

**STP Joint Committee – Part I**  
**7<sup>th</sup> July 2017 4:30pm**  
**Boardroom, Phoenix Place, Christopher Martin Road, Basildon SS14 3HG**

<b>Present:</b>	Dr Mike Bewick (MB)	Independent Chair
	Ms Caroline Russell (CR)	Accountable Officer, NHS Mid Essex CCG
	Dr Caroline Dollery (CD)	Chair, NHS Mid Essex CCG
	Ms Mandy Ansell (MA)	Accountable Officer, NHS Thurrock CCG
	Mr Ian Stidston (IS)	Accountable Officer, NHS Southend and NHS Castle Point & Rochford CCGs
	Dr Sunil Gupta (SG)	GP Governing Body member NHS Castle Point & Rochford CCG (deputising for Dr Kashif Siddiqui)
<b>In Attendance:</b>	John Leslie (JL)	Accountable Officer, NHS Basildon & Brentwood CCG
	Tony Cox (TC)	Deputy Chair, NHS Basildon & Brentwood CCG
	Rachel Webb (RW)	Locality Director. NHS England
	Ronan Fenton (RF)	Mid Essex Hospital Services NHS Trust
	Nicola Adams (NA)	Head of Corporate Governance, NHS Thurrock CCG (minute taker)
	Emily Hughes (EH)	AD and Project Director IUC, NHS CastlePoint & Rochford and NHS Southend CCGs
	Owen Richards (OR)	POD Director, North East London Commissioning Support Unit
	Alan Hudson (AH)	PPG Member, NHS Thurrock CCG
	Maureen Henes (MH)	Member of the Public, NHS Mid Essex CCG
<b>Apologies:</b>	Dr Jose Lobera	Chair, NHS Southend CCG
	Dr Anand Deshpande	Chair, NHS Thurrock CCG
	Dr Kashif Siddiqui	Chair, NHS Castle Point & Rochford CCG
	Dr Arv Guniyangodage	Chair, NHS Basildon & Brentwood CCG
	Viv Barnes	Director of Corporate Services, Interim STPJC Secretary, NHS Mid Essex CCG

<p><b>1.</b></p>	<p><b>Welcome, Apologies and Declarations of Interest</b></p> <p>MB welcomed all to the meeting. The apologies were noted as above.</p> <p>All members introduced themselves and provided some background as to their role within the Sustainability and Transformation Plan Joint Committee (STPJC).</p> <p>MB welcomed members of the public and highlighted the importance of consulting with members of the public, particularly in the design of services to ensure that the NHS can deliver quality services that are the safest and delivered in the most efficient manner.</p> <p>No declarations of interest were reported.</p>
<p><b>2.</b></p>	<p><b>Questions from the Public</b></p> <p>MH asked if questions from the public could be taken at the end of the meeting after agenda items had been discussed. MB advised he was happy to receive questions at the beginning and end of the meetings. Members agreed to have questions both at the beginning and end of the meetings going forward (<b>ACTION VB</b>).</p>
<p><b>3.</b></p>	<p><b>Terms of Reference of Joint Committee</b></p> <p>MB provided some background to the STPJC in the context of the demographic and financial changes in the last 5 years which had led to CCGs needing to co-ordinate across a wider geographical footprint. It was also noted that three areas in the country, including Mid and South Essex, had been designated as success regimes to help address the challenges being faced by these particularly 'stressed economies'. Their purpose was to provide support and help systems to work together. The STP is a natural progression of the success regime where providers and commissioners work together to improve care and deliver services within defined financial parameters. MB noted the need for local experts at the STPJC to provide the support and expertise necessary to facilitate delivery across acute and out of hospital care. The STPJC can push forward the agenda required to deliver. MB stressed the importance of the STPJC being transparent. The ToR have therefore been established to support the committee. No concerns or comments were raised by Committee members or the public about the contents of the ToR.</p> <p>It was noted that the ToR had been reviewed by Accountable Officers and shared with CCG Chairs and that final changes have been made by NHS England where a consensus could not be reached on the 'modus operandi' of the Committee.</p> <p>The Committee <b>RECEIVED</b> the Terms of Reference (ToR) of the Joint Committee and agreed that they would be formally adopted at the next meeting of the STPJC when fully constituted (<b>ACTION VB</b>).</p>
<p><b>4.</b></p>	<p><b>Integrated Urgent Care Service Update</b></p> <p>IS presented a briefing on Integrated Urgent Care (IUC), noting that information was necessarily limited as a competitive procurement process was already underway.</p> <p>EH (AD and project director) joined the meeting. IS stated that Essex CCGs have already been working jointly on the IUC project, but it is now part of the portfolio of the STPJC. It was noted that the JC were not required to make any decision on the process.</p> <p>EH highlighted that there has been much engagement around this project, which will form a core component of the out of hospital (OOH) and Acute pathways with the technical and operational flexibilities to dovetail with urgent care services. It was noted that the procurement had been halted for around six months, but this had now re-commenced after approval from NHS England. The outcome of the pre-qualification questionnaire (PQQ) has been issued and invitations to tender (ITT) are due to be issued at the end of this month. The timetable for delivery is June/July 2018 for the mobilisation of the service. Contracts will therefore be awarded in December 2017.</p> <p>All CCGs were represented within the project, which included key stakeholders such as lay</p>

members, HealthWatch and the public.

The following questions were raised at the meeting:

CR asked if there was any other support required to deliver the project? Some IMT and telephony difficulties were noted, however these were being managed via a dedicated project manager funded by CCGs. Risks are highlighted on a risk log. There is a potential risk in relation to timing as the project now coincides with the national contract negotiation process. At moment, no other red flag issues have been raised. Risks are being managed through project management and engagement.

IS asked if there were plans in the longer term around communications and how this links to the STP. EH confirmed that there is a communications and engagement workstream in place.

CD asked if clear targets for the forward view on Mental Health (MH) are being built into the procurement. EH confirmed that there is close working with MH colleagues as well as a section on MH within the specification. In response to IS, EH also confirmed similar linkages with dental and out of hours services.

JL questioned whether the project had been updated to take account of the 6 month delay. EH confirmed that the project has been sufficiently flexible to account for recent and any future timescale changes.

MB suggested that having access to clinical opinions in the most effective and easy to use way possible was the 'holy grail' of commissioning. He emphasised the importance of such a procurement whilst acknowledging the difficulties in procuring during a changing NHS landscape.

IS acknowledged the volume of complex work completed by the team. Members thanked the team for their hard work to date.

**5. Dates and Venues of Future Meetings**

Members reviewed the dates and venues of future meetings of the STP JC.

**6. Questions from the public**

MH stated that having experienced the 111 service recently, she was pleased with the current standard of service in Mid Essex and congratulated the STPJC on proposals which aimed to deliver an excellent service across the entire locality.

AH acknowledged proposed improvement, but raised concerns about differing IT services and how integrated services are kept safe in the potential mismatch of systems. IS recognised the challenge and scale of such technological issues and advised that this has been built into the specification. It was noted that that the majority of GPs are now using the same clinical system, which is a good step forward. MB acknowledged the move to improve technical issues and the work of NHS Digital to safeguard patient data and flows. CD commented on the good work around data sharing and members discussed the other important issue of how to gain the public's confidence for their data to be shared.

**7. Any Other Business**

No items of any other business.

**8. Close of Meeting**

The meeting closed at 5.05 pm.

**9. Date of Next Public Meeting**

1:30 pm on Friday 6<sup>th</sup> October 2017 in the Boardroom, Phoenix Place, Christopher Martin Road, Basildon SS14 3HG.