Mid & South Essex Success Regime Programme Board

Monday 26 April, Committee Room 5, Civic Centre, Victoria Avenue, Southend-on-Sea

Present: Anita Donley, (Independent Chair)
Andy Vowles, Programme Director
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
Donald McGeachy, LHC Medical Director
Clare Panniker, Chief Executive (BTUH, MEHT, SUHFT)
Eric Watts, Service User Group Chair
Peter Fairley, Essex County Council
Naresh Chenani, Head of Delivery & Improvement, NHSI
Iain Martin, Vice Chair, ARU

Apologies: Rob Tinlin, Andrew Pike, Frances Shattock, Thomas Nutt, Ronan Fenton

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: **Decision: All agreed as a correct record of the meeting.**	
3. Programme Director Summary Report	AV gave an update of the overall programme. He highlighted: the continuing progress with the in hospital work on acute reconfiguration (following the options appraisal) and the corporate/clinical support functions; the progress in local health and care and the use of the 'roadmapping' tool to track delivery; work to finalise the PCBC; developing the CCG Joint Committee; and ongoing communications and engagement activity.	

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	In hospital: CP updated the Board on the development of the reconfiguration programme, with a particular focus on identifying 'project set 1' which will be priorities for change and redesign. These are likely to include vascular, renal, cancer and radiology. Following the outcome of the options appraisal, further work is also underway on developing the possible model for the specialist emergency centre. SL stated that concerns remain in the SE of the patch, and the need to move carefully to build confidence that proposed changes can work. PF queried work on digital and how this was linked to the wider system. AV reported that this would be an agenda item for the May meeting. **Out of Hospital:** CR reported that a current focus is on establishing the Joint Committee and taking forward the Joint Commissioning Plan. The team continue to populate the road map of all projects in order to drive delivery. CR reported that a number of the footprint's STP bids have been successful – CR to issue a schedule to show the status of all bids. AD observed that the Joint committee will need a system wide approach, and outlines some of the key points from the *Next Steps* document. Discussion took place on the balance of accountabilities within the STP – no indication nationally yet that the statutory bodies will change however there is a need to consider how they will continue to meet their statutory duties with the emerging partnerships required to support the system at STP partnership level and how capacity from all of the parties contributes to support those pieces of work that will sit within the joint committee. AV advised the Board that the team are populating an STP Delivery plan template due for submission by 9th May to NHS England. Accountable Officers have been identified for particular work streams that are system wide e.g. urgent and emergency care, mental health etc. AV noted that a bid will likely be submitted on 24th May on the capital required to support the STP. RH stated that the Local Authority in Thurrock are able to access capital easily for areas such as local primary	CR

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	care estate development and there is the potential to assist with requirements. SL commented that there is an anticipated population growth in the footprint of between 1015% in the next 10 years and need to ensure as part of the STP planning the potential health and care demands especially in the localities. This will need further discussion on how the Local Authorities and Health & Wellbeing Boards work collectively as part of the STP. CR stated that capacity was still a major issue within the portfolio and that there was a huge amount of work to be done with alignment of the planned acute reconfiguration. SL offered to assist and provide Local Authority input on Children's health in particular to start scoping this area and start to move this forward. AV advised the Board that the main risks facing the Programme are: availability of capital, PCBC volume of work/capacity – emerging risks with the planned national election and media activity on the STP – clear messages on what is and what is not being proposed. **Decision: The Board noted the updated report and progress made.**	
4. PCBC Update	AV presented a paper providing an update on the progress of the development of the pre-consultation business case, assurance process and timeline. Completion of the final document is planned for early June this will then be shared more widely with the Programme Board, Provider Boards, Health & Wellbeing Boards and onto the CCG Joint Committee for final approval in July. AV noted that there are some risks with the associated development of the PCBC especially on capacity for the financial analysis. The Local Authority representatives raised a query on the opportunity to review and involvement with the document especially on the delivery of local care and mental health. It was agreed that a copy of the relevant chapters would be circulated to them when nearing final version. NC asked what the familiarisation meeting entails with the Investment Committee, AV confirmed that is was an initial discussion on the case for change, the main proposals and the key risks. **Decision: The Board noted the progress plan, national assurance process and agreed the revised timeline.**	

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5. Governance Update	AV introduced the governance paper and actions taken forward following last month's discussion. Purpose of paper is to provide an update on actions taken forward and potential future changes in a complicated landscape. The Board agreed for a future agenda item at the August meeting following publication of metrics for the STP, as outlined in the *Next Steps* document. **Decision: The update was noted by the Board.**	JD
6. Clinical Cabinet	DMcG gave an update on how this was being taken forward in other STPs. General review of STP governance suggests that all have some type of clinical cabinet type function; Mid & South Essex Clinical Professional Leadership Group in existence for 6-8 months but then came to a natural halt. Need to consider what the role of this Clinical Cabinet might be especially now that the Primary Care Leadership forum is established. It was agreed that draft TORS with proposed membership would be submitted to the next Programme Board and greater detail on the form and function of the group and how it would contribute and work with the specialties and pathways that are currently being developed within the footprint. CP stated that the added value of this group should be the challenge on innovation and doing things differently. We need to make sure that these professionals are looking at cutting edge, looking at what is currently out there and are able to influence and enhance proposals on breadth of service delivery not just in acute setting but within the wider changes for local health and care. DMcG and RF to take forward further development of TORs and update on function and form. **Decision: The update was noted by the Board with a further update requested at the next meeting.**	DMcG/RF
7. CCG Joint Committee	AV introduced a report that provided an update on the current position in developing a Joint Committee following the publication of directions issued to three CCGs and the appropriate mechanism for the five CCGs to work together and form a joint committee.	

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	The key deadline is mid-May for a Joint Commissioning Plan to be submitted to NHSE setting out direction of travel. Membership of the Joint Committee is to be centred around the 5 CCGs; currently working through the appropriate functions especially those which can be done once for the 5 e.g. STP framework, PCBC, commissioning functions etc. CR commented that an executive function will need to exist to support this committee and there appears to be a different level of understanding and approach between the 5 CCGs. CR stated that AV is facilitating these discussions. It was also noted that some CCGs may be reluctant to delegate decision making to something where there is not the capacity or leadership to support it. AD stated that the 5 CCGS need to ensure they make available appropriate resource to enable capacity and capability to enable the Committee to succeed. Many of the issues discussed at Programme Board around strategic estates, primary care etc. are what the Joint Committee will be able to review and take forward for the system as a whole without the need to do five times. AD will confirm in writing on behalf of the Programme Board to stress to the Chairs the importance of taking this forward. RH stated that the three Chairs of the Health & Wellbeing Board have asked for a meeting with Dr Paul Watson, Regional Director of NHSE to understand more fully the relationship of the Joint Committee with the STP Programme Board. There is a nervousness of the potential danger of 'mission creep' such as a different footprint for mental health etc. He also stated that all the commissioning plans from the CCGs have to be signed off by the Health & Wellbeing Board and they could potentially be rejected. CP stated that one of the key problems facing the STP has been the difficulty in getting commissioning resources released to deliver the plan, and that Health & Wellbeing Boards have a role to play in enabling this change. AV stated that a clear conclusion in the original Success Regime diagnostic that as a system in the past Essex has not been able to agree a plan and deliver the plan as no overall agreement and consensus has been reached, and there is a clear risk of recurrence. PF stated that on behalf of Essex County Council they welcomed the approach to the formation of a Joint Committee in simplifying the decision making process similar to the Manchester way of working.	

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	A development session with proposed Joint Committee members is being planned for the end of May to assist the first meeting planned for June. **Decision: The Board noted the contents of the paper and work required to establish the Joint Committee.**	
8. Social care strategy and funding proposals	RH gave an update. Still waiting for the BCF guidance; planning framework issued but separate from the guidance. That will determine the lengths and degree of how funding should be spent, an inconvenience not yet published however not holding things up; discussions taking place with local CCGs on the local precept and the support grant to be used. Discussions moving forward, focussed on DTOCs, all the pathways into hospital, reablement and hospital plans locally. Expected BCF to cover over 65 services and sign off in the middle of June. Southend similar to Thurrock taking forward the High Impact Model. Keen to review what money may be left to support development in the localities and to try and understand further the factors that cause the surges and to review those. Essex an engagement session with care providers taking place later today with the purpose to establish what the priorities are and what they would like us to spend the money on. Meeting taking place with CCGs as well. Essex County Council subject to judicial review by care providers on the fees currently being paid. Additional capacity in community, admission prevention, discharge and digital (digital reserve) to make the system work more smoothly, quality improvement work impact on fall and reductions. **Decision: Update noted by the Programme Board.**	
9. AOB	**Forward items:** Update from the Local Workforce Action Board - May Update on Public Health strategy – Andrea Atherton confirmed for May Frailty integrated pathway to use as a framework on how to approach the involvement of workforce with the clinical pathways – May/June PCBC and mental health - June Digital update - June/July	

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	STP governance – August STP Metrics published for partnership - August SUAG – August	
	Next meeting: 24th May 11 – 1.30 at Essex County Council office	