swift House, Chelmsford

Present: Anita Donley (Independent Chair)
Naresh Chenani, Head of Delivery Improvement (NHSI)
Andy Vowles Programme Director (NHSE)
Sue Hardy, CEO Southend University Hospital Deputy SRO In-Hospital Portfolio
Caroline Rassell, SRO Local Health & Care Portfolio
Roger Harris, Corporate Director of Adults, Housing and Health, Thurrock Council
James Bullion, Director for Adult Operations, Essex County Council
Simon Leftley, Deputy CEO, Southend-on-Sea Borough Council
Thomas Nutt, Healthwatch Representative
Ronan Fenton, Group Medical Director
Donald McGeachy, LHC Medical Director

Apologies: Iain Martin, Clare Panniker, Rob Tinlin, Frances Shattock , Andrew Pike

Minutes: Jacky Dixon, Programme Manager (NHSE)

Item	Discussion	Action Lead
1. Welcome and introductions	AD welcomed attendees and set the context of the meeting.	
2. Governance arrangements/ TORs	AD referred to the Governance slides handed out at the meeting and clarified the role of the Programme Board within the wider system architecture. The Joint H&WB Chairs in recent discussions have agreed they will work alongside the Programme Board and a joint meeting is shortly to be convened. Close working arrangements will be developed further. Discussion took place on the draft TORs proposed. The Programme Board is not a statutory body for the STP/SR and it was acknowledged that the statutory member organisations are responsible for making decisions	

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	concerning commissioning and provision of health services. However it was recognised that it is implicit within the STP/SR footprint that system wide decision making will be required and there may be a mix of statute, legislation and collaborative working arrangements in place. It is possible that there will be a more formal governance system in the next 2 years for the STP as this moves forward. At present there are 44 STPs all with differing governance arrangements. The Local Authority membership strengthens the collaborative working arrangements however it was acknowledged that Local Authorities have a potential political conflict as they are member led. **Actions agreed:** **Amend bullet point in Purpose to read as follows:** ***To approved proposed changes to the SR/STP for recommendation to the CCG and Acute statutory organisations and Local Authorities where appropriate*.** **Decision:** **It was agreed that a further review would take place in three months' time with regards to the working arrangements; decision making process and approval status for the Programme Board.** **Once amended the TORs would be shared and published on the Success Regime web site.**	JD JD JD
3. Programme Timeline	The report provided a high level outline of key milestones and proposed revised timeline for the programme and submission of the PCBC. It was noted that there is a prescriptive NHS England approvals and assurance process to go through before submission of the PCBC to the Investment Committee and subsequent public consultation. The proposed revised timeline provides opportunity for additional engagement conversations to take place with service users, clinicians, staff and stakeholders. **Actions agreed:** **The Programme Board requested assurance that beneath this high level outline there is a process to ensure balanced engagement with service users, the public and local authorities.**	AV

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	The Programme Board highlighted the need to ensure the programme presents deep and broad clinical evidence of the outcomes for patients. **It was acknowledged that all organisations that are part of the Success Regime programme need to own this individually and take forward; in particular members of the Programme Board as ambassadors for the Success Regime.** **Decision: The Board agreed and supported the timeline.**	AV
4. Programme Summary Report	The paper submitted provided an update on the progress of the portfolios and gave a brief overview of the programme which was supported in more detail with separate detailed highlight reports for the In Hospital and Local Health & Care portfolios. Overall summary: In hospital – good progress on corporate and clinical support; clinical reconfiguration work stream has received more challenges and some concerns raised. Local Health & Care - this portfolio has the highest risk with the 5 CCGs still developing arrangements to work collaboratively which is affecting the pace and momentum of this work stream. PMO – progress continues with the main focus in October on the STP submission, continuing to contribute and co-ordinate the PCBC documentation, planning the system wide engagement forums, development of discussion documents and planning for the revised timeline. **Local Health & Care progress summary:** This portfolio is very complex as delivery spans five CCGs. In view of this and the impact in taking forward the various work streams, the SRO has proposed a review of the LHC portfolio to be a clinical programme office. The intention is to set the clinical strategy and adopt a programme	SRO

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	management approach to what happens at CCG level. Positive progress has been made in self-care and prevention with John Niland from Provide leading on this. There has been excellent engagement with community providers, public health and local authorities. The importance of technology is significant to support the SR/STP programme. We will only be able to move forward on every level if we work together across the 1.5M population. Proposals on this are going back to the 5 CCG Boards to agree and support the level of investment required. The Programme Board members asked for more detail at the next meeting. An MOU has been developed by the community providers and there is a real keenness for them to work collaboratively however this is at present with 5 different commissioning organisations. **Actions agreed:** **The members of the Programme Board stressed the need for a clear way forward for developing a single acute commissioning function.** **Members of the Programme Board a desire to see more rapid progress in joint working by the CCGs, at present the CCGs have not agreed on a collective decision making process, or clear delivery plans and have not yet agreed on the creation of single commissioning teams; mental health was referred to as an example, which could be better co-ordinated across the footprint. The Programme Board requested a clear update on the planned mental health strategy to be submitted to the Board next month.** **The Board will give consideration to what support can be put in place to move the LHC programme forward and encourage the CCGs to work together on a system wide basis.** **Further exploration on what the landscape is looking like nationally and regionally to be taken forward by Anita Donley.** **Members of the Programme Board acknowledged that the whole programme plan is predicated on moving care out of the hospitals and therefore any delays to the LHC will have a significant impact on this.**	SRO All AD

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	In Hospital summary: Trust Boards are working well towards developing the JVC and hope to sign off in the December board; moving forward with the consultation for the single joint leadership and agreed that this is important for the Group model to deliver what is needed for the future under this programme. As part of the Carter submissions and use of the outcomes from the Grant Thornton report the Group have subsequently been identified as one of the top four in terms of maturity of plan and now identified as a *pathfinder*. Work is moving forwards to develop what the options will be in December, over a 10 day period, and look to start in April. NC raised a risk in terms of the providers moving towards a Joint Committee and the Competitions Market Authority (CMA). A delay in the timetable around the consultation may impact on the single leadership model and potential for a review by the CMA. It was suggested that more conversation and engagement with the CMA would be helpful. **Decisions: The report and progress on the programme were noted by the Programme Board.**	SRO
5. STP Submission	The report provided an update on the recent STP submission. A detailed refreshed STP was submitted on 21 October. A cross- system working group worked on the latest submission with contributions by relevant specialist leads. The Financial bridge was submitted separately in September prior to a further submission on 21 October. We anticipate receiving combined feedback from the ALBs later this week. We are currently working on the public facing narrative will be submitted to members of this group later this week for comments. It is intended this document will be published w/c 21 November and we will ensure that supporting information will also be accessible via the web site. Synchronisation of publication is being discussed at NHSE nationally. The Programme Board acknowledged the importance of this public narrative to give reassurance to the general	

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	public of the process and what is happening. Main concern is to do the right thing for patients across mid and south Essex by maintaining effective partnership working arrangements to avoid the practicalities of the day to day stopping everybody to make changes in social and primary care. AV confirmed that at this stage we are not aware of any further submission required for STPs. **Actions agreed:** **AV to ensure that the summary narrative emphasises the designation of existing hospitals sites clearly and highlights the planned centres of excellence. Need to ensure that this is evidence based presenting a range of relevant case studies and national experts where appropriate** **Further discussion on the communications strategy to support the clinical narrative to be taken forward with RF, DMc, AD, AV and Wendy Smith (Communications Lead).** **AV to bring back to a future board meeting the co-ordination arrangements with other local STPs.** **Decision: The report was noted by the Board .**	AV AV AV
6. PCBC	The Programme Board will be asked to agree the final PCBC and make a recommendation on the proposed options towards the end of February 2017. The final PCBC will then be submitted to the statutory boards of the CCGs for approval before submission to the Investment Committee in April. The *Case for Change* has separately been through most boards. It was agreed that elements of the LHC portfolio could move forward and progress where formal consultation is not required. A question was raised on the pump priming that may be required to support this. It was agreed that information on this would be circulated to the members after the meeting. NC confirmed that NHSI need to review the assumptions in the PCBC in the next couple of months.	JD NHSI

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	It is likely that we will seek additional funding through the PCBC in addition to the existing budget; CCGs through their allocations are required to set aside certain sums of money for change and these are to be identified in their respective operational plans. **Actions agreed:** **A comment was made that the draft Executive Summary is too generic and needs to be more detailed and specific about the options.** **Decision: The Programme Board noted the progress made on the PCBC.**	AV
7. Clinical Senate Report	The confidential report from the Clinical Senate was circulated. This was the second report from the senate who have reviewed the acute reconfiguration proposals. It is a very detailed report with over 20 recommendations which are currently being worked through with members of the Acute Leadership Group led by the Medical Directors. In particular the recommendations included reference to highlight the many positives of the proposed changes and to tell the story in a way that is more easily understood by patients. **Decision: The Programme Board noted the contents of the report.**	
8. Workforce	The Board noted that discussions have started to take place with Health Education England about the formation of the Local Workforce Action Board. It was acknowledged that further progress needs to take place on setting the system wide strategy to ensure that the workforce is able to support the mobilisation of the programme and that we have the capacity and skills required. The Chair asked for a report to come to the Programme Board for the next meeting to summarise the workforce issues for the SR/STP area; set a strategic direction for workforce development and map the existing partners and initiatives that are taking place across Essex. The LWAB for Mid & South Essex will report into the Programme Board ensuring there is clear governance of the workforce programme.	AV

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	Decision: Discussion points noted and a paper to be submitted to the next meeting.	
9. AOB	Forward items: • Workforce – 12th December • Mental health strategy – 12th December • Transport and patient flows – 1st February	
	Next meeting: **Monday 12th December 11 – 1.30** **Wednesday 1st February 2 – 4.30pm** **Monday 27th February 9.30 - 12**	