

Briefing for CCG Governing Bodies

Committee in Common, 23 June 2016 - meeting summary

The second meeting of the south east London Committee in Common (CiC) took place on the 23rd June. The meeting was quorate, with at least two representatives from each governing body in attendance, as well as representatives from NHS England, Healthwatch and a Patient and Public Voice.

Mark Easton, the Our Healthier South East London (OHSEL) Programme Director, distributed the current declarations of interest. Members highlighted changes which will be reflected in a revised document that will be published on the OHSEL website.

The reason why the meeting was not being held publically was discussed. It was explained that NHS England (NHSE) guidance is that the Sustainability and Transformation Plan (STP) should not be made public while it is still in draft form and has not received NHSE assurance. Consequently this CiC meeting had to be held in private. Healthwatch expressed concern that holding these meetings in private made securing local ownership harder. It was noted that the OHSEL Patient and Public Advisory Group (PPAG) has also expressed concern about the meeting. It was noted that a full summary of the STP had been made public. Paul Minton, the independent chair of the CiC, noted that as a group every effort should be made to avoid these meetings being private in the future.

Sarah Blow, senior responsible officer (SRO) for planned care and Chief Officer (CO) of Bexley Clinical Commissioning Group (CCG), provided an update on the proposal for elective orthopaedic centres which is being considered by the programme:

- The criteria which will be used to evaluate the potential sites for potential centre(s) have been agreed by all six CCG Chairs and signed off. An evaluation group will score proposals and provide a recommendation to the CiC who will make the final decision on whether to proceed to public consultation with these proposals.
- The Clinical Senate, a group of independent clinical experts, who had conducted a review of the proposals, was supportive of the overarching model. Certain areas need to be addressed and these are being worked through by the programme.
- Organisations have been asked to submit a detailed second stage submission of their proposals. Queen Mary's Hospital has been put forward for consideration and will be submitting a proposal.
- Timelines for stage 2 submissions have been extended following a review meeting and a revised timeline will be circulated to the group.
- There was agreement amongst clinicians that the two site model was the best model for improving outcomes for patients.



The importance of individual members of the CiC voting on behalf of the governing bodies they represent was noted. NHS England highlighted the need to think about the decisions in the context of the wider system and the health economy as a whole. The logic behind the case for the two site model was accepted and members **agreed** this was appropriate.

Paul Minton introduced the main agenda item of the STP. He noted, given the proximity to the submission date to NHSE (30th June), that this was less about detailed re-drafting than confirming governing bodies had been consulted and were content.

Mark Easton provided an update on the STP document in which he highlighted how we have moved from the original commissioner-led OHSEL structure to an STP structure which incorporate both providers and commissioners. The STP scope had been extended to include mental health, specialised services and learning disabilities. The STP submission document would be signed off by the quartet (the four leaders of the SEL STP - Amanda Pritchard, Chief Executive, Guys and St Thomas' NHS Foundation Trust (Senior Responsible Officer); Andrew Bland, Chief Officer, Southwark CCG; Andrew Parson, GP and Chair of Bromley CCG; and Barry Quirk, Chief Executive, Lewisham Council, on the 27th June. Mark noted that some aspects of the plan are better developed than others and that the newer aspects have had less public engagement as a result (e.g. specialised services). Mark summarised the scale of the challenge being faced. In order to be successful there will need to be changes in the way we operate as a system. The Clinical Leadership Groups (CLGs) will continue to be the vehicle for delivery however, the programme will look again at these groups to ensure they have the appropriate resources, authority and information that they need.

Each CCG **agreed** they support the document and feel that they have been engaged sufficiently through discussions and workshops. Members expressed some concerns surrounding the assumptions in the plan and the major risks associated with these at this early stage e.g. the savings associated with specialised services.

NHSE highlighted that the SEL STP is seen as one of the strongest in the country with credible ideas which are evidence based. It was acknowledged that more work was required on specialised commissioning. NHSE emphasised that it will be the quality of relationships across the network of care, and the willingness and commitment to engage with the challenge that will determine the success of implementing the plan.

During a full discussion a number of points were raised:

- Healthwatch stated that the impact of social care reductions was understated and that some of the assumptions surrounding items such as productivity gains are very ambitious. It was explained that social care partners have been included in the drafting of the STP but that it is difficult to calculate the financial impacts reductions in social care will have on the NHS at a SEL level.
- There is a need for further engaging local authorities and general practices
- It was acknowledged that long-term issues, such as diabetes and obesity, need to be looked at further.
- As we move into delivery, the role of the CLGs may need to be looked at and redefined.
- There is a requirement to develop an STP information system to monitor progress against the plan.
- A conference is to take place in September in which key stakeholders will look to address key delivery areas.

Updates on the Workforce, Estates and Digital Local Roadmap supporting strategies were provided with key strategic principles and methods outlined. It was noted that these documents are still in development and no immediate comments or questions were raised.

Paul Minton thanked attendees and closed the meeting.