

Meeting: Strategic Planning Group

Date: Tuesday 28 February 2017, 10:00-12:00

Venue: Chapter Room, Southwark Cathedral, London Bridge, SE1 9DA

Chair: Amanda Pritchard, Guys' and St Thomas' NHS Foundation Trust

MINUTES

Members in attendance:

Amanda Pritchard	GST CEO
Andrew Bland	Southwark CO
Andrew Eyres	Lambeth CO
Nikita Kanani	Bexley CO
Adrian Mclachlan	Lambeth CCG Chair
Ellen Wright	Greenwich CCG Chair
Siddharth Deshmukh	Bexley CCG Chair
Susan Acott	DGT CEO
Rod Booth	NHSE
Therese Fletcher	GP Federations
Clare Ross	
Rebecca Rosen	
John King	Patient & Public Advisory Group
Mark Easton	OHSEL
Julie Lowe	OHSEL
Alan Goldsman	OHSEL
Rory McGrath	OHSEL
Sarah Pinto-Duschinsky	EY
Chris Beirne	EY
James Tyler	EY
Ed Goodall	EY

Other attendees:

Jessica Bernard (on behalf of Angela Bhan)	Bromley CCG
David Maloney (on behalf of Jo Murfitt)	Greenwich CCG



Apologies:

Martin Wilkinson	Lewisham CO
Andrew Parson	Bromley CCG Chair
Jonty Heaversedge	Southwark CCG Chair
Marc Rowland	Lewisham CCG Chair
Nick Moberly	Kings CEO
Ben Travis	Oxleas CEO
Matthew Patrick	SLAM CEO
Barry Quirk	Lewisham Council CEO
Rikki Garcia / Sophie Patterson	Healthwatch

ACTION LOG

ID	Risk / Issue / Action / Decision Description	Owner	Agreed Date	Due Date	RAG	Status	Comments
SP1	TH and JH report on the leadership development discovery phase at the next SPG meeting	ALL	28/02/17	26/04/17		On track	
SP2	Agreement to start programme reporting as soon as possible and build further detail as required	PMO	28/02/17	31/03/17		Complete	
SP3	Members to submit comments on the updated communications strategy to ME	ALL	28/02/17	N.S.		Complete	
SP4	Members to feed in other thoughts on the next NEDs, governors and lay members event in the coming weeks to ME	ALL	28/02/17	N.S.		Complete	



i. Welcome and introductions

- i. AP opened the meeting.
- ii. ME provided a brief update on progress, stating that SROs are now confirmed for clinical projects; work to confirm leads for productivity workstreams is ongoing. The next Strategic Planning Group will be held in public. The PMO will be organising a series of deep dive workshops in April and May to ensure there is collective sign up and visibility on scope and that leadership, governance and programme resources are in place.

ii. STP Governance updates

- i. Stakeholder Reference Group (SRG) report
 - i. ME explained that the SRG, which meets regularly, is keen to ensure that the STP programme remains sighted on its work. The report makes a number of recommendations, which ME asked the SPG to endorse.
 - ii. These changes include replacing Dr Zeineldine as the clinical representative on the SRG.
 - iii. In response to a question from AB regarding attendance at the SRG, ME noted that attendance to the SRG had been good from OSC and occasionally from elected members. CCGs were being asked to nominate a clinical representative. A forthcoming Local Authority workshop was suggested as a forum to raise awareness of the Group. A provider representative should attend RH's communications group.
 - iv. The SPG **agreed** the recommendations of the report and nominated Dr Mclachlan as the clinical representative.
- ii. Healthwatch report and response
 - i. Sophie Patterson from Healthwatch summarised the key points from the report on engagement, saying that overall the message is positive.
 - ii. ME welcomed the report and said that there had been a series of meetings with Healthwatch leading to production of the report and that the proposal is to publish the report online and response. AB noted that the report was on the agenda at the Scrutiny Committee that evening. AP asked that the report be noted and the response approved which was **agreed**.
- iii. Programme organisation and staffing
 - i. ME updated that EY have been contracted to provide support to the OHSEL programme from January to August 2017. Julie Lowe has been appointed as the chief operating officer for the STP, and will be focusing primarily on provider productivity but will also have a broader role across the programme.
 - ii. Budget proposals have been signed off by Chief Officers and Chief Executives for extra support for the digital work. The intention is to appoint a CIO and CCIO and a job description was being prepared for the STP Quartet to review.
 - iii. AP said that there had been a leadership development strand to the STP support package which, due to procurement limitations, had been removed. This remained, however, an important requirement. TH and JH are now leading a piece of work to develop priorities and recommendations for further work in this area. Interviews are being arranged with senior people from commissioners and providers in SE London.

ACTION: TH and JH to provide a report on the leadership development discovery phase to the next SPG meeting.

iii. OHSEL 2.0

- i. Review of the Provider Productivity and Clinical Programmes
 - i. SPD updated on the EY review of the clinical and productivity work across the programme. The aim of the reviews had been to take stock of what has been achieved,



the level of ambition, to review governance for delivery and reporting mechanisms and to identify priorities for further work. The draft review of the productivity programme was reviewed by the Productivity Board. The key point from the review is that without increased focus savings would be hard to achieve. Pharmacy, estates and workforce are the most developed areas with initiatives and baseline data in place. Other workstreams require further work and support to scope and shape the work. At the recent Productivity Board meeting there was agreement to arrange a series of workshops to further define overall scope, resourcing, scope by organisation and scope by initiative.

- ii. A draft of the clinical review would be available within a week and was on the agenda for the first Clinical Board meeting on 9 March 2017.
- iii. There was a discussion on the review and progress of work across the programme. Specialised commissioning was being picked up in parallel to the review – workshops for renal and cardiology had recently taken place. At a London level, planned specialised commissioning activity was being separated into three ‘buckets’: work that can start now, work that can start tomorrow and bigger picture and long term changes. The mental health programme started slightly later than other programmes of work and a baseline assessment was needed. AB stressed the importance of referring back to the STP narrative if re-scoping work. In response to CR, SPD said that provider representation for the planned work would feature in the review, and that there was more work to do to secure organisational buy in for the productivity work and to understand the baseline position.
- ii. EY review and proposal for programme reporting
 - i. CB summarised the paper. To support effective delivery a greater level of oversight will be required and the intention is to put this in place as soon as possible. The approach is also intended to balance the work required with the need for oversight. There was a discussion on the correct level of detail needed for reporting. SPD made the point that there needed to be a distinction between STP escalation and specific governance needed for oversight of clinical areas, which should be tested with SROs.

ACTION: It was agreed to start programme reporting as soon as possible and build further detail as required.

- ii. Benefits would be tracked separately and a separate proposal would be put forward for consideration. JL stressed the importance of focusing on outputs and outcomes.

iv. Update on financial risk discussions with NHSE and NHSI

- i. AG updated on the progress of this work. There are a number of set piece meetings as part of this process following on from work before Christmas to look at operational plans. There was a meeting on 1 February and the next is scheduled on 17 March. The aim is to summarise the position across the STP to ensure we are maximising opportunities across the sector. SEL will be required to submit regular returns on provider and commissioner progress in this regard. It was important to be mindful that CCGs and providers remain sovereign. SEL is required to create a narrative around the collective position but conversations will be concurrent with individual discussions between regulators and organisations.
- ii. There are four key lines of enquiry when trying to describe risk in the financial system: how has identified risk developed over time; contract risk itself and triangulation with NHS England; quantifying unknown risk, and; quantifying risk in collaborative programmes.
- iii. AG provided a summary of the key numbers and there was a discussion on the process for confirming the submission for 17 March. In summary, there has been lots of progress but a



significant gap remains to get to the break-even position. The key question is how much can the STP contribute this year.

- iv. AG commented that this work may be impacted by the imminent refresh of the Five Year Forward View in March, which is likely to set expectations as to the future role of STPs. The current STP arrangements provide an opportunity to hold constructive conversations with the regulators on the collective position, without undermining the sovereignty of individual commissioners and providers.

v. Updated communications strategy

- i. RH summarised the key points from the refreshed strategy, highlighting the planned period of civic engagement, monthly progress reporting and key messages going forward.
- ii. There was a discussion around the Equalities Steering Group. Members agreed efforts should be made to raise the profile of the group, which has been doing some good work. Non-executive directors in particular had requested a regular output and the SPG could be a good vehicle for disseminating this.

ACTION: members to submit comments on the updated communications strategy to ME

vi. Feedback from NEDs, governors and lay members event

- i. ME updated that there was now a fuller summary of the recent event available online. The next event will be held with local government representatives. A note on this has been sent to local authority chief executives. Some support would be needed to design the event. AB drew a distinction between in-borough and cross-borough integration and that both needed to be considered.

ACTION: members to feed in other thoughts on the next NEDs, governors and lay members event in the coming weeks to ME

vii. Any other business

- viii. SA provided an update on emerging plans within the Kent STP, and, in particular, proposals for the consolidation of stroke services. These changes could result in approximately 73 stroke cases per year being treated in SE London instead of Kent. SE London would need to consider the capacity implications. A consultation on these changes is planned to start in June. RB stated that he would pick this up as part of the wider NHSE commissioner analysis.

