

Governing Body meeting (held in public)

DATE: 24 September 2015

Title	Our Healthier South East London update
This paper is for Discussion	
Recommended action for the Governing Body	That the Governing Body: <ol style="list-style-type: none"> 1. Note the meeting notes of South East London CCGs' Clinical Strategy Committee meeting of 20 August 2015 2. Note the <i>Our Healthier South East London – Governing Body updates</i> for July and August 2015
Potential areas for Conflicts of interest	None.
Executive summary	<p>South East London CCGs' Clinical Strategy Committee meeting notes The Clinical Strategy Committee meeting notes are from its meeting on 20 August 2015. The meeting discussed: an update on community based care and the consolidated strategy.</p> <p>Our Healthier South East London – Governing Body monthly updates The monthly updates are published by the Our Healthier South East London team for all governing body members across SE London CCGs to ensure they are kept informed of key developments of the strategy.</p> <p>This report includes the July and August updates.</p> <p>The July update features information on:</p> <ul style="list-style-type: none"> • Programme scope and options development • Programme plan review • CLG development • Issues paper engagement • Patient and Public Voices and Patient and Public Advisory Group • You said-we did • Equality analysis <p>The August update features information on:</p>

Clinical Commissioning Group

	<ul style="list-style-type: none"> • Introducing Mark Easton • Option appraisal and scoping • Consolidated strategy • CLG development • Issues paper engagement • Patient and Public Voices and Patient and Public Advisory Group 	
How does this paper support the CCGs objectives?	Patients:	Not applicable.
	People:	Not applicable.
	Pounds:	Not applicable.
	Process:	Not applicable.
What are the Organisational implications	Key risks	None arising from this report.
	Equality	None arising from this report.
	Financial	None arising from this report.
	Data	None arising from this report.
	Legal issues	None arising from this report.
	NHS constitution	None arising from this report.
Engagement	None in relation to this report.	
Audit trail	None.	
Comms plan	None in relation to this report.	
Author: Jon Winter AD Communications and Corporate Services	Clinical lead: Dr Howard Stoate Chair	Executive sponsor: Sarah Blow Chief Officer
Date	14 September 2015	

MEETING NOTES

Clinical Strategy Committee

Thursday 20 August 2015, 09:15-09:35

Room 519, 160 Tooley Street

Co-Chair – Amr Zeineldine (for CCGs) and Jane Fryer (NHS England)

Members in Attendance

Amr Zeineldine	Chair CCB and CSC
Sarah Blow	Bexley CCG
Howard Stoate	Bexley CCG
Andrew Parson	Bromley CCG
Adrian McLachlan	Lambeth CCG
Andrew Bland	Southwark CCG
Annabel Burn	Greenwich CCG
Louis Levy	Patient and public voice
Mark Easton	Programme Director
Ellen Wright	Greenwich CCG
Jonty Heaversedge	Southwark CCG

Apologies

Martin Wilkinson	Lewisham CCG
Jane Fryer	NHS England
Peter Gluckman	Independent Chair, SE London Stakeholder Reference Group
Marc Rowland	Lewisham CCG
Nada Lemic	Director of Public Health, NHS Bromley CCG, SE London Public Health Lead
Angela Bhan	Bromley CCG
Andrew Eyres	Lambeth CCG
Zoe Lelliott	Acting Managing Director, Health Innovation Network

Other Attendees:

Daniel Moore	Programme Team (Minutes)
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DECISIONS FROM THIS GROUP MEETING

ID	Type	Risk / Issue / Action / Decision Description	Owner	Meeting	Agreed Date	Due Date	Status	Comments
		A full version of the consolidated strategy with the change log was to be shared with CBC members						

OUTSTANDING ACTIONS FROM PREVIOUS GROUP MEETINGS

ID	Type	Risk / Issue / Action / Decision Description	Owner	Meeting	Agreed Date	Due Date	Status	Comments
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ACTIONS CLOSED AT THIS MEETING

ID	Type	Risk / Issue / Action / Decision Description	Owner	Meeting	Agreed Date	Due Date	Status	Comments

1. Welcome and Apologies

- 1.1 AZ welcomed members to the meeting.
- 1.2 Requested that the membership at the previous meeting be revised to remove the duplication
- 1.3 Confirmed that the minutes were correct and that they should be forwarded to CCG Governing Body meetings

2. Community Based Care Update

- 2.1 AB provided an update about the role of the Community Based Care (CBC) delivery group and how it is linked with the London Transforming Primary Care programme and standards
- 2.2 A plan has been developed and shared with the implementation executive group. CCGs have linked this in with reporting to the London team. This plan has now been validated and was submitted in July.

3. Consolidated Strategy

3.1 CSC considered received feedback from the CBC meeting regarding the consolidated strategy. This is summarised below:

- The consolidated strategy was presented along with a summary of the feedback received through governing bodies and other stakeholders. CCB noted the changes that had been made as a result. It was requested that a full version with the change log was shared with CBC members. **(Action)**
- Agreed that the revised versions should be posted on the website as a 'single point of truth'
- Recommended that the CSC approves the strategy

3.2 CEC agreed to approve the consolidated strategy as the basis for further work

4. Date of next meeting

4.1 Thursday 17th September, 10:45-12:45

Clinical Strategy Committee

20 August 2015

Agenda Item B

Consolidated South East London Strategy – Feedback and approval process

Lead Director

Mark Easton, Programme Director

Report Author

Dan Moore, Programme Team

Summary

Our Healthier South East London is a five year commissioning strategy which aims to improve health, reduce health inequalities and ensure all health services in south east London meet safety and quality standards consistently whilst being sustainable in the longer term. The consolidated strategy, shared with CCG in June 2015, sets out the shared vision and initiatives to respond to this challenge. This document provides a high level summary of the feedback received on the strategy thus far, alongside a description of the upcoming approvals process.

Purpose of the consolidated strategy

In order to progress towards implementation it is necessary to produce, and agree, a single strategy that clearly articulates the vision for health and care in South East London (SEL) and the impact that the strategy will have in meeting our challenges. An agreed strategy will:

- Set out the case for change and challenges facing SEL
- Establish a single, agreed, version of our shared plans in SEL
- Provide the foundations for implementation and enable the programme to continue to pursue the new models of care

It is important to note however, that this document will be a consolidated strategy that brings together the work completed to date. It will not be a final strategy as it will continue to be revised throughout the year as each model continues to mature.

Structure of the consolidated strategy

The strategy is set out over a number of sections that are summarised below:

- Background and introduction: sets out the purpose of the strategy, background to Health and Care services in SEL and, a summary of how stakeholders have been involved in developing the strategy
- Case for change: A summary of the detailed case for change setting out the challenges

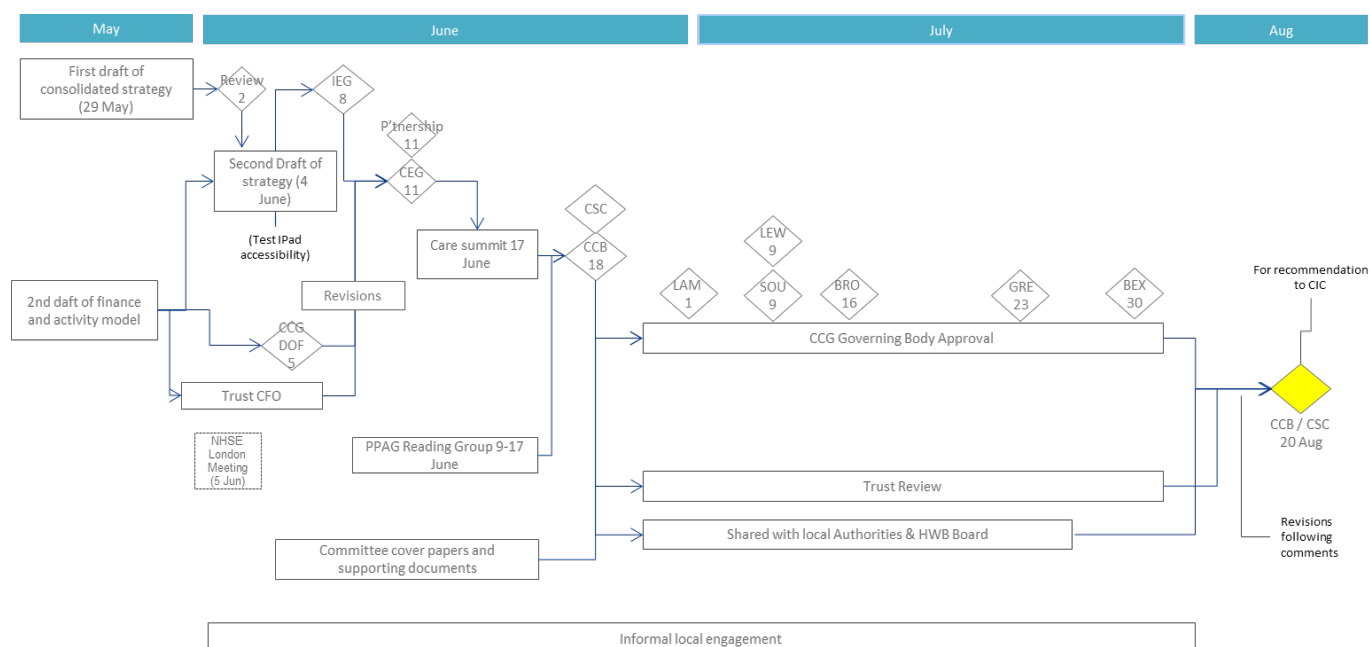


facing health and care services in SEL and why there is a need to change

- Vision and proposed model of care: This is the main section of the strategy and sets out the work of the CLGs in addressing the case for change in each of the priority areas set out above.
- Benefits and impacts: The outcomes that the strategy aims to deliver and the financial and activity impacts of the new models of care developed by CLGs.
- Delivering our vision: The next steps for delivering our future vision for health and care services in SEL

Consolidated strategy approval process

The approval process for the strategy is set out below, and follows the same path as highlighted in the initial circulation of the consolidated strategy in June 2015.



The strategy will be approved in August by Clinical Strategy Committee and, endorsed by the committee in common when it is established. In accordance with the previously outlined process, feedback was collected from the programme governance before submission to CCG Governing Bodies who were asked to approve the direction of travel set out in the strategy at their public meetings throughout July. In addition the Clinical Models will be approved for further development by the Clinical Executive Group on 13 August.

In addition to CCG Governing Bodies the consolidated strategy and associated financial impacts have been shared with a number of other stakeholders. This has included NHS Trusts, the Patient and Public Advisory Group (PPAG). The clinical models set out in the strategy were also tested at a Care Summit in June.

A broad summary of the feedback, and subsequent action(s) taken, is given below. A more detailed response to the received feedback is available on request.

Feedback source	Feedback provided
PPAG	<ul style="list-style-type: none"> • Feedback centered predominantly on maintaining consistency throughout the document, jargon-busting (where appropriate) and elimination of jargon terms and descriptions (e.g. “big hitters”). • Amendments made relating to more comprehensive suggestions – such as the rearrangement of a CLG model description – are detailed separately.
CCG Governing Bodies	<ul style="list-style-type: none"> • The feedback was largely supportive and Governing Bodies approved the direction of travel set out in the strategy. • The alignment with local strategic priorities and plans was noted, as was the documents’ status as a work-in-progress. • Although there were no specific amendments to the strategy, the feedback centered on a recognition of further work required; particularly that involving continued engagement with the workforce, local authorities and the public; the requirement for further refinement of financial data; the criticality of interconnected access to relevant data (e.g. patient records); the effective monitoring and embedding of the impact on equalities; and a focus on the development of health improvement through self-management.
Care Summit	<ul style="list-style-type: none"> • Attendees at the care summit were broadly supportive of clinical models set out in the strategy • A detailed write up of the event is been produced and shared with attendees the feedback within this has been incorporated into the clinical models as appropriate

Feedback from Clinical Executive Group and Implementation Executive Group

The clinical models were presented to CEG on 13 August. Members agreed the clinical models the basis for ongoing development. A range of comments were made which will need to be addressed through the detailed design of the interventions. In particular further evidence is required on the benefits of the interventions in planned care. It was also agreed that CEG would receive regular updates through the detailed design and delivery phases to consider the clinical aspects of the interventions.

The revised consolidated strategy was considered at IEG on 14 August and approved.

Areas for further development

While the majority of feedback has been incorporated into the revised version of the strategy, some elements require further work and testing. The financial data contained within slides 21-23

and 151-153, along with Appendix E (Financial Impact Detail) may be subject to change following the previous month's discussions with providers and CCGs with respect to the modelling. This includes the figures for the initial estimate of acute bed requirement (slide 23 and replicated in 153), which are subject to change following feedback from providers regarding specifics around their data, benchmarking methodology and bed occupancy assumptions.

Obtaining copies of the revised strategy

The revised version of the strategy has not been attached to this paper. If members would like a copy please contact the SEL Programme Team

Action Required

- To note the feedback received on the consolidated strategy and the approvals provided by CCG Governing Bodies
- To approve the consolidated strategy

Date Report submitted: 17 August 2015

Our Healthier South East London – Governing Body update July 2015

This briefing is for CCGs to share with their Governing Body members as a monthly update on the Our Healthier South East London programme.

Strategy development

Programme scope and options development

While the majority of the programme can be implemented without consultation, further work is required to define those parts of the strategy that can simply be progressed and those parts that need to be fed into a formal options appraisal process and possibly proceed to consultation.

Following input from a number of groups the Partnership Group has agreed to recommend a scoping process using the London Quality Standards and activity analysis to scope the areas that will require full options assessment. By undertaking this work we can be clear on what can proceed outside of the options appraisal process. We hope to conclude this phase of the work by the beginning of September.

The options appraisal and development process filters the many potential options for how the interventions can be implemented, and is designed to identify options that are recommended for further work, and, if appropriate, for formal consultation. The process has been revised over the last month to reflect feedback from a wide-range of stakeholders and continues to be developed.

Engagement on this process included a central event held on 6 July 2015, with participants drawn from informed patient stakeholders, invited both by CCGs and centrally by the programme team which over 30 participants attended. A full report is being used to influence programme process and final evaluation criteria and further engagement is planned through the remainder of the options appraisal process.



Programme plan review

The original plan, developed at the beginning of this phase of work, set out a challenging timeline with an ambition to be ready to consult on options – if required - by December 2015. During the development of the process a number of issues were identified:

- Feedback and engagement on option appraisal has resulted in further work to define the process
- Need for further work to determine the scope of option appraisal in order to minimise uncertainty across the system
- Sufficient time for approvals and revisions
- Sufficient engagement and testing of proposals
- NHS England and Clinical Senate assurance process

Following discussion at Partnership Group, it is being recommended that the programme conducts the option appraisal process during 2015 with an aim to consult, if required, from June 2016. This is subject to further discussions with NHS England. While this revised timeline extends the process it should be noted that delivery remains challenging

CLG development

The structure of the Clinical Leadership Groups (CLGs) has changed so that smaller working groups will look at individual interventions. CLG membership has been analysed to ensure that we have representation of all relevant organisations, specialisms and professions.

The wider CLG membership was invited to a Care Summit on 17 June to bring together members of all the CLGs to review the proposed models and test them against the case for change. The session also enabled CLGs to have a more detail understanding of other clinical areas. It was an opportunity to review the assumptions that have been made, test the overall model and discuss any other opportunities that may have been missed. It was attended by almost 100 people, representing GPs, CCGs, provider clinicians and other staff, voluntary sector colleagues, Local Authorities, patients and the public.



Engagement

Issues Paper

The Our Healthier South East London Issues Paper, called *Help us improve your local NHS*, has been distributed and publicised widely across south east London. As well as inviting online responses, CCGs have undertaken local engagement on the paper and the issues it outlines. Engagement is being planned to cover all protected characteristic groups across the six boroughs with regular stocktakes to review any perceived gaps.

Six deliberative engagement events were also held during July, one in each borough. The audience for these was a mix of recruited participants and informed stakeholders, with over 450 participants engaged across the six events. The majority of participants were previously unknown to the CCG or the programme, and a number have asked to be kept in touch with either the CCG and/or the programme. Much rich feedback has been collected from the events, from the range of different participants, which will feed into the continuing development of the strategy. We are expecting the full report from the events in August and will share this with CCG colleagues and publish it on the programme website.

A second document with more detail on the emerging models and the consolidated strategy is being drafted and will enable further detailed engagement from mid August onwards. This will primarily be undertaken via the CCGs.

Patient and Public Voices (PPVs) and Patient and Public Advisory Group (PPAG)

PPVs continue to sit on all our strategic groups and most of the CLG working groups. However, there are some vacancies and a recruitment process is planned to ensure full representation.

PPAG members have been actively involved in the shaping of the deliberative events around the Issues Paper and the event around the options evaluation criteria.

The Reading Group has this month reviewed the latest *You Said, We Did* report and commented on the deliberative event presentations around the Issues Paper and the options evaluation criteria.

PPAG members have participated in an information giving session, looking deeper into the financial and impact modelling to deepen their understanding of the programme content.



This month's PPAG meeting has taken place on 24 July and will focus on upcoming engagement activity.

You Said, We Did

The latest You Said, We Did report outlining engagement activity and our response to it has been published on our website www.ourhealthiersel.nhs.uk/Feedback Engagement reports from the events we have held during July will also be published on this page, when available.

Equality

Verve Communications is carrying out an independent Equality Analysis for the Our Healthier South East London programme, following a competitive tender process. The aim of this piece of work is to flag up which groups protected under the Equality Act 2010 are likely to be impacted (positively or negatively) by the south east London strategy. Verve is presenting the draft report to the Equality Steering Group on Friday 31 July. A final report will be circulated to CCGs in August.



Our Healthier South East London – Governing Body update August 2015

This briefing is for CCGs to share with their Governing Body members as a monthly update on the Our Healthier South East London programme.

Introduction from Mark Easton, Programme Director

I am very pleased to have joined the programme at this key stage where we move from developing the models to implementing the vision we have collectively developed. My predecessor Caroline Taylor has clearly done a fantastic job with the team in building the project to date and we shall continue to work in the same spirit of partnership as we move forward.

Mark Easton can be contacted on email mark.easton5@nhs.net or via Anna English aenglish@nhs.net / Teena Brunnel teenabrunell@nhs.net

Option appraisal and scoping

Our Healthier South East London has defined a number of interventions to improve health outcomes for south east London. For many of these, implementation planning can begin immediately. However, there are areas where the impact of the strategy needs further consideration because there is more than one option for delivery, and it could result in significant service change. These interventions will have to undergo a robust options appraisal process.

This option appraisal process aims to identify the best way, or way(s), of delivering the overarching strategy and realising its full benefits. It filters the many potential options for how the interventions can be implemented. It is designed to identify options that are recommended for further work, and, if appropriate, for formal consultation.

Inputs and impacts from the overarching strategy will be used to identify those areas where there are options for delivery and where significant service change may be required. This will define the scope of the options for consideration. A key input into this process is the completion of a baseline and gap analysis of the London Quality Standards.



The scope will identify service areas which may require significant service change and/or several options for delivery. Workshops will be held that will focus on each of these service areas and develop service specific options, which will then undergo service specific appraisal. Options that pass this process will then be combined to produce a number of whole system options which will proceed through the whole system appraisal process.

This will result in a short list of options which could go to consultation, if required. Engagement with stakeholders, patients and the public will play a part in this process.

Consolidated strategy

The consolidated Our Healthier South East London strategy was passed at each of the CCG's Governing Bodies during July. It has also been discussed and formally agreed at Clinical Commissioning Board, where comments that had been received from CCG Governing Bodies, patient representatives and provider trusts were noted.

CLG development

CLG working groups are continuing to meet. These are smaller groups with representatives from the original Clinical Leadership Groups and specialist colleagues and others and developing further details of proposed models of care. They are also helping capture and share new and best practice ways of working locally.

The Clinical Executive Group met on 13 August to approve the clinical models as the basis for further development. The group received presentations from each of the Clinical Leadership Group Chairs and/or Senior Responsible Officers and had the opportunity to ask questions and comment on the models which will be captured in the detailed design of the interventions. The Group also noted the need to undertake further analysis on the benefits during the next phase of the programme.

Engagement

An update has been prepared for OSCs and HWBB providing an overview and an update on the programme to date which is being circulated by CCGs. This will also be published as a public-facing update on the programme website.



Issues Paper

Local engagement on the Issues paper, *Help us improve your local NHS: Issues Paper*, is continuing. This will be developed with the publication of a second document with more detail on the emerging models and the consolidated strategy which will be published and distributed during September.

CCG engagement plans on the Issues Paper will be going to appropriate local committees during September and October for assurance and information.

Reports from the six deliberative engagement events on the Issues Paper, which were held during July, as well as the stakeholder event on option appraisal, have been published at www.ourhealthiersel.nhs.uk. Much rich feedback has been collected from the events, from the range of different participants, which is being fed into the continuing development of the strategy.

Patient and Public Voices (PPVs) and Patient and Public Advisory Group (PPAG)

As the programme approaches options appraisal, we are working to ensure PPVs are involved, as well as looking at engagement in the process more broadly.

The Reading Group has this month reviewed the Emerging Models document – a follow up to the Issues Paper, and the Equality Analysis report. Feedback and comments have ensured documents are in plain English for members of the public.

A paper drafted by PPVs, entitled *Observations from PPAG*, has been circulated to Clinical Executive Group for their information, summarising thoughts from the group on the programme's the direction of travel.

The next PPAG meeting is to take place on the 18th of September and will focus on the function of Care Navigation across south east London.

