NEL Sustainability and Transformation Plan Programme Board

Minutes

Friday 16th December 2016
Newham CCG, Unex Tower, 4th Floor, Meeting Room FO24/FO21

Attendees:

Rob Whiteman (RW)	Independent chair, STP Board
Jane Milligan (JM)	Chief Officer, Tower Hamlets CCG, Exec lead for north east London STP
Meradin Peachey (MP)	Director of Public Health, Newham, STP Public Health Lead
Paul Haigh (PH)	Chief Officer, City & Hackney CCG
Steve Gilvin (SG)	Chief Officer, Newham CCG, NEL STP Primary Care lead
Terry Huff (TH)	Chief Officer, Waltham Forest CCG, NEL STP CCG Lead
Jason Seez (JS)	Director of Planning and Governance, BHRUT
Faizal Mangera (FM)	NHS Improvement
Jonathan Warren (JW)	Deputy CEO, ELFT
Benazir Chaudhury (BC)	ELFT
Sabir Mughal (SM)	NHS Improvement
Tom Travers (TT)	Chief Finance Officer, BHR CCGs
Clare Highton (CH)	CCG Chair, City & Hackney CCG, NEL Clinical Senate Chair
Sam Everington (SE)	CCG Chair, Tower Hamlets CCG, NEL STP Clinical Lead
Henry Black (HB)	Chief Finance Officer, Tower Hamlet CCG, NEL STP Finance lead
Tracey Fletcher (TF)	Chief Executive, the Homerton, NEL STP Workforce SRO
Hilary Ross (HR)	Director of Strategic Development, UCLP
Lee Outhwaite (LO)	NHS Improvement
Ralph Coulbeck (RC)	Director of Strategy, Barts Health Trust
Russ Platt (RP)	Specialist Commissioning, NHS England (NEL lead)
Ian Tompkins (IT)	NEL STP Director of Comms and Engagement
Jacqui Van Rossum (JVR)	Executive Director, Int. Care (London) & Corporate Comms, NELFT
Julie Lowe (JL)	NEL STP Director of Provider Collaboration
Nichola Gardner (NG)	NEL STP Programme Director
Tim Simmance (TS)	NEL STP PMO Manager
Joy Ogbonna (JO)	NEL STP PMO Support

Apologies:

Anne Rainsberry (AR)	Regional Director NHS England (London)
Alwen Williams (AW)	Chief Executive, Barts Health Trust, NEL STP Infrastructure SRO
Conor Burke (CB)	Chief Officer, BHR CCGs, NEL STP Transformation SRO
Nigel Burgess (NB)	Health Education England
Navina Evans (NE)	Deputy CEO, ELFT
Martin Esom (ME)	Chief Executive, London Borough of Waltham Forest, NEL STP LA Lead
Grainne Siggins (GS)	Director of Adult Social Care, London Borough of Newham
John Brouder (JB)	Chief Executive, NELFT
Simon Hall (SH)	Acting Chief Officer, Tower Hamlets CCG
Ceri Jacobs (CJ)	NEL DCO, NHS England
Matthew Hopkins (MH)	Chief Executive, BHRUT, NEL STP Productivity SRO
Waseem Mohi (WM)	Chair, Barking and Dagenham CCG
David Slegg (DS)	Regional Finance Director NHS England (London)
Victoria Woodhatch (VW)	NHS Improvement
Atul Aggarwal (AA)	Chair Havering CCG

1. Welcome and Introductions

RW welcomed everyone to the meeting with introductions and noted apologies.

2. Minutes and matters arising

The minutes from the last meeting were noted as accurate.

RW noted that matters arising, making reference to summary of actions on the minutes:

- Ref 2, feedback from NEL Clinical Senate has been reviewed and the feedback incorporated into the updated governance and Memorandum of Understanding which has been circulated to CCG Governing Bodies, Provider Trust Boards and Local Authorities for discussion at their respective boards for review and sign off on 31st January 2017.
- Return on Investment (ROI) update – JS reported that there has been a number of discussions amongst all parties in terms of reconfiguration of emergency and urgent care in Outer North east London that has been separated into two levels. Firstly at the national level there has been discussions around capital, secondly at STP level there are fundamentally three business cases, BHRUT, Barts Health (elements concerning Whipps Cross and Newham) and a commissioner business case.
- There was an initial view that an outline Strategic Outline Case (SOC) for NEL will be acceptable. This has changed and a more comprehensive SOC is required. NHS Improvement recently published updated guidance on business cases. An outstanding question remains on the Return on Investment issues and JS confirmed there has been correspondence with NHSE/I on the matter.

TH advised that lessons learned from BHRUT SOC could be used for Whipps Cross, which is being developed in January/February. JM agreed and suggested that the Infrastructure group is the forum for this.

Action: Organise a meeting with Chief Executives to further discuss the development of the SOC

3. Programme update

NG gave a brief update on the progress of the STP programme to date highlighting activities completed, upcoming activities, key milestones, risk and issues. She noted the PMO has just concluded a NEL STP collaboration event for the various work streams, which was well attended with over 60 people. She noted the Mental Health section/delivery plan of the STP has been rated as good, one of only eight in England to achieve this. The Inner North East London Joint Overview and Scrutiny Committee (JHOSC) meeting was held on 13 December 2016. A

presentation was given about the STP and the councillors raised a number of questions, mainly focused on the financial position of NEL and consultation on any service changes. The ONEL JHOSC meeting scheduled for 17th January 2017.

Key activities planned for next weeks are:

- Operating plan and contracts: reach contractual agreement with all providers, or initiate mediation where required
- Implement the shadow NEL STP shadow governance structure, implementing the new meeting cycle
- Complete review of NEL STP clinical leadership and agree approach to implementation of recommendations
- Deep dive into programme risks; develop risk review process, and review work stream and programme risks
- NEL STP leadership event on 8 February 2017
- Development of financial strategy
- Development of OD programme
- Refresh of communications and engagement strategy

4. Update on Operating planning process

HB presented a verbal update on operating planning process. The operating planning group (OPG) group met earlier in the day to continue coordinate the whole system of the delivery of contracts and operating plans before the 23rd Dec deadline. He reported that there has been significant progress made so far and the significant financial contract gaps of two weeks ago have been reduced to £40m.

Key issues

Two major items were noted as concerns - the contract between BHRUT and BHR CCG, and that between Bart's Health and Specialised Commissioning. HB noted they were couple of smaller contracts which also needed resolving, and these were for less than a million in value. Processes were in place to finalise these contracts by the deadline.

Contract between BHRUT and BHR CCGs: There is currently an unresolved issue regarding informatics between NELFT and BHR CCGs and Luke Readman has been asked by JM to link with the respective leads as the coordinating lead for the Digital work stream to review the issues and facilitate a solution.

The contract gap for both organisations is over £30m with the largest issue being the CCG QIPP; the Trust is yet to provide a counter offer on the QIPP. Discussions are ongoing, the CCG provided further information on QIPP schemes, which the trust is currently reviewing. There is a final meeting on Tuesday 20th December at 4:30pm where it is expected that a compromise position will be reached.

RW mentioned that for BHR CCG and BHRUT SOC, the understanding was a letter was expected from NHS I/NHSE to steer both organisations. TT confirmed the letter had been received, although JS said he has yet to see the letter, but aware that there is clear expectation to agree the positions in terms of the value of the contract by the following week.

Barts Health and Specialised Commissioning: There is substantial gap in terms of value, but there is an agreed process to close down. The issue is a coding change and reviewing data.

JM reported that RW chaired a workshop on Wednesday that was used as an opportunity to take the operating planning discussions forward. The workshop was attended by both commissioners and providers for NEL STP, Specialised Commissioning and NHSI/NHSE to progress with the discussion on contract areas. It recognised there is still significant work required to be done post-Christmas and the next phase will require a more collective way to address some underlying issues, noting the achievement of significant shifts over a relatively short period of time in the current contracting discussions.

SG noted the need to acknowledge that once the contracts are signed there is significant risk in the system and the STP Board needs to be aware of these and impact on the control total.

RW reflected that the current state of relationships meant that, while some areas were well worked up, others were less so, meaning that it felt like certain issues were being discussed for the first time. RW recommended that these areas be addressed in the future and feedback to JM.

Action: The Programme Board noted the risk on contract RTT assumptions, provider CIPs and CCG QIPPs and the need for further work to be completed in the next phase – using the OPG and financial strategy groups as vehicles to do so.

5. Procedures of Limited Clinical Value (PoLCV):

CH gave a verbal update on PoLCV held at the last Clinical Senate meeting, she reported the group had met recently to take forward productivity and demand management. There was a useful discussion on methodology and change behaviours. Areas discussed were:

1. Ensure existing BHR and WELC policies are fully implemented and adhered to in 17/18 contracts;
2. Explore introduction of a common NEL policy;
3. Initiate work on patient decisions aids;
4. Implement “Choosing wisely”
5. The group discussed the value of supporting GPs to make the right discussion by providing clear protocols and support.
6. The group discussed the importance of shared decision making with patients, and the use of patient decision aids to support GPs in doing this.

AGREED: The Programme Board agreed the recommendations to sign off procedures of Limited Clinical Value (PoLCV) plan

6. OD discussion: NEL STP system leadership

NG gave a brief summary of the role, purpose and work of the STP to date, noting that the role is continuing to evolve. Simon Stevens had recently indicated that there was a spectrum of ambitions for STPs, ranging from becoming regional integrated organisations/systems to continuing as a partnership for collaborative planning.

The group were divided into three groups to debate on collaboration ambition and system leadership and behaviour. Feedback received:

Group A

- There were discussions around the benefits of the STP to work collaboratively around bench marking, dashboards, reducing variations, etc.
- The STP role isn't about delivery but can be carried out through the local level through existing structures such as the Accountable Care system (ACS)
- It is useful to get collective buy-in at Executive level to the decisions at a NEL wide level, e.g. PoLCV
- Use as an opportunity to collaboratively work with the Local Authority, e.g. sharing good practice and being an advocate for inequalities
- There were questions around if the STP are levelling up or levelling down?

Group B

- Clear partnership can help collectively deliver
- Delivery is not at STP level, but how can the STP support local systems - do it once approach?
- Paper expected in January 2017 about health improvement outcomes that will articulate the Local Authority perspective
- We have the opportunity for ensure we have the ownership of delivery and performance assurance, rather than this being imposed by the Centre.
- We also need to be clear on narrative and through the narrative collectively look at the fragmentation of the system across both provider and commissioner
- QI framework, how we address change management across the system

Group C

- Benefit of facilitating the contracting process
- Managing messages at STP level, have a uniform message to partners and the public
- A lot of detail in the delivery plans – need to pick out the big ticket items that should be done once across the STP and focus on those.
- How are we monitoring success, is it just financial position or are there other metrics and indicators?

7. Moving to the new governance arrangements

RW noted that some members have queried whether the revised MoU will be presented again to the STP Board for sign off, prior to going out to Boards for this. The MoU was revised after the last STP Board in November, with the suggestions made by Board members both at the meeting and submitted via email, for example the Clinical Senate submitted useful suggestions on ensuring clinical representation on the Board. The revised MoU was re-circulated the STP Board and in parallel Boards have been asked to take it through their governance processes for review and to sign up to continuing to work in partnership to enable the shadow governance arrangements to begin. RW emphasised these arrangements are shadow and will be tested for six months, during which time further review and amendments will be made, including incorporating any further comment from Boards as they review the MoU in January. RW emphasized that we need to move forwards at this stage and test out the shadow arrangements.

RW thanked everyone that had been part of the programme Board meetings to date and advised that the membership would be revised to align with the new governance arrangements. The PMO team will update the invitation and distribution list for future meetings.

Action: NEL STP PMO team to review the membership list for the Programme Board in line with the governance structure/Memorandum of understanding and reissue invite for the next Board meeting.

8. AOB:

The next programme board meeting is scheduled for 31st January 2017 at Newham CCG, Unex Building, Stratford.

Summary of Action:

Ref	Action	Owner	Due Date	Status
01	**Strategic Outline Case (SOC) for BHRUT:** Organise a meeting with the Chief Execs and NHSI to further discuss the SOC.	PMO	**31st Jan 2017**	CLOSED
02	**New governance arrangements:** NEL STP PMO team to review the membership list for the Programme Board in line with the governance structure/Memorandum of understanding and reissue invite for the next Board meeting.	PMO	**31st Jan 2017**	CLOSED

Summary of key decision:

01	**Procedures of Limited Clinical Value (PoLCV) recommendations from the Clinical Senate**: The Programme Board agreed the recommendations to sign off procedures of Limited Clinical Value (PoLCV) plan