

**Mid & South Essex Sustainability  
and Transformation Partnership (STP)**

**Mid & South Essex STP Programme Board**

**Monday 27<sup>th</sup> November 2017 10.00 – 12.30 Essex County Council, County Hall, Chelmsford**

Present: Anita Donley (AD), Independent Chair  
 Caroline Russell, SRO Local Health & Care Portfolio  
 Clare Panniker (CP), SRO In Hospital  
 Sally Morris (SM), Chief Executive, EPUT  
 Leanne Crabb (LC), HealthWatch Southend  
 Roger Harris (RH), Thurrock Council  
 Simon Leftley Southend Council  
 Peter Fairley (PF), Essex County Council  
 Eric Watts (EW), Service User Group Chair

Minutes: Jacky Dixon, Senior Programme Manager

Apologies: Donald McGeachy, Iain Martin, Andy Vowles, David Sollis, Kim James

In attendance: Mandy Ansell AO Thurrock CCG – Mental Health update  
 Mark Tebbs – Mental Health update  
 Sue Waterhouse – Mental Health update  
 Matt Ranguie – Local Maternity Services update  
 Jane Foster- Taylor – Child Protection Information Sharing

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 24 October 2017: Matters of fact: Minor amendments noted	

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	<p><b>All agreed</b> <b>Decision: all agreed the minutes as a correct record of the meeting.</b></p> <p><b>Matters arising:</b></p> <p>SM raised a question on membership and extending this to additional Community Providers – AD confirmed that this is part of the wider discussions on governance and moving towards an ACS. Membership of the Programme Board will be revisited and discussed further on 20 December 2017. This was on the agenda today at Item 9 for further discussion.</p> <p>Workforce: SM confirmed that a more detailed update will be provided at the next Board meeting with top priorities identified and budget arrangements. SM confirmed that Programme Management resource for 3 days a week had now been agreed and this would be provided by the STP Senior Programme Manager who would work closely with the HEE Transformation Manager over the coming months. This arrangement will be in place from 1 December until the end of March 2018.</p>	
<p>3. Mental Health update</p>	<p>The Programme Board members received an update from Mark Tebbs who has been appointed as the STP Lead for Mental Health and Sue Waterhouse from Essex Partnership University Trust.</p> <p>The report provided the board with an update on the adult and older people mental health delivery plan for mid and south Essex and focussed on performance, the associated work plan, key issues and contract negotiations.</p> <p>Key work streams:</p> <ul style="list-style-type: none"> <li>• Early Intervention in Psychosis</li> <li>• IAPT</li> <li>• Perinatal</li> <li>• Dementia Diagnosis</li> <li>• Out of area placements</li> <li>• Parity of Esteem Investment Standard</li> </ul>	

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	<ul style="list-style-type: none"> <li>• S136 – System Preparedness Plan</li> <li>• Psychiatric Liaison/RAID</li> </ul> <p>Key issues for mental health moving forward:</p> <ul style="list-style-type: none"> <li>• CIP and QIPP</li> <li>• Clinical model implementation and mental health strategy implementation</li> <li>• Workforce</li> <li>• 24/7 Crisis Investment</li> <li>• Acuity of need</li> </ul> <p>AD thanked the team for the detailed report and quality of the presentation. AD asked Programme Board members for any questions.</p> <p>EW stated that the sad issue for service users was the high suicide rate and asserted that employers have a responsibility to deliver mental health support as well as first aid for physical health. EW also commented on the irony that the trend of reduction in workforce numbers observed currently contrasted with the recruitment drive for additional staff.</p> <p>RH welcomed the report and the fantastic work being taken forward on remodelling the IAPT service and crisis resolution work. He felt that the growing number of people who do not reach the eligibility criteria for mental health services was an issue that all partners in the STP should own collectively; often these people have problems accessing housing and there are a growing number of people who do not meet any organisation’s eligibility criteria.</p> <p>RF stated that it would be helpful for the STP Clinical Cabinet to receive the same presentation so that they are aware of the work that is taking place.</p> <p><b>Decision: The Programme Board noted the excellent content of the report and thanked all for their contribution to this detailed update. The Programme Board agreed that it would be helpful for the Clinical Cabinet to receive the presentation for information</b></p>	<p>JD</p>

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<p>4. Programme Director update</p>	<p><u>Programme Management Office</u></p> <p>JD provided an overall summary on behalf of the Programme Director. The core focus in the past few weeks had been completion of the PCBC document and supporting appendices; provision of additional detailed clarification for the NHSE Investment Committee held on 3 November; development of the draft consultation document, proposed communications handling plan and associated supporting information. All teams had contributed to the development of these and the communications hub team would lead on the web site development and social media tools.</p> <p>The Programme Management office will supply capacity to support the Workforce agenda approximately 3 days a week over the coming months and on-going discussions with HEE and the LWAB Chair will take place to agree objectives.</p> <p>On 20<sup>th</sup> November the STP had a review meeting with the Regional Director of NHS England and the PowerPoint presentation together with a formal outcome letter was appended to the report for Programme Board members' information.</p> <p>A further meeting with Essex MPs is scheduled for 6 December hosted by Sir David Amess.</p> <p><u>In Hospital</u></p> <p>CP provided a summary of the main highlights on areas of work on the clinical support work steam particularly on radiology and pathology. The key focus as we move to public consultation will be further work to refine patient and clinical pathways for care service by service, to develop detail on patient numbers, theatre capacity, workforce modelling etc. Teams including members from all three Trusts in the hospital group are supporting the consultation preparation and all the communications staff in the three hospitals are working in an integrated way with the STP Programme communications lead.</p>	

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	<p>RF confirmed that discussions between clinicians in vascular, urology, renal, respiratory, cardiology and haematology specialties particularly, as a part of the detailed development of clinical pathways and there is a recognition of shared commitment and active engagement with the process. Staff recognise from the recent budget announcement that change is now underway. There is significant on-going engagement with stroke clinicians on the development of this pathway in particular.</p> <p>AD asked RF to describe the engagement and involvement of staff in realising their role in the development and delivery of an integrated service. RF gave the example that teams were asked to consider “How would you do it to improve your service with patients potentially benefiting from complex care being delivered from one area?” RF is discussing with senior nurses and doctors but now there is a need to cascade this to all staff and refine this process.</p> <p>CP said that further discussions are planned at the next Joint Board in December on what the future organisational form should be for the delivery of this strategy.</p> <p><u>Local Health &amp; Care</u></p> <p>CR said that the key area to note has been the focus of the team to support progression of the PCBC and consultation document. Each CCG is finalising a short document outlining for members of the public what the out of hospital plan is specifically for their own organisation.</p> <p>Key appointments made to the CCG Joint Committee:</p> <ul style="list-style-type: none"> <li>• Donald McGeachy appointed at Medical Director and will focus on acute work and acute pathways.</li> <li>• Leadership Role for Primary Care – appointed to but currently finalising the terms and conditions</li> </ul> <p>A formal consultation process has started with staff in the CCGs and runs until the 15 December 2017; this affects those staff whose roles have been proposed to join the joint commissioning team and back office functions to be shared across the 5 CCGs. Capacity is focussed on supporting those staff.</p> <p>Work is being taken forward on the Winter Plans for the STP footprint.</p>	

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	<p>EW stated that the SUAG members had received some feedback that their cancer patient participation group was not a high profile area – CR confirmed that this is not the case and that Carole Anderson was the CCG lead on Cancer and would be able to provide further information and reassurance on this point.</p> <p><b>Decision: The Programme Board noted the update and reports provided.</b></p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>CR agreed to circulate to all Programme Board members a copy of the CCG Joint Committee commissioning intentions</b></li> </ul>	CR
5. STP Consultation plans	<p>CR gave an update to the summary paper provided by Andy Vowles. There was a huge amount of work that sits behind the document including a comprehensive engagement schedule, meetings with specific user groups, pop up information stands across the STP footprint, working with HOSCs Health &amp; Wellbeing Boards as well as a series of staff briefings for CCG and acute trust staff.</p> <p>The Consultation Institute have been commissioned to pull together an objective overview of the consultation which would be considered by the CCG Joint Committee in late May/early June. There is an expectation that at that meeting the Committee would seek to approve the proposal and move forward to implementation.</p> <p>AD asked all programme board members to note that the papers circulated are very draft and without graphics. Intense work is underway to finalise all documents which will be available on-line. A great deal of supporting documentation was also being collated.</p> <p>SL observed that publication on 30 November would mean that particular groups might respond publicly at an early stage. SM asked what arrangements had been made to manage publicity and whether the Local Authorities might provide additional support? SL also said the Local Authority officers would need to make sure the consultation plan was circulated to their Council Members as soon as possible.</p> <p>CP said it would be helpful if Local Authority colleagues could give a consistent message to the public to assist access to and understanding of the proposals. A full schedule of public events will be published on the website</p>	

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	<p>and these start from January 2018 and run over the period of 14 weeks public consultation.</p> <p>PF confirmed that Essex County Council cabinet members and HOSC have been kept fully informed. He raised a concern that no public engagement events were planned for December and asked the Programme Board members to reflect on this and whether it may potentially be detrimental. The Programme Board asked for a detailed list of events planned to be circulated after this meeting.</p> <p>CR confirmed events are planned with staff and specific care groups during December and these would be circulated.</p> <p>SL confirmed that Southend Council would be willing to provide a venue for meetings in December and would be willing to host any public events.</p> <p><b>Decision: The Board noted the contents of the report.</b></p>	<p><b>JD</b></p>
<p>6. Child Protection Information Sharing</p>	<p>Programme Board members received a report and presentation from Jane Foster-Taylor that provided a progress update of regional Child Protection Information Sharing (CP-IS) Plans for local authority and unscheduled healthcare settings as part of the STP footprint. The report gave an update on the following areas:</p> <ul style="list-style-type: none"> <li>• Explanation of mandatory national project led by NHS Digital (formally known as “Health &amp; Social Care Information Centre”)</li> <li>• An overview and information on CP- IS</li> <li>• An outline regional CP-IS implementation plans for local authority and unscheduled health settings</li> <li>• A commitment to improve system-wide communication for children subject to child protection plan (CPP), Looked After Children (LAC) and any pregnant woman whose unborn child is subject to a child protection plan.</li> </ul> <p>AD thanked Jane on behalf of the Board for a detailed update.</p>	

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	<p><b>Decision: The Board noted the contents of the report and update provided.</b></p>	
<p>7. Local Maternity Services</p>	<p>Programme Board members received a presentation and update from Matt Rague, the Maternity Lead for the STP. MR presented the Mid &amp; South Essex Local Maternity Services (LMS) Transformation Plan which all STPs are required to develop by October 2017. The plan sets out how Mid &amp; South Essex STP will work towards transformational change of maternity services to deliver the national aims identified with Better Births (2016). The Board were asked to note the contents of the plan and support the proposed changes to the local maternity system.</p> <p>The plan outlines how the local maternity system will deliver change by the end of 2020/21:</p> <ul style="list-style-type: none"> <li>• Improving choice and personalisation of maternity services so that: <ul style="list-style-type: none"> <li>○ All pregnant women have a personalised care plan.</li> <li>○ All women are able to make choices about their maternity care during pregnancy, birth and postnatally.</li> <li>○ Provide greater continuity of care for women during pregnancy, birth and postnatally.</li> <li>○ More women are able to give birth in midwifery settings (at home and in midwifery units).</li> </ul> </li> <li>• Improving the safety of maternity care so that by 2020/21 all services have: <ul style="list-style-type: none"> <li>○ Have reduced rates of stillbirth, neonatal death, maternal death and brain injury during birth and are on track to make a 50% reduction by 2030.</li> <li>○ Are investigating and learning from incidents and sharing this learning through their Local Maternity System and with others.</li> </ul> </li> </ul>	



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	<ul style="list-style-type: none"> <li>○ Fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Health Safety Collaborative</li> </ul> <p>The governance diagram aligns with the Programme Board and Programme Executive</p> <p>LC asked if there are patient representatives on the steering group, MR confirmed that there were. EW asked if there had been user involvement through the national child birth trust? MR confirmed this.</p> <p>AD thank MR on behalf of the Board and asked for a quarterly update to future board meetings.</p> <p><b>Decision: The Programme Board members noted the content of the report and supporting information and supported the implementation of the LMS Transformation plan for the STP. The programme Board welcomes further quarterly updates</b></p>	
<p>8. SEPI (Strategic Estates Planning &amp; Implementation) Update</p>	<p>Ian Gregor, Strategic Estates Advisor gave a presentation and update. He would be providing support to develop the STP Estates Strategy.</p> <p>AD thanked IG for the presentation and asked that the STP Estates Strategy be submitted for approval to the March 2018 Programme Board.</p> <p>RH commented on good joint work taking place across the footprint with NHS and Local Authorities giving the Purfleet development as an example.</p> <p>SL confirmed that the three Local Authorities are now considering development of a wider strategy across the STP footprint, identifying short term and long-term requirements for the next 10/20 years. Local Authorities, District and Unitary/County level will all be working together.</p> <p>PF said that the estates strategy should be informed by the workforce and digital strategies for the STP. IG confirmed that the other workstreams are part of the wider SEPI group.</p>	

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	<p><b>Decision: The Board noted the update provided.</b>  <b>Action: Detailed STP Estates Strategy for the March 2018 Board to be submitted.</b></p>	
<p>9. Next steps towards an Accountable Care System</p>	<p>STP Programme Board members were asked to give further thought to this issue; as the STP moves through public consultation to delivery of change in current health and care provision. For instance a more representative and balanced membership of the Programme Board considering, for example, the provider sector, the emergence of the Joint Committee and other matters. The only feedback received since the last meeting had been from the Chair of the SUAG. This would be an item for further discussion and revision of existing governance for agreement at the next planned meeting.</p> <p><b>Action: All Members to provide feedback for future discussions to the Senior Programme Manager</b></p>	<p>All</p>
<p>10. Next Meeting</p>	<p>No other business was raised.  EW asked for clarification of the meeting planned with SUAG members on 12<sup>th</sup> December and who should be attending this meeting, wider group or core group members? EW also asked that planning arrangements for this event starts very soon to ensure content is agreed. AD and JD would discuss further with AV and confirm arrangements.</p> <p><b>Date of next meeting: 20<sup>th</sup> December, 3<sup>rd</sup> floor, Thurrock Council, Civic Offices, New Road, Grays, Essex RM17 6SL</b></p> <p>Actions agreed for next meeting:</p> <ul style="list-style-type: none"> <li>• Workforce strategy and priority update</li> <li>• SUAG update</li> <li>• Governance/ACS development</li> <li>• Generic framework for Local Health and Care</li> </ul> <p>Forward Items - January 2018</p>	

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	<ul style="list-style-type: none"> <li>• Further progress on the model for LHC</li> </ul> <p>Forward Items – March 2018</p> <ul style="list-style-type: none"> <li>• Strategic Estates Planning &amp; Implementation Strategy for approval</li> </ul>	

FINAL