

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

Mid & South Essex STP Programme Board

Tuesday 27 March 2018 10.00 – 12.30 Swift House, Chelmsford

Present: Anita Donley (AD), STP Independent Chair
 Jo Cripps (JC) STP Interim Programme Director
 Caroline Russell (CR), Accountable Officer, Mid-Essex CCG, Lead AO for Joint Committee and SRO Local Health & Care
 Clare Panniker (CP), Chief Executive, Acute Hospitals and SRO In Hospital
 Roger Harris (RH), Corporate Director of Adults, Housing and Health, Thurrock Council
 Eric Watts (EW), Chair, Service User Advisory Group
 Sally Morris (SM), Chief Executive Officer, EPUT
 Simon Leftley, Deputy Chief Executive Officer, Southend Borough Council
 Peter Fairley, Director of Integration & Partnerships, Essex County Council
 Kim James, (KJ), Healthwatch
 John Niland, Chief Executive Officer, Provide
 William Guy, Director of Strategy & Transformation, on behalf of Lisa Allen, Basildon & Brentwood CCG
 Mandy Ansell, Accountable Officer, Thurrock CCG
 Margaret Hathaway, Acting Interim Accountable Officer Southend and Castle Point & Rochford CCGs

Minutes: Jacky Dixon, STP Senior Programme Manager

Apologies: David Sollis, Healthwatch Essex; Iain Martin, Anglia Ruskin University

In attendance: Martin Callingham, Chair of Digital Essex 2020 Board

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1. Welcome and introductions	AD set the context that this would be the last programme board in its current format. The new STP Board would meet from May (shadow form today with extended membership who were all welcomed). Following feedback from SUAG and HealthWatch appropriate representation for these groups would be at the newly formed STP Board. Further consideration to the governance structure would be revisited over the coming months and at the end of the consultation period. AD confirmed that further discussion on SUAG and how the STP needed to consider broadening and widening participation of service users for the STP given that each	

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	<p>statutory partner had such groups e.g. Patient Ambassadors programmes need to be considered and potentially aligned to the work streams.</p>	
<p>2. Minutes and actions</p>	<p>Minutes from the meeting held on 29 January 2018:</p> <p>Matters of fact: Agreed</p> <p>Amendments: Item 2: LWAB – decision Item 3: Southend CCG Item 4: Campaign Company</p> <p>Matters arising: Review with Regional Director Paul Watson and comment on the Primary Care strategy to have a separate meeting AD/JC/CR.</p> <p>Decision: all agreed the minutes as a correct record of the meeting.</p>	
<p>3. Programme Director Summary Report</p>	<p>JC provided a summary update. Focus had been mainly on the public consultation process. An initial response from the Joint HOSC had been received. The focus over the coming 4-8 weeks is on post-consultation activities, including feedback of Clinical Senate, STP Clinical Cabinet review and publication of an independent report of the process by The Campaign Company. Work had begun on developing the decision-making business case (DMBC) for consideration of the CCG Joint Committee in July. JC gave thanks to colleagues for their support.</p> <p>JC outlined broader questions for the STP Partnership Board to consider in terms of future governance arrangements, work programme and budget and how funding across the system might work. The national funding allocation from NHS England barely covers the core STP programme roles (Independent Chair, Programme Director, Programme Manager and Project Support). JC outlined that the Board needed to review how it develops as an STP and determine priorities and how in turn the programmes of work will be resourced</p>	

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	<p>and supported.</p> <p>SM commented that EPUT are a member of a number of STPs and support each of those with funding or dedicated support. SM offered to share the methodology on how these contributions were made by system partners.</p> <p>AD stated that in other STPs a common way this has been approached is through establishing a formal Memorandum of Undertaking (MOU). AD recognised that within this group that is a delicate consideration for some statutory organisations working in a partnership model. AD reiterated that the STP needed to move to working together on specific areas of work as a system.</p> <p>JC/AD confirmed that there would be a STP Board facilitated development session to review the joint programmes of work and to seek agreement on how these will be resourced. These programmes would be overseen by the agreed STP Executive Delivery Group who would work together to define the business cases (see item 5) and work priorities.</p> <p><u>In Hospital update:</u></p> <p>CP outlined that work has focussed on the public consultation events and considerable work has been undertaken by the clinical teams to development the evidence pack for the Stage II Clinical Senate review.</p> <p>The next key area of work to be undertaken would be to support the development of the Decision Making Business Case for consideration by the CCG Joint Committee.</p> <p>Proposed changes to the clinical pathways identified for phase 1 of the draft implementation plan, such as vascular, urology and changes to the elective emergency and orthopaedic model working in Broomfield are being reviewed. These changes are not capital dependent and therefore the Trust would be ensuring they could maximise the changes that could be made early on (post CCG Joint Committee decision-making) to get better alignment of clinical services. The clinical support services work programme were now running out of hours interventional radiology and this had led to a significant increase in the number of consultant</p>	

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	<p>appointments being made. The corporate work stream had an agreed way forward for transactional finance, HR and procurement and were now moving into a detailed design stage for those areas. CP highlighted that a level of financial investment is needed as it would not be possible to rework the clinical pathways, clinical support and corporate services without additional funding; the Trust was discussing with NHSI and Commissioners any support that might be available. In the meantime the MSB Group would continue with some of this at risk.</p> <p>CP further outlined that the strategic benefits case of the merger of the three acute hospitals will be reviewed by the MSB Joint Working Board in a month's time. A huge amount of work had been undertaken and will be required in the following 6/8 months to move forward on this business case. In the interim it would be important to keep all the streams working in parallel and avoid confusion between the public consultation/acute reconfiguration proposals and the proposed merger of the three hospitals.</p> <p>RH asked if there would be a document for information and engagement through the Joint Health Overview and Scrutiny Committee on the Trust merger. CP responded that moving forwards there would be phased engagement on the different aspects of the merger plans</p> <p><u>Out of Hospital update:</u></p> <p>CR highlighted key areas: the 5 CCGs have been actively engaged with the public consultation events, all supported by AOs and clinicians from the CCGs alongside hospital colleagues.</p> <p>The CCGs were now supporting the development of the decision-making business case (DMBC). JC has organised a private session with the CCG Joint Committee with a legal advisor to ensure that the AOs and Chairs are aware of their responsibilities in considering the DMBC.</p> <p>CR continued that the CCGs were now looking at what could be done once across the 5 CCGS. Acute commissioning was the focus of the joint commissioning team, which had held its first away day recently. The CCG Joint Commissioning Team had undertaken a procurement exercise for a number of services in particular Business Intelligence linked to the Joint Committee; the Joint Committee had reviewed in-house</p>	

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	<p>arrangements for contracting and financial contracting and this had involved a significant amount of HR and senior management time dealing with 1:1 meetings for those staff affected.</p> <p>CR reported that the five CCGs were working on the STP-wide Primary Care Strategy, Dr José Garcia is the Chair, Andy Vowles is the Programme Director and Dr Brian Balmer is the External Clinical Advisor. Extensive stakeholder engagement had been undertaken and will continue in the coming months. The CCG Boards will sign off the strategy, with local delivery plans at CCG level.</p> <p>Decision: The Board noted the update.</p>	
<p>4. STP Consultation Update</p>	<p>JC spoke to the paper providing an update on the consultation process which had been extended until 23 March 2018. All partners will be sent a copy of the final independent report from The Campaign Company as soon as this is available.</p> <p>CP asked what are the risks to the July decision-making process by the CCG Joint Committee? JC responded that the timescale was challenging and that one of the key issues would be to clearly define that the Joint Committee had sufficient information to make a decision through the DMBC. JC confirmed she was in discussion with the STP legal advisor on how to mitigate risks. Clarification was also being sought with regulators on the assurance role they wished to play in the development of the DMBC. JC and Tom Abell are discussing further with Regional Directors team at NHS England.</p> <p>EW noted that he had attended some of the public meetings and commented that some were more “managed” and in those instances he felt they were least productive. At a recent, more open meeting, on transport, he considered that people had felt listened to.</p> <p>SL commented that it would be helpful moving forwards to understand the role of the CCG Joint Committee, understanding the governance and how decisions are made to avoid any further potential challenges from external groups being made.</p> <p>MH commented that in the South East of the patch the consultation process has been enormously challenging and that it will be important to ensure that communications support continues over the coming months.</p>	

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	<p>Decision: The Board noted the content of the report</p>	
<p>5. Development of the STP</p>	<p>JC referred to the paper which builds upon the earlier discussion to review the membership of the STP Board and establish the STP Executive Delivery Group function. The proposed Board development session would hopefully be useful to determine and agree the priority work programmes and how we resource that activity properly. This would then give the STP Partnership Board assurance that the delivery plan is being undertaken.</p> <p>Appendix 1 provides draft TORs of the Executive Delivery Group and Appendix 2 provides a suggested revised governance structure and cross-cutting work programmes.</p> <p>SM commented on the proposed draft TORs of the EDG noting the proposed membership; any decisions made by the EDG needed to consider how these are taken back to individual partner organisations through Boards and governance structures. SM understood rationale that the Partnership Board agrees the work programme but felt this needed to be explored further at the proposed OD session, the STP Partnership Board needs to be effective and partners not fighting it.</p> <p>CR agreed with comments and the need to consider further at the workshop and reflect on whether we want our STP to look at transformation programmes, enablers and “business as usual” work. At a presentation given to the recent Essex Health & Wellbeing Board from 3 STPS, all have taken a different approach. West Essex have focussed on BAU, North East Essex focussed on end points, Mid and South Essex focussed on acute and primary care – at that OD workshop we do need to reflect whether as an STP we want to have overview of performance, graded as an STP on performance, as we do not yet have clarity of end point.</p> <p>PF echoed the points raised; 3 STPs are all in different positions. Currently mid and south Essex STP have focussed on 2 large work streams (in-hospital and out of hospital), and there was a need to have further discussion about integrated care system development.</p> <p>SL commented that there needs to be more clarity between STP and H&WB and how they can work together on integration and how this work fits into the overall H&WB strategy for each area. AD commented that the</p>	

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	<p>time is now right – over the last 2 years there has been a significant maturation of that relationship and this offers us the opportunity to take things forward.</p> <p>PF commented that Suffolk & North East Essex have held a number of workshops with cabinet members, officers and Chairs as engagement sessions.</p> <p>JN welcomed the STP Partnership Board membership review and greater inclusivity which was a good starting point and agreed with some of the things said previously. JN stated that we do need to have an OD workshop but perhaps more than one in terms of building relationships with open dialogue, we need to understand each other’s position, be clear about the direction, what is the vision and what are we trying to achieve? Hopefully we could also explore the lines of accountability and responsibilities and where final decisions can be made.</p> <p>RH commented that in South Essex the local authorities are now working more closely together and forming an alliance; economic regeneration, transport and digital strategy, meeting fortnightly and had a discussion on how they can engage with the STP (on a slightly different footprint) a forum of which there could be some engagement with.</p> <p>CR commented that there was also the Essex Assembly, Essex Partners and Essex Strategic Group – all of which had good intentions around making greater Essex a sustainable and vibrant place to live and work – the STP would need to consider how to fit and work with these groups.</p> <p>AD agreed we need to consider these points at a separate workshop and we need to capture this for the future.</p> <p>Decision: Scope dates and plan the session to be facilitated by the Kings Fund.</p>	
6. Strategic Estates Planning & Implementation	<p>CR referred to a previous presentation to the Board from Ian Gregor who has been working to pull together an estates plan across the STP.</p> <p>Lots of work via development of the STP Primary Care Strategy has taken place to define the estates ask and a</p>	

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	<p>plan is emerging. The 5 CCGs have concluded that they do need to collaborate on this area of work and a new role for a Director of Estates across the 5 CCGs is out for recruitment.</p> <p>A workshop is being proposed for 23 April to start to draw together on a health basis the opportunities. There is a requirement to develop an STP estates workbook. including community, primary care and hospital estate and a level of granularity expected. Further details are expected in the next few weeks, as per the Naylor report.</p> <p>SM commented that one of the biggest issues to tackle would be the limitation of NHS Property Services; lots of the properties we utilise are NHS Property Services and therefore sometimes the costs are not released appropriately. We need as part of this remit to challenge this and ensure we are making the most of the buildings we have.</p> <p>SL asked if there is any local authority representation and more than happy to provide assistance with resource on strategic estates expertise; CR said this would be very helpful.</p> <p>JN commented that whilst the work needs to be done it does depend on what we are trying to achieve in order to support it, is the hospital going to be bigger as more services go to it? What might be the impact of changes in primary care with technology? There is an element of choreography in order to get the right estates to provide the services in the community that are required. JN stated this could also be explored further at the Board development session to clarify what we are trying to achieve.</p> <p>CR agreed and stated that the system needed to establish what is known to complete the strategy. The acute reconfiguration plans had been helpful in that it had fixed the size of the estate in the acute sector, and enabled development of a strategic outline plan of what would come out of hospital and therefore the potential estates requirement outside of hospital.</p> <p>CP commented that the strategic outline case for Trust capital and STP plan is based on a 5 year projection of what the acute demand and growth would be; the hospital stays more or less the same, the footprint is static for that 5 years; the PCBC made assumptions on numbers of outpatient numbers that would no longer come</p>	

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	<p>to the acute and linked more to the primary care and the facilities that needs to be provided.</p> <p>Decision: The Board noted the update provided.</p>	
7. LWAB update	<p>SM gave a summary of the update. The Workforce Intelligence seminar held in February was a positive event and very helpful to meet with wider partners. The LWAB are considering holding an annual event to engage with larger numbers of organisations than currently attend the LWAB.</p> <p>The LWAB submitted a response to the draft national workforce “Fit for the Future” strategy on behalf of the STP.</p> <p>Following the seminar a number of people volunteered to join the sub-groups, these have now defined as follows:</p> <ul style="list-style-type: none"> – Maximising Supply – Primary Care – Leadership – Workforce Intelligence. <p>A number of workforce submissions are being requested on an STP footprint; many of the community providers support more than one STP and separating the workforce data for these returns is time consuming and requires a significant resource, this particularly applies to the Mental Health Workforce return requested by HEE.</p> <p>Attached to the Board paper was an update on the transformation funding received from HEE and how the LWAB have identified spend.</p> <p>CR asked if there is any representation at the leadership group from the CCGs as there is a constant request from NHSE to feed the talent management programme. SM confirmed that they are welcome to join the sub-group. SM confirmed the invitation to join this would be issued again to CCGs. JN confirmed the next meeting for this group was in April.</p>	

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	<p>CR commented on the Essex Partners/ Leadership Programme which is jointly funded by Stephen Cavanagh, Gavin Jones and Andrew Pike for development of Health & Care leadership (SM attends the group) there are interconnectivities between that and item 2.5 (STP Development) and 2.2.3 (Primary Care progress) and asked how could these be clarified? CR stated it would be helpful to understand what the resource for the emergency admissions has been spent on, the CCGs would like some resource to help with OD and keen to know how they can access that. SM confirmed she would provide further detail on the new ways of working on emergency admissions and resources to do that – she would contact Danny Hariarm to provide further details.</p> <p>PF commented that Jeremy Hunt announced that there will be a joint Health & Social Care workforce strategy, we need to work as an STP about what we might want that strategy to include. SL commented that we need to take forward some tactical initiatives about making Essex a good place to live. SM agreed and this needs to align with some of the LWAB work streams.</p> <p>Decision: The Board noted the update.</p>	
8. Workforce Modelling	<p>Not covered.</p> <p>Decision: The Board deferred the paper.</p>	
9. Health & Social Care Integration ECCs offer	<p>The paper from PF was circulated a few months ago. PF asked for comments/feedback.</p> <p>PF commented that the paper outlined a number of areas that had been considered by Essex CC in terms of “red lines”; some of the other STPs are moving at a pace and ECC had felt it would be helpful to outline this as formal board meetings considering integrated care systems.</p> <p>Decision: The Board noted the paper</p>	
10. Joint Health & Wellbeing strategy	<p>No comments made</p> <p>Decision: Paper Noted</p>	

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11.Digital 2020	<p>Martin Callingham gave a presentation to the Board that summarised the work undertaken across the STP over the last year on the Local Digital Roadmap (LDR).</p> <p>Some key points:</p> <ul style="list-style-type: none"> • There was a need to now consider how to move forward to deliver some of the LDR requirements • There was a need to align this strategy to pots of funding that are emerging from the centre. • The shared care record work had progressed and a detailed specification has been developed that would enable the identification of a preferred bidder; however, without agreement on how to proceed and without a dedicated team to develop the business case further, the work on shared care records would be on a best endeavour basis and therefore delayed. • MC outlined that he had issued a draft MOU to all the parties on the Digital Board and this was going through the process and being discussed; <p>CR commented she was very supportive of resource going into the digital programme on an STP footprint; this needed to feed in to the wider discussion on the STP work programme and refresh of programmes; the 5 CCGs were working on a Primary Care strategy and there is an area on digital which has no managerial expertise in terms of digital project management under the STP umbrella.</p> <p>JN commented he was very supportive of the digital strategy but not sure it went far enough; for example there was a need to consider artificial intelligence and how this helps to achieve what we need to achieve; devices to assist with medication, etc. MC agreed but felt that the basics need to be in place to enable such developments.</p> <p>EW commented that he would be in favour of this; but outlined that the STP could do a great deal with very simple IT; for example, EW was most keen to get going on patient participation and outlined that the Brentwood surgeries were developing a virtual patient participation group. EW continued that the crossing of secondary and primary care boundaries was important - many patients with chronic diseases could use software management packages.</p> <p>Southend Local Authority are keen to sign up to the MOU; the eventual costs needed to be identified and quick fixes for basic issues, for instance jointly appointed roles are still having to work on 2 laptops, there</p>	

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	<p>was a need for simple multi-agency improvements to improve joint working.</p> <p>MC commented that the MOU was a statement of intent and supported cross-party discussion</p> <p>SM noted that the focus STP needed to be on wider Essex in some areas, for example, the new Essex COIN (Community of Interest Network).</p> <p>Decision: The Board noted the work undertaken to date and supported the work on the Local Digital Roadmap. In addition the Board supported the recommendation that the Digital Essex 2020 group revise its TORs and become an implementation group focussed on delivery, reporting to the STP Board.</p> <p>With regards to identifying resources it was agreed that the STP Board members would discuss this further at their planned development session when considering all the programmes of work.</p>	
12 NHSE Regional Director update	<p>Presentation slide deck and outcome letter circulated to all members.</p> <p>Decision: The Board noted the content.</p>	
13. STP Funding/transformation funds	<p>JC updated the Board that access to routes of funding are increasingly required through STP-wide bid processes. The CCGs have developed the STP register (appended to the paper) to capture all opportunities for investment funding sources available to the system, the bids that have been made or are currently in development and then the outcome of those bids. CP stated that unless we resource the STP to be able to respond we will see the money go elsewhere.</p> <p>The register has been developed initially with a commissioner focus and it is proposed that this needs to be extended to cover all STP bids. This could be through the addition of any existing process currently undertaken by partner organisations within the STP.</p> <p>Given that this work is happening and there was significant funding opportunity tied to various schemes, the Board were asked to consider how we might broaden this approach to be STP-wide.</p>	

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	<p>SL agreed. For LAs there were lots of bids for infrastructure – The STP needed to be proactive and have the business cases waiting.</p> <p>Decision: The Board agreed with the proposed recommendations and JC is to develop a process of how to capture across the whole STP.</p>	
	<p>Date of Next meeting: 26 July</p>	

FINAL