

South East Regional Health Scrutiny Committee Network
Thursday 16 March 2016 at NHS England, York House, Horley

Attendees

Brighton and Hove Health Overview and Scrutiny Committee

Cllr Dee Simson (Chair)

East Sussex Health Overview and Scrutiny Committee

Cllr Colin Belsey (Chair)

Claire Lee (Officer)

Surrey Wellbeing and Health Scrutiny Board

Cllr Bill Chapman (Chair)

West Sussex Health and Adult Social Care Select Committee

Dr James Walsh (Vice-Chairman)

Helena Cox (Officer)

Apologies

Cllr Mike Angell, Chair, Kent HOSC

Cllr Bryan Turner, Chair, West Sussex HASC

Cllr David Wildey, Chair, Medway HASC

Lizzy Adam, Kent HOSC Officer

Jon Pitt, Medway HASC Officer

Giles Rossington, Brighton and Hove HOSC Officer

Andy Spragg, Surrey HOSC Officer

1. HOSCs' pre-meeting

- 1.1 Members expressed disappointment that NHS Property had withdrawn from attending the meeting as there were several specific queries which were to have been taken up with their representatives. It was agreed that their attendance should be requested for the next meeting.
- 1.2 Members discussed issues to raise with NHS England which included the estates queries and issues related to Sustainability and Transformation Plans (STPs).

2. NHS England: Update

- 2.1 Felicity Cox, Director of Commissioning (South East), NHS England (NHSE) joined the meeting.

Estates

- 2.2 Members informed Felicity of NHS Property's withdrawal from the meeting and raised issues relating to long-running and apparently stalled NHS developments in Eastbourne, Littlehampton and Worthing.
- 2.3 Felicity gave an update on progress which had recently been made with the Worthing scheme and agreed to look into the other developments.

Sustainability and Transformation Plans

- 2.4 Felicity updated Members on a letter from NHSE to STP leads on 31 January which had proposed a formal appointment process for STP leads. Kent and Medway STP is close to appointing a lead and Sussex and East Surrey STP will be advertising soon (Michael Wilson expected to step back). In Surrey Heartlands STP area, the current lead (Julia Ross) is leaving and the new CCG Accountable Officer will not automatically be the new lead.
- 2.5 Other key points from the letter (see also separate slides):
- The right for STPs to make recommendations to NHSE on local STP governance, which will give more authority and pressure on any organisations which are not engaging. However it is unclear how this relates to legislation and requirements on individual organisations.
 - NHSE regions are being asked to second staff to STPs. NHSE is undertaking a skills audit of staff and an audit of STP needs in order to match and loan staff. HR agreements/MOUs are currently being worked on. Terry Willows, Head of Assurance is leading on this for NHSE locally.
 - Central transition funding of £200m across England has been provided for 'quick wins'. This is particularly targeted at areas innovating with new models of care, particularly across large areas e.g. 750k population.
- 2.6 Felicity outlined the different stages local STPs are at in terms of their plans delivering financial sustainability:
- Sussex and East Surrey – detailed plan only covers years 1 and 2 and there remains a substantial financial gap by year 5 yet to be addressed. The whole STP is being revisited and a specific piece of work on acute services (supported by Carnall Farrar) is underway.
 - Surrey Heartlands – achieves financial balance by year 5
 - Kent and Medway – reaches a smaller deficit position by year 5.
- 2.7 In response to questions, Felicity added the following points:
- East Surrey could look towards either the Sussex or the Surrey Heartlands STPs – the acute services focus is towards Sussex and the community services is focus towards Surrey. This is an ongoing discussion.
 - The NHS is moving towards consolidation of commissioning. There will be fewer CCG management teams and possible integration with some local authority functions. CCGs could become the building blocks of Accountable Care Systems, either as the basis of Multispecialty Community Providers or part of an Accountable Care Organisation. This model could free up clinical leaders to focus on developing the provision of services with strategic commissioning functions devolved upwards.
 - Some NHSE functions are likely to sit with the strategic commissioner e.g. primary care commissioning, parts of public health commissioning (due to links with local authorities). NHSE functions are therefore likely to go to other bodies in the future. The NHSE letter talks about handing over NHSE Regional Director roles to STPs once progress reaches a tipping point of STPs being the delivery mechanism and accountable for performance.

- The formally appointed STP leads are likely to be full time or 4 days a week and their employer is yet to be clarified. There will be a small central team/Programme Management Office for each STP.

2.8 Felicity gave an update on individual STPs as follows (see also separate slides):

Surrey Heartlands

- The STP is pursuing a devolution (of health powers) based approach which has a potential £20m 'prize', as early devolution areas will get earlier access to transformation funding.
- The first £200m of transformation funding will be shared between 10-11 of the most advanced STPs. Others will receive funding later on when they are ready.
- The STP is looking at an innovative contracting model e.g. system control totals across three areas based around the acute trusts which will provide the incentives for system change.
- There is a forthcoming meeting about a devolution agreement and the implications of this for organisations.

Sussex and East Surrey

- Carnall Farrar supported acute services work is a key focus and there is a need to ramp up this acute sector work.
- STP also looking at back office consolidation and new commissioning models.
- Place based plans are starting to move forward.
- East Sussex Better Together will change East Sussex Healthcare Trust's work.
- Coastal West Sussex plan getting back on track.
- Brighton and Hove 'pathway through major change' programme
- Issues for Queen Victoria Hospital regarding achieving derogations/addressing sub-optimal care in terms of national service standards.

Kent and Medway

- STP is on a path to consultation but this has been put back to October 2017 (from July).

2.9 Felicity outlined the alignment of NHSE Directors to STPs. She suggested potentially inviting Terry Willows to the next meeting as he is the transformation lead. Felicity also indicated that NHSE and NHS Improvement are looking at merging the assurance process for CCGs and Trusts towards a system-wide process at STP or sub-STP level. Consideration is also being given to aligning metrics for NHSE and STPs.

2.10 It was agreed that a further meeting should be arranged for late June/early July and that NHS Property, CQC and NHS Improvement should be re-invited.