

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

24th May, 15:30pm to 17:00pm

Newham CCG, meeting room FO21/FO24, Unex Tower, 4th Floor, Stratford E15 1DA

Present:

Rob Whiteman
Tracy Fletcher
Jane Milligan
Fiona Peskett

Ralph Coulbeck
Simon Hall
Steve Gilvin
Paul Haigh
Clare Highton

Sam Everington
Atul Aggarwal
Vincent Perry
Navina Evans
Grainne Siggins
Karen Stubbs
Laura Sharpe
Chris Banks

Ravi Goriparthi

Representing:

East London Health and Care Partnership (ELHCP) Board Chair
Chief Executive, Homerton University Hospital NHS Foundation Trust
East London Health and Care Partnership (ELHCP) Lead
Deputy Director of Strategy, Barking, Havering & Redbridge University
Hospital NHS Trust

Director of Strategy, Barts Health NHS Trust
Acting Chief Officer, Tower Hamlets Clinical Commissioning Group
Chief Officer, Newham Clinical Commissioning Group
Chief Officer, City & Hackney Clinical Commissioning Groups
Co-chair, Clinical Senate and Chair, City & Hackney Clinical
Commissioning Group

Co-chair, Clinical Senate
Chair, Havering Clinical Commissioning Group
Mental Health Sector Clinician
Chief Executive, East London NHS Foundation Trust
Director Adult Social Care, London Borough of Newham
Barking, Havering & Redbridge, GP Confederation Representative
City & Hackney, GP Confederation representative
Waltham Forest and East London (WEL), GP Confederation
Representative

GP, Barking and Dagenham Clinical Commissioning Group

Additional Attendees Present Representing:

Ceri Jacob Director of Commissioning Operations North Central and East London,
NHS England

Danny Batten Head of Assurance, North Central and East London Assurance Team

Cathy Turland Health Watch Observer

Meradin Peachey Director of Public Health, Newham – ELHCP Public Health Lead

Henry Black ELHCP Chief Finance Officer

Ian Jackson Head of Delivery (North East London) Specialised Commissioning,
NHS England (London Region)

James Cain Head of Workforce Transformation, Health Education England

Charlotte Williams Chief of Staff, UCL Partners
Nichola Gardner ELHCP Programme Director
Nigel Woodcock ELHCP Director of Provider Collaboration
Ian Tompkins ELHCP Director of Communications and Engagement
Paul Roche ELHCP Director of Primary Care
Deodita Fernandes ELHCP Senior Programme Manager
Joy Ogbonna ELHCP PMO Programme Support Officer (Note taker)

Apologies:

Matthew Hopkins Chief Executive, Barking, Havering, Redbridge University Hospital NHS Trust
Conor Burke Chief Officer, Barking, Havering & Redbridge Clinical Commissioning Groups
Alwen Williams Chief Executive, Barts Health NHS Trust
Kim Bromley - Derry Chief Executive, London Borough of Newham
Andrew Blake Herbert Chief Executive, London Borough of Havering
Waseem Mohi Chair, Barking and Dagenham Clinical Commissioning Group
Terry Huff Chief Officer, Waltham Forest Clinical Commissioning Group
Tim Shields Chief Executive, London Borough of Hackney
John Brouder Chief Executive, North East London NHS Foundation Trust
Victoria Woodhatch Delivery & Improvement Director, NHS Improvement

Item no.	Name	
1.	Welcome, introductions and apologies for absence	
1.1	Welcome and introductions Rob Whiteman, the chair welcomed members to the meeting and led a round of introductions	
1.1.2	Apologies for absence Apologies were given for: <ul style="list-style-type: none"> • Matthew Hopkins, Chief Executive, Barking, Havering, Redbridge University Hospital NHS Trust • Kim Bromley-Derry, Chief Executive, London Borough of Newham • Andrew Blake-Herbert, Chief Executive, London Borough of Havering • Waseem Mohi, Chair, Barking and Dagenham Clinical Commissioning Group • Tim Shields, Chief Executive, London Borough of Hackney • Conor Burke, Chief Officer, Barking, Havering & Redbridge Clinical Commissioning Groups • Terry Huff, Chief Officer, Waltham Forest Clinical Commissioning Group • John Brouder, Chief Executive, North East London NHS Foundation Trust • Victoria Woodhatch, Delivery & Improvement Director, NHS Improvement 	
2.	Minutes and matters arising	
2.1	Minutes of the meeting 29th March 2017 The minutes were approved as an accurate record of the meeting.	
2.2	Matters arising	
2.2.1	Resource: A resource paper, which set out the narrative to support the funding request for ELHCP describing the posts proposed within the team for 2017/18, was shared for comments and feedback. Henry Black noted the resource paper would not be further discussed at the East London Health and Care Partnership board but rather it would be followed up by the Operational Delivery Group (ODG).	
2.2.2	STP Leads meeting: Nichola Gardner gave a verbal update on the STP leads meeting that took place 22 May 2017. Simon Stevens and Jim Mackey had spoken at the event focusing on the current operating context with challenging conversations with the government during the year in relation to NHS funding. The NHS was not seen to be performing on key targets e.g. Accident and Emergency (A&E). The Capped Expenditure Process (CEP) was seen to be as non-negotiable and needed to be completed within the next three months.	
2.2.3	Some reflection was made on the election, Nichola Gardner reported Simon Stevens perceived all three main manifestos to be congruent with the Five Year Forward View, but there had been no big funding commitments for the NHS from any party. The next steps highlighted included that STPs would be expected to put in place the structure and governance for delivery, with the expectation to ramp up fast this summer to create sub regional 'delivery vehicles'. Post-election, the Accountable Care Systems (ACS) would need to be accelerated. It was noted that the national approach towards workforce was currently not productive as it was far too fragmented and would need to be reviewed in the future.	
2.2.4	Resources from NHS England and NHS Improvement would be harnessed towards the STPs to enhance delivery assurance. Sam Everington raised the issue of the national budget and how that could be used to make changes to workforce for the patch. He mentioned that the ELHCP should be responsible for the training budget for the East London area as the STP footprint has a different focus compared to the	

	<p>2.2.5</p> <p>2.2.6</p> <p>2.2.7</p>	<p>rest of London especially for Primary Care. Ceri Jacob mentioned that NHS England was reviewing the training funding issue.</p> <p>ACTION: Ceri Jacob to check with NHS England about the allocation of the training funding and then feedback to the Board.</p> <p>James Cain recognised a special case needed to be made for ELHCP especially for Primary Care training budget. James Cain reported that Health Education England was responsible for workforce planning and that it was aggregated at a London level for the London Region. The move towards a STP approach was being reviewed. Steve Gilvin advised that there was a case for more funding for ELHCP compared to other areas due to the primary care challenges.</p> <p>As Workforce was scheduled to come to a future meeting, primary care workforce and training could be discussed further at that session. Sam Everington mentioned that the July Clinical Senate meeting would focus on primary care training.</p>
<p>3.</p>	<p>Primary Care Transformation Deep Dive</p>	
	<p>3.1</p> <p>3.1.1</p> <p>3.1.2</p> <p>3.1.3</p> <p>3.1.4</p> <p>3.1.5</p>	<p>Paul Roche presented the Primary Care Transformation Deep Dive paper that summarised the challenges across East London in Primary Care and the progress that has been made in implementing the existing agreed STP plans through the current resources. The proposed case for the use of transformation money to achieve the breakthrough that was required in Primary Care across the whole area was also described.</p> <p>Three main areas where Primary Care faces significant challenges were highlighted namely:</p> <ul style="list-style-type: none"> • High and growing demand • Substantial workforce challenges • Very wide variation of quality, including the best and poorest performance <p>The ELHCP had mobilised a primary care workstream to develop shared ambition, co-ordinate and enhance Borough/ACS work and share learning across the three themes – Quality Improvement (QI), Provider Development and Workforce Development.</p> <p>Rapid progress had been made in relation to QI and a clear plan for 2017/18 had been formulated. The Partnership for Quality Improvement had set-up representatives from the seven boroughs. Progress to date included:</p> <ul style="list-style-type: none"> - All QI methodologies had been agreed and the Institute for Healthcare Improvement Approach for Quality had been agreed for ELHCP - A developmental framework to manage providers' quality improvement capability and maturity had been designed and CCGs had been baselined against it - Provider business intelligence systems had been evaluated for the purpose of undertaking and measuring improvement - The QI programme plan and resource requirements had been defined <p>In relation to Provider Development, a Provider Forum had been set-up in order to bring together provider leaders from local organisations/networks and to begin the process of sharing and learning. The aim was to create an environment where providers could meet together on their own terms to develop ideas and support each other, thereby accelerating their development.</p> <p>In relation to Workforce Development, a rapid review had taken place with a clear plan being developed for 2017/18. The workstream was defining the NEL approach to putting in place the right workforce for primary care, building on current local innovation; baselining the current position and building a workforce model to illustrate the potential future resource mix in boroughs with different health needs.</p> <p>The Primary Care Workstream had developed three possible options for funding the breakthrough package of work of Quality Improvement, Provider Development and Workforce Development:</p> <ul style="list-style-type: none"> - Deliver a package in full over a 2 year timeframe costing £14,617,700 - Deliver a package in full over a 2 year timeframe, but only with the more challenged boroughs costing £11,697,450

		<ul style="list-style-type: none"> - Deliver a package in full, but over 3 years, and matched with further CCG funding in year 3 costing £14,617,700 <p>The Primary Care Work stream asked the Board to:</p> <ul style="list-style-type: none"> - Support the plans described for acceleration of primary care development - Support the development of bid or bids for additional funds of the scale indicated to supplement planned local investment - Support the proposal to use the delivery platform described in the paper <p>3.2 Key points raised</p> <p>The group noted that there needed to be a shift of focus as the primary care programme presented was centred more on the present rather than the NHS of the future. Sam Everington recommended that it was necessary to review the direction of travel in relation to GPs in order to ascertain what the East London expectations were.</p> <p>3.2.1 Rob Whiteman posed a question wanting to know the levels of assurance that the Primary Care leads had and the expectation around the development of GPs working across acute and other services. Paul Roche reported that workforce was the biggest risk at the moment and the challenge was moving from problems to action.</p> <p>3.2.2 Sam Everington noted that the CCG investment funding requested in the paper for 2017/18 and 2018/19 was required at the early stage but that it was not sufficient in the longer term. It was essential to build a longer term financial trajectory for this transformation of primary care. It was important to work collaboratively to understand the investment required for the longer term.</p> <p>3.2.3 Steve Gilvin noted some key points on the challenges for the Primary Care Transformation work programme and recommended that it was important to focus on areas where the ELHCP could add value at STP level, recognising most boroughs and other groups were coming together to do quality improvement and data sharing. He also recognised that there are interdependencies within other programmes and other workstreams might be delivering the same programme e.g. relationship with outpatients, which is being reviewed.</p> <p>3.2.4 Paul Haigh recommended we need to be cautious on the funding going towards QI programme and more clarity should be in place on what the patients stand to benefit from the programme; and there might be the need to have some improvement delivered through the out of hospital programmes.</p> <p>3.2.5 Paul Roche emphasised the benefit of the programme and noted that the biggest risk was workforce and it was necessary to develop robust plans.</p> <p>3.2.6 Ralph Coulbeck acknowledged the significance of having a QI Programme but noted that it would be beneficial to all to understand the primary care strategy on how to move forward. He felt the QI programme presented to the group was more like a business case rather than a strategy.</p> <p>3.2.7 Meradin Peachey noted speed on Primary Care quality and workforce improvement is essential and highlighted that if East London built a reputation as a place of research in Primary care this would help attract staff and cultivate the culture to improve practice.</p> <p>3.2.8 Grainne Siggins wanted to know how the Primary Care workforce and wider STP Workforce plan fitted into the overall programme. She recognised the Local Authorities have a role to play as well and there has been discussion in the Directors of Adult Social Services (DASS) group on how to attract people to the area.</p> <p>3.2.9 Navina Evans advised there needs to be a change of behaviour from leaders to enable an improvement culture and a sustainable Primary care programme.</p> <p>3.2.10 Paul Roche noted that the cost will be £46000 per practice over the two years and recognises it's a significant amount and there might be the need to seek external support.</p>
--	--	--

	<p>3.2.11</p> <p>3.2.12</p> <p>3.2.13</p> <p>3.2.14</p>	<p>Three options for funding the primary care programme were presented. Out of the three options presented, both option one (Full package over two years) and option three (Full package over three years with CCG investment in year three) were noted as preferred options for the acceleration of the Primary care development but with a caveat on Transformation funding. The Board was unable to agree which model of acceleration/level of funding would be available until funding has been allocated and prioritised across the range of STP priorities. The funding is all external and seeking support for the board to seek additional funding.</p> <p>The Board agreed that Steve Gilvin as SRO for the primary care programme should in the meantime continue to seek alternative sources of funding.</p> <p>DECISION: The East London Health and Care Partnership Board agreed in principle with the decision to support the plans described for acceleration of primary care development with the caveat that an option could not be agreed until the national transformation funding had been allocated and prioritised against all the STP priorities.</p> <p>ACTION: ELHCP Finance and Strategy team to develop a more detailed finance case for the Primary Care programme.</p>
4	Update on Capped Expenditure Process (CEP)	
	4.1	<p>Henry Black noted the CEP programme was a national process and acted as the escalation of the assurance process for STP footprints where planning did not meet the control total. Henry Black reported that the ELHCP was not in the first phase of the CEP process but was in the second wave. An aligned plan was required to be submitted to NHS England/NHS Improvement by 2 June 2017 and this was on track for submission.</p>
5.	Communications update	
	5.1	<p>East London Health and Care Partnership Launch event:</p> <p>Ian Tompkins gave an update on the ELHCP Launch for the 3rd July 2017 at Stratford Town Hall, which would be followed by a Community group meeting on the 4th July 2017. The draft agenda for the event was circulated to all and he informed all that key representatives from Partnership member organisations, members of the Partnership governance groups and workstreams and other key stakeholder and partners have been invited to the launch.</p>
6.	Any Other Business	
	<p>6.1</p> <p>6.2</p> <p>6.3</p> <p>6.4</p>	<p>To enhance the good work being done across the footprint in regards to the Productivity workstream, Rob Whiteman recommended it would be best to have a better view of the workstream to strengthen the amount of learning opportunity. The Productivity workstream stocktake meeting on 25 May 2017 would be the platform where those discussions could be had.</p> <p>ELHCP Board meeting in August: Regional Director (London), NHS England, Anne Rainsberry and Executive Regional Managing Director, Steve Russell had advised that they could attend the ELHCP Board meeting in August. To this end, the Board members agreed to re-prioritise their diaries to accommodate meeting in August rather than cancelling for the holiday period.</p> <p>DECISION: The Board decided to meet in August and Anne Rainsberry (NHS England) and Steve Russell (NHS Improv emended) would be invited.</p> <p>Improving diabetes treatment and Care in ELHCP An email was sent to all Provider Chief Executive and CCG Chief Officers on 24 May 2017 for their approval of the draft milestone plan for the successful diabetes bid DTCL02 as required by NHS England. The approval from all organisations would trigger the first payment for this project. Meradin Peachey noted some of the organisations had responded and others had not. Meradin requested all members to remind respective their organisations to respond to the email.</p>

	6.5	<p>ACTION: A reminder email to be circulated to all organisations for approval of the draft milestone plan.</p> <p>The ransom ware attack (Cyberattack): The attack that affected many NHS organisations, as well as others around the country and the world, had a very significant impact on IT systems in Barts Health and other NHS organisations in East London, Navina Evans recommended a strategy or a working group be put together to work out better coordination across the system. It was suggested that a lessons learned log could be put together after Barts Health moved to a recovery stage.</p> <p>ACTION: To be followed up at future meeting.</p>
7.	Date of next meeting	
	7.1	The date and time for the next meeting was agreed for 27 June, 15:30pm to 17:00pm, Council Chamber room, Stratford Town Hall.

The Chair closed the meeting at 17:06pm

Summary of Actions:				
Ref	Action	Owner	Due Date	Status
2.2.5	<p>STP Leads meeting: Sam Everington raised the issue of the National money and how that can be used to make changes to workforce for the patch. He recommended that the East London Health and Care Partnership should be responsible for the training budget for the area.</p> <p>ACTION: Ceri Jacob would check with NHS England about the allocation of the training funding and then feedback to the Board.</p>	Ceri Jacob	28 th June	In Progress
3.2.14	<p>Primary Care Transformation Deep Dive:</p> <p>The finance team to develop a more detailed finance case for the Primary Care programme.</p>	Paul Roche/Bryan Matthews	28 th June	In Progress
6.5	<p>Improving diabetes treatment and Care in ELHCP:</p> <p>A reminder email to be circulated to all organisations for approval of the draft milestone plan.</p>	PMO	26 th May	Closed

Summary of decisions:		
3.2.13	Primary Care Transformation Deep Dive	DECISION: The East London Health and Care Partnership Board agreed in principle with the decision to support the plans described for acceleration of primary care development with the caveat that an option could not be agreed until the national transformation funding had been allocated and prioritised against all the STP priorities.
6.3	ELHCP Board meeting in August:	DECISION: The Board decided to meet in August and Anne Rainsberry (NHS England) and Steve Russell (NHS Improvement) would be invited.

