

**East London Health and Care Partnership  
Sustainability and Transformation Plan (STP) Board Meeting  
Minutes**

29<sup>th</sup> March, 09:00am to 10:30am

Newham CCG, meeting room FO21, Unex Tower, 4<sup>th</sup> Floor, Stratford E15 1DA

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<b>Present:</b>	<b>Representing:</b>
<b>Rob Whiteman</b>	East London Health and Care Partnership (ELHCP) Board Chair
<b>Jane Milligan</b>	East London Health and Care Partnership (ELHCP) Lead
<b>Ralph Coulbeck</b>	Director of Strategy, Chief Executive, Barts Health
<b>Jason Seez</b>	Director of Strategy, Barking, Havering & Redbridge University Hospital NHS Trust
<b>John Brouder</b>	Chief Executive, North East London Foundation Trust
<b>Steve Gilvin</b>	Chief Officer, Newham Clinical Commissioning Group
<b>Terry Huff</b>	Chief Officer, Waltham Forest Clinical Commissioning Group
<b>Simon Hall</b>	Acting Chief Officer, Tower Hamlets Clinical Commissioning Group
<b>Paul Haigh</b>	Chief Officer, City & Hackney Clinical Commissioning Groups
<b>Clare Highton</b>	Chair, City & Hackney Clinical Commissioning Groups
<b>Sam Everington</b>	Co-Chair, Clinical Senate
<b>Tim Shield</b>	Chief Executive, London Borough of Hackney

<b>Additional Attendees Present</b>	<b>Representing:</b>
<b>Ceri Jacobs</b>	Director of Commissioning Organisation North Central and East London, NHS England
<b>Cathy Turland</b>	Health Watch Observer
<b>Meradin Peachey</b>	Director of Public Health, Newham – ELHCP Public Health Lead
<b>Henry Black</b>	ELHCP Chief Finance Officer
<b>Ana Icleanu</b>	ELHCP Estate Programme Manager
<b>Ian Jackson</b>	Head of Delivery (North East London) Spec Commissioning, NHS England
<b>Victoria Woodhatch</b>	Delivery & Improvement Director, NHS Improvement
<b>Charlotte Williams</b>	Chief of Staff, UCL Partners
<b>Nichola Gardner</b>	ELHCP Programme Director
<b>Nigel Woodcock</b>	ELHCP Director of Provider Collaboration
<b>Ian Tompkins</b>	ELHCP Director of Communications and Engagement
<b>Deodita Fernandes</b>	ELHCP Governance and Clinical Productivity Lead
<b>Joy Ogbonna</b>	ELHCP PMO Programme Officer (Note taker)

**Apologies:**

<b>Matthew Hopkins</b>	Chief Executive, Barking, Havering and Redbridge University Hospital NHS Trust
<b>Richard Fradgley</b>	Director of Integrated Care, East London Foundation Trust
<b>Vincent Perry</b>	Mental Health Sector Clinician
<b>Atul Aggarwal</b>	Chair, Havering Clinical Commissioning Group
<b>Nigel Burgess</b>	Head of Workforce Transformation, Health Education England
<b>Conor Burke</b>	Chief Officer, Barking, Havering & Redbridge Clinical Commissioning Groups
<b>Andrew Blake Herbert</b>	Chief Executive, London Borough of Redbridge
<b>Navina Evans</b>	Chief Executive, East London Foundation Trust
<b>Martin Esom</b>	Chief Executive, London Borough of Waltham Forest
<b>Waseem Mohi</b>	Chair, Barking and Dagenham Clinical Commissioning Group
<b>Tracy Fletcher</b>	Chief Executive, Homerton University Hospital Foundation Trust
<b>Alwen Williams</b>	Chief Executive, Barts Health Hospital

Item no.	Name	
1.	<b>Welcome, introductions and apologies for absence</b>	
1.1	<b>Welcome and introductions</b> The chair welcomed all to the meeting and led a round of introductions	
1.1.2	<b>Apologies for absence</b> Apologies was given for: <ul style="list-style-type: none"> <li>• Matthew Hopkins, Chief Executive, Barking, Havering and Redbridge University Hospital NHS Trust</li> <li>• Richard Fradgley, Director of Strategy, East London Foundation Trust</li> <li>• Vincent Perry, Mental Health Sector Clinician, North East London Foundation Trust</li> <li>• Conor Burke, Accountable Officer, Barking Havering and Redbridge CCGs</li> <li>• Atul Aggarwal, Chair, Havering CCG</li> <li>• Navina Evans, Chief Executive, East London Foundation Trust</li> <li>• Martin Esom, Chief Executive, London Borough of Waltham Forest</li> <li>• Andrew Blake-Herbert, Chief Executive, London Borough of Redbridge</li> <li>• Waseem Mohi, Chair, Barking and Dagenham CCG</li> <li>• Tracy Fletcher, Chief Executive, Homerton University Hospital Foundation Trust</li> <li>• Alwen Williams, Chief Executive, Barts Health NHS Trust</li> </ul>	
1.2	<b>Minutes of the meeting 31<sup>st</sup> January 2017</b> The minutes were approved an accurate record of the meeting.	
1.3	<b>Action Log</b> The East London Health & Care Partnership (ELHCP) Executive group reviewed the action log and noted the following update:  The ELHCP PMO team contacted all organisations for alignment of their Board meetings with ELHCP meetings for 2017/2018. The meeting cycle has been completed and all organisations should have received a diary invites for the Board meetings. <b>Action: closed</b>  Following on from feedback from Tracey Fletcher, amendment has been made to the date for the September Board meeting to accommodate the representative from Homerton University Hospital to attend.	
2.	<b>Five Year Forward View</b>	
2.1	The Next Steps on the NHS Five Year Forward View publication was rescheduled for Friday 31 <sup>st</sup> March. Jane Milligan to provide an update on the publication at the next ELHCP Board meeting in April.	
3.	<b>Whipps Cross Strategic Outline Case</b>	
3.1	Ralph Coulbeck presented the Whipps Cross Strategic Outline Case (SOC) paper and advised that the purpose was to set out progress with the development of the SOC for the redevelopment of Whipps Cross Hospital site and to seek the East London Health and Partnership Board's endorsement of the SOC to enable planning to move to the Outline Business case (OBC) phase.  The case for change highlighted that Whipps Cross hospital site was a hundred years old and the building was no longer fit for purpose and impacted on quality of services;	

	<p>experience for patients and productivity. There were significant costs relating to backlog maintenance. The re-building of a modern, efficient hospital on the Whipps Cross site would enable the development of a range of facilities with wider benefits to the provision of health and social care services and to the community. Opportunities which would be appraised further in the OBC include: development of a health and care campus/village approach and housing (including key worker accommodation). The re-development of Whipps Cross would also enable and contribute to the wider ELHCP transformation plans for urgent and emergency care at BHRUT. The OBC would explore the significant commercial opportunities for the site and the potential for commercial partnerships to develop the site.</p> <p>Comments from the group included:</p>
3.1.1	<p>Terry Huff advised the Strategic Outline Case was a catalyst for some of the changes currently happening in North East London and a new model of care needed to be the focus/starting point. He expressed concern on how the OBC would be funded. He noted that the cost for the redevelopment was still unclear and more work was required as part of the OBC.</p>
3.1.2	<p>Cathy Turland recommended the use of an engagement event to encourage people to be involved with the programme and review of the various communication options. Ralph Coulbeck confirmed there has been some communications with the public and a communication plan was in place to drive service model design at the OBC stage and that further communication would take place during summer/autumn this year. RC agreed to share the communications and engagement plan for circulation to board members.</p>
3.1.3	<p>Cathy Turland enquired whether the impact of no change at King George's Hospital had been taken into account. Ralph Coulbeck referred to Annex B of the paper, (sensitivity analysis) which showed the scale of the assumptions and the impact of modelling a different decision. Ceri Jacobs highlighted that, given the time it would take to build a new hospital and the immediate need for financial savings, it is possible that the expected financial benefits through service redesign associated with the new hospital could be realised through other routes.</p>
3.1.4	<p>Jane Milligan highlighted that engagement and communications for the SOC was supported by the STP. Ian Tompkins noted that there had been engagement and a meeting had been scheduled with Barts Health and Waltham Forest Council later in the day to build on the vision.</p>
3.1.5	<p>Ralph Coulbeck reported the SOC has been circulated to key stakeholders. He advised the paper could be shared in confidence with ELHCP partner organisations, but advised that it was a draft version and not for wider dissemination to the public.</p>
3.1.6	<p>Rob Whiteman summarised that that it was important to involve the local authorities to maximise value. The local authorities had borrowing powers which could potentially support with funding/attracting funding the build. He recommended that it was important to involve the London Health and Care Devolution programme to ensure that the footprint presented a clear picture to the London Property Board.</p>
3.1.7	<p><b>Action: Criteria to be developed to support the East London Health and Care Partnership to assess future Outline Business Cases.</b></p>
3.1.8	<p><b>Action: Ralph Coulbeck to circulate the updated Whipps Cross Outline Business Case communications and engagement plan to the Board</b></p>

3.1.9	<b>DECISION: The East London Health and Care Partnership Exec group endorsed the Whipps Cross Strategic Outline case</b>
5.	<b>Strategy Debate:</b> <b>Capital and Estates Priorities - <i>How do we approach our capital and estates priorities with a radically different approach and what do we need to leverage as the Partnership?</i></b>
5.1.1	Henry Black presented the Capital and Estates priorities paper which summarised information about the estate challenges and opportunities in east London with the aim of developing a robust and mature system-wide estates strategy and plan. He presented the case for resourcing and establishing an STP level estates function.
5.1.2	There had been delays to the London Health and Care Devolution announcement. It was expected that the announcement would clarify the role of the London Estates Board, which would be support STP footprints to plan and further refine their Estates Strategies. It was clear that the capital cases would need to be sent to the London Estates Board. There was an issue about availability of capital. Henry Black reported that capital will not be provided rather the expectation was that it would be generated internally. Steve Gilvin was concerned about the issues of availability and cost of capital. He reported that a new model (AFO) was being developed in Newham which could be replicated as part of the Estates Plan. He shared that a Memorandum of Understanding has been signed with the Mayor of London Borough of Newham to develop a proposal for a joint venture that would enable the development of primary care facilities at a lower cost and greater flexibility within the next few months. This would give the opportunity to develop premises and work with the local authorities on the housing agenda. He confirmed the market has been tested and there were investors willing to be involved. The next few months would be used to formally establish the organisation. There was a need to and step up the scale to bring benefits to the system
5.1.3	Sam Everington advised that it was important to have an Infrastructure approach rather than just an estates approach otherwise the focus would be on the buildings. He recommended the group to have a separate session to develop a vision for the future. He cited that in Southampton 60% if primary care consultations are performed via the phone. There is huge potential with Skype. This impacts on the workforce strategy as it means people can work from home, in any part of the country and beyond.
5.1.4	John Brouder highlighted that NELFT has moved to mobile working and as a result now provided 40% less desk space to employees to enable a more agile way of working -. People were encouraged to work differently and use more technology e.g. Apps to enhance the less use of infrastructure.
5.1.5	Steve Gilvin confirmed there has been discussions with general practice to review the future of primary care with consolidation on a fewer sites. He confirmed that practices had indicated that they would sell off their properties, potentially back to the NHS, if they were unable to find a partner. He also raised concerns that quality of estate across East London was variable and there was a high maintenance backlog. He recommended that the estates strategy include an analysis of this issue.
5.1.6	Terry Huff highlighted the population increase at Whipps Cross, so it was important to deliver the clinical/service changes now and manage the increase in demand to ensure further beds would not be required.
5.1.7	It was also highlighted that the strategy needs to ensure that estates developments align to where the population will be living/moving to in the future. Rob Whiteman talked about the

		<p>need to provide key worker housing. John Brouder shared his vision for the opportunities at Goodmayes, with King George's, to provide health and social care, schools and housing.</p> <p>5.1.8 Simon Hall supported the case for establishing a STP estates function to enable a response to the London Devolution work, but the function should be slim and align to/draw on the expertise in partner organisations.</p> <p>5.1.9 Tim Shields cautioned that there was the potential for overlap between the work of an STP estates function and that of the London Estates Unit. Jason Seez argued the need for strategic coherence and alignment, and confirmed a new Director of Estates will be joining BHRUT in April 2017. Terry Huff and Clare Highton re-iterated the need to access the expertise of Local Authority colleagues in developing the estates strategy. Sam Everington suggested that Rob Whiteman facilitate a meeting of the Local Authority CEOs to discuss joint working on infrastructure.</p> <p>5.1.10 Sam Everington emphasized the need to move NHS services out of tenancies with private landlords and retain estate within the NHS and Las as it can be sued more flexibly and in partnership in this way to support future strategic needs and developments. Clare Highton was concerned about the track history and quality of service from the NHS Property services, and urged a role for the ELHCP in influencing national policy.</p> <p>5.1.11 Rob Whiteman added that there needed to be a debate about London's priorities and a re-distribution of capital receipts.</p> <p>5.1.12 Meradin Peachy suggested that the ELHCP engage with the local universities as they also have access to significant capital and are keen to work in partnership. There is the opportunity for radical plans that offer university graduates career and housing options locally.</p> <p>5.1.13 Tim Shields noted that the London Estates Board has four phases of work, all of which are about delegation of powers in London, but not devolution. He pressed that the ELCHP should re-inforce the message that there needs to be a fifth stage about devolution.</p> <p>5.1.14 Rob Whiteman summarised the debate:</p> <ul style="list-style-type: none"> <li>• ELHCP will establish a thin estates function to respond to the London Devolution agenda.</li> <li>• This function will be aligned to the estates/capital/workforce/digital strategies of partner organisations</li> <li>• Connections will be made with Essex, recognising that there are flows into East London</li> <li>• The infrastructure strategies must connect with the service/clinical strategy.</li> </ul> <p>5.1.15 <b>Action: Henry Black to set up a slim Estate function through the STP PMO team and to align with local estates teams, ensuring it does not duplicate the work of the London Estates Unit.</b></p> <p>5.1.16 <b>Action: Henry Black to scope out the governance needed for a formal Estates Board to conform to the requirements of the London Estates Board and the London</b></p>
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	<p>5.1.17</p> <p>5.1.18</p> <p>5.1.19</p> <p>5.1.20</p> <p>5.1.21</p> <p>5.1.22</p>	<p>Devolution programme. This will be needed for ELHCP to be eligible for future capital. Currently there is an estates working group but not a formal board.</p> <p><b>Action: Nichola Gardner to ensure a link between the Estates Steering Group and the Transformation Steering Group so that the estates and service/clinical strategies align.</b></p> <p><b>Action: Rob Whiteman to liaise with the eight local authorities Chief Executives to discuss joint working across them on infrastructure strategy and delivery</b></p> <p><b>Action Steve Gilvin to share Newham’s ways of working with all partners via Nichola Gardner</b></p> <p><b>Henry Black to explore opportunities with involvement of Universities to the Capital /Estate piece</b></p> <p><b>Next strategy debate focus:</b> The East London Health and Care Partnership Board agreed that the next Board strategy discussion will be on digital technology.</p> <p><b>Action: Luke Readman to prepare the digital technology piece for the next Board.</b></p>
<p>6.</p>	<p><b>Partnership Agreement</b></p>	
	<p>6.1.1</p> <p>6.1.2</p> <p>6.1.3</p> <p>6.1.4</p> <p>6.1.5</p>	<p>Ian Tompkins introduced the East London Health &amp; Care Partnership Board Partnership Agreement paper asking for comments and feedback.</p> <p>Steve Gilvin provided comments prior to the meeting to be incorporated into the Partnership Agreement.</p> <p><b>Decision:</b> The Board reviewed the paper and the following were noted:</p> <ul style="list-style-type: none"> <li>• The NHS organisations and Local Authorities in East London were participating in the East London Health and Care Partnership whilst they were in the process of either signing the Partnership Agreement or opting out. The Board was not assuming that organisations had agreed to the Partnership Agreement nor was the Board assuming that organisations had not agreed to the Partnership Agreement in the absence of an explicit decision.</li> <li>• The East London Health &amp; Care Partnership Board agreed that the Partnership Agreement will go live from the 1<sup>st</sup> April 2017 with the recognition that the Partnership Agreement needed to be taken through different organisations’ governing bodies/boards in April/May for discussion and approval (sign-off) of the Agreement.</li> <li>• The East London Health &amp; Care Partnership Board acknowledged the Partnership Agreement was a working document and that a quarterly gateway review would be carried out.</li> </ul> <p><b>Action: PMO to circulate the Partnership Agreement to organisations involved in the East London Health and Care Partnership</b></p>

		<b>Action: East London Health and Care Partnership organisations to take the Partnership Agreement for review and sign up through their relevant governance arrangements in April/May 2017.</b>
	<b>6.2</b>	<b>Proposal to hold Board meetings in public</b>
	<b>6.2.1</b>	Ian Tompkins introduced a report that outlined the approach for holding Partnership Board meetings in public, to ensure the Board discharged its responsibility to transact its business in an open and transparent manner with adequate arrangements in place to enable smooth running of the process.
	<b>6.2.2</b>	The Board debated how to ensure that there was meaningful engagement in its work, noting that just holding a meeting in public was not necessarily the most effective way of having a real conversation with the public about its work and decision-making. There was a concern that the traditional public meetings could be formulaic. The Board agreed that it wanted to have open meetings with real conversation and in venues that were easy for the public to access around East London.
	<b>6.2.3</b>	Cathy Turland advised that the Board ensure that plain English was used, and acronyms and jargon avoided.
	<b>6.2.4</b>	The Board requested a proposal for the development of a meaningful way to engage with the public be brought to its next meeting in April 2017.
	<b>6.2.5</b>	The Board agreed that the minutes from past and future meetings would be published on the website.
	<b>6.2.6</b>	<b>Action: Ian Tompkins to develop a proposal for a more meaningful way to engage the public in board business for discussion at the next Board meeting in April</b>
	<b>6.2.7</b>	<b>Decision: Board minutes to be published on the ELHCP website from April 2017, including past minutes.</b>
<b>7.</b>	<b>Updates for Information/questions only</b>	
	<b>7.1</b>	<b>Programme Update:</b> The East London Health & Care Partnership Board <b>noted</b> the Programme updates
	<b>7.2</b>	<b>Transformation bid</b> The East London Health & Care Partnership Board <b>noted</b> the Transformation bid updates
	<b>7.3</b>	<b>Single delivery plan submission</b> Nichola Gardner summarised the single delivery plan informing the group that it was a request from NHS England and NHS Improvement after the October 2016 submission to bring together the eight delivery plans into one plan to align with CIP/QIPP initiatives. She confirmed it was not a formal submission but to ensure the plans submitted in October 2016 were robust and differentiated into delivery levels e.g. across all seven boroughs, 3 boroughs, one borough etc.
	<b>7.3.1</b>	The East London Health & Care Partnership Board <b>noted</b> the Single delivery plan paper and recognised the document was still work in progress and it was not a formal submission to NHS England/NHS Improvement.

	<b>7.4</b>	<b>Communications Plan</b> The East London Health & Care Partnership Board <b>noted</b> the Communications Plan.
<b>8.</b>	<b>Any Other Business</b>	
	<b>8.1</b>	There was no further business to discuss.
<b>9.</b>	<b>Date of next meeting</b>	
	<b>9.1</b>	The date and time for the next meeting was agreed for 26 <sup>th</sup> April, 09:00am to 10:30am, Newham CCG, meeting room FO21, Unex Tower, 4 <sup>th</sup> Floor, Stratford E15 1DA

**The Chair closed the meeting at 10:40am**

<b>Summary of Actions:</b>				
<b>Ref</b>	<b>Action</b>	<b>Owner</b>	<b>Due Date</b>	<b>Status</b>
<b>3.1.8</b>	<b>Whipps Cross Strategic Outline Case:</b>  Ralph Coulbeck to circulate the updated Whipps Cross Outline Business Case communications and engagement plan to the Board.	Ralph Coulbeck	23rd April	In Progress
<b>3.1.9</b>	<b>Assessment of Outline Business Cases:</b>  Criteria to be developed to support the East London Health and Care Partnership as part of the broader estates work to assess the Outline Business Cases	Henry Black	June 2017	In Progress
<b>5.1.15</b>	<b>Capital and Estates Priorities</b> Henry Black to scope out the governance needed for a formal Estates Board to conform to the requirements of the London Estates Board and the London Devolution programme. This will be needed for ELHCP to be eligible for future capital. Currently there is an estates working group but not a formal board.	Henry Black	23 April 2017	In Progress
<b>5.1.16</b>	<b>Capital and Estates Priorities:</b> Henry Black to review existing Infrastructure group membership to include the local authorities to ensure the STP has the right support and connections.	Henry Black	23 April 2017	In Progress

5.1.17	<b>Capital and Estates Priorities:</b> Nichola Gardner to ensure a link between the Estates Steering Group and the Transformation Steering Group so that the estates and service/clinical strategies are aligned	Nichola Gardner	23 April 2017	In Progress
5.1.18	<b>Capital and Estates Priorities:</b> Rob Whiteman to liaise with the eight local authorities Chief Executives to discuss joint working across them on infrastructure strategy and delivery	Rob Whiteman	23 April 2017	In Progress
5.1.19	<b>Capital and Estates Priorities:</b> Steve Gilvin to share Newham's ways of working with all partners via Nichola Gardner	Steve Gilvin/Nichola Gardner	23 April 2017	In Progress
5.1.20	<b>Capital and Estates Priorities</b> Henry Black to explore opportunities with involvement of Universities to the Capital /Estate piece	Henry Black	23 April 2017	In Progress
5.1.13	<b>Digital Technology discussion at next board meeting:</b> The East London Health and care Partnership Board agreed that the next Board strategy discussion will be on digital technology.	Luke Readman	23 April 2017	On the agenda – 26 April 2017 Board meeting
6.1.4	<b>Partnership Agreement:</b> ELHCP PMO to circulate the Partnership Agreement to organisations involved in the East London Health and Care Partnership	PMO	7 April 2017	Completed/closed
6.1.5	<b>Partnership Agreement</b> East London Health and Care Partnership organisations to take the Partnership Agreement for review and sign up through their relevant governance arrangements in April/May 2017	All governing bodies/Boards	30 May 2017	In Progress
6.2.3	<b>Proposal to hold Board meetings in public:</b> Ian Tompkins to develop a proposal for a more meaningful way to engage the	Ian Tompkins	23 April 2017	On the agenda – 26 April 2017 Board meeting

	public in board business for discussion at the next Board meeting in April			
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	<b>Summary of key decisions</b>
<b>3.1.10</b>	Whipps Cross Strategic Outline Case: The East London Health and Care Partnership Executive group endorsed the Whipps Cross Strategic Outline case
<b>6.1.3</b>	<p>The Board reviewed the paper and the following were noted/agreed:</p> <ul style="list-style-type: none"> <li>• The NHS organisations and Local Authorities in East London were participating in the East London Health and Care Partnership whilst they were in the process of either signing the Partnership Agreement or opting out. The Board was not assuming that organisations had agreed to the Partnership Agreement nor was the Board assuming that organisations had not agreed to the Partnership Agreement in the absence of an explicit decision.</li> <li>• The East London Health &amp; Care Partnership Board agreed that the Partnership Agreement would go live from 1 April 2017 with the recognition that the Partnership Agreement needed to be taken through different organisations' governing bodies/boards in April/May for discussion and approval (sign-off) of the Agreement.</li> <li>• The East London Health &amp; Care Partnership Board acknowledged the Partnership Agreement was a working document and that a quarterly gateway review would be carried out.</li> </ul>
<b>6.2.7</b>	Board minutes to be published on the ELHCP website from April 2017, including past minutes.