

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

26th July, 16:00pm to 17:30pm

Council Chamber meeting room, Stratford Town Hall, 29 Broadway, London E15 4BQ

Present:

Rob Whiteman

Jane Milligan

John Brouder

Tracy Fletcher

Conor Burke

Sam Everington

Grainne Siggins

Simon Hall

Paul Haigh

Clare Highton

Andrew Blake Herbert

Ralph Coulbeck

Richard Fradgley

Jason Seez

Faizal Mangera

Vincent Perry

Karen Stubbs

Chris Banks

Cathy Turland

Laura Sharpe

Representing:

Chair, East London Health and Care Partnership (ELHCP) Board

Executive Lead, East London Health and Care Partnership (ELHCP)

Chief Executive, North East London NHS Foundation Trust

Chief Executive, Homerton University Hospital NHS Foundation Trust

Chief Officer, Barking, Havering & Redbridge Clinical Commissioning Groups

Co-chair, Clinical Senate and Chair, Tower Hamlets Clinical Commissioning Group

Director Adult Social Care, London Borough of Newham

Acting Chief Officer, Tower Hamlets Clinical Commissioning Group

Chief Officer, City & Hackney Clinical Commissioning Group

Co-chair, Clinical Senate and Chair, City & Hackney Clinical Commissioning Group

Chief Executive, London Borough of Havering

Director of Strategy, Barts Health NHS Trust

Director of Strategy, East London NHS Foundation Trust

Director of Strategy, Barking, Havering, Redbridge University Hospital NHS Trust

NHS Improvement

Mental Health Sector Clinician

GP Confederation Representative, Barking, Havering & Redbridge

GP Confederation Representative, Waltham Forest and East London (WEL)

Health Watch Observer

GP Confederation representative, City & Hackney Group

Additional Attendees Present Representing:

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)
Ceri Jacob	Director of Commissioning Operations North Central and East London, NHS England
James Cain	Head of Workforce Transformation, Health Education England
Nichola Gardner	ELHCP Programme Director
Nigel Woodcock	ELHCP Director of Provider Collaboration
Ian Tompkins	ELHCP Director of Communications and Engagement
Deodita Fernandes	ELHCP Senior Programme Manager
James McMahon	ELHCP Programme Manager
Joy Ogbonna	ELHCP PMO Programme Support Officer (Note taker)

Apologies:

Alwen Williams	Chief Executive, Barts Health NHS Trust
Matthew Hopkins	Chief Executive, Barking, Havering, Redbridge University Hospital NHS Trust
Steve Gilvin	Chief Officer, Newham Clinical Commissioning Group
Arun Sharma	GP Confederation Representative, Barking, Havering & Redbridge
Atul Aggarwal	Chair, Havering Clinical Commissioning Group
Jeff Buggle	Director of Finance, Barking, Havering, Redbridge University Hospitals NHS Trust
Danny Batten	Head of Assurance, North Central and East London Assurance Team
Mohit Venkataram	GP Confederation, WEL
Kim Bromley-Derry	Chief Executive, London Borough of Newham
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
Navina Evans	Chief Executive, East London NHS Foundation Trust

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: Matthew Hopkins, Chief Executive, Barking, Havering, Redbridge University Hospitals NHS Trust Steve Gilvin, Chief Officer, Newham Clinical Commissioning Group Danny Batten, Head of Assurance, North Central and East London Assurance Team, NHS England (London) Kim Bromley-Derry, Chief Executive, London Borough of Newham 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 Mohit Venkataram, GP Confederation WEL
2	Minutes and matters arising
2.1	Minutes of the meeting 28th June 2017 Chris Banks highlighted that a correction needed to be made on the list of attendees regarding his attendance to the last meeting. He had not attended the meeting and his apologies should have been noted. The ELHCP Board agreed the rest of the minutes as read and an accurate record of the meeting. Matters arising: There was no matter arising.
3	STP metric/ratings
3.1	<p>Nichola Gardner reported Sustainability Transformation Plans (STP) had been publicly rated for the first time, with five rated 'outstanding' and five had been placed in the lowest category of 'needs most improvement'. The STP progress dashboard - baseline view was a first attempt at capturing the combined performance of STP health and care systems, which involved a number of organisations serving populations of up to 2.8 million people.</p> <p>3.1.1 The East London STP had been rated in the 'advanced' category. Nichola Gardner further highlighted the headline ratings were driven by indicators in three broad areas: hospital performance, patient-focused change, and transformation. The STP had submitted a range of delivery plans in June that covered some of the STP's programmes and the STP had received good feedback with clarification sought in some areas which would be discussed at a meeting in August.</p> <p>3.1.2 Ceri Jacobs praised the team for their hard work and the position achieved. Ceri highlighted that this was a good rating and also a good starting point for the STP footprint as East London had consistently been the most challenged amongst other STP footprints in London and the result demonstrated how well as a system the STP had travelled.</p> <p>The East London Health and Care Partnership Board noted the STP metrics ratings paper.</p>

4	Strategy Debate : Mental Health
4.1	<p>John Brouder and Richard Fradgley, delivery lead for mental health work stream, presented the mental health paper. Significant population growth has had an impact on demand and there is a need take radical action.</p> <p>The Mental Health work stream is working collaboratively:</p> <ul style="list-style-type: none"> • To provide an overview of the analysis which has informed local priorities for mental health service development and transformation • To advise the Board on progress within the mental health work stream • To identify anticipated future pressures and present potential future opportunities • To discuss the integration of mental health across the system <p>Mental health services could assist with some of the wider system challenges in acute and primary care. The ELHCP needed to think about mental health in relation to new models of care.</p> <p>Richard Fradgley noted the proposal from the team was to have 5 priorities to take mental health forward:</p> <ol style="list-style-type: none"> 1. Improve population mental health and well being 2. Improve access and quality 3. Ensure services have the right capacity to manage increasing demand 4. Mental health supporting improved systems outcomes and values 5. Commissioning new models of care <p>Alongside the key ambitions, three items had been identified to demonstrably improve local outcomes for people with mental illness: access to retention of employment and individual placement and support; reducing smoking amongst mental health service users and improving outcomes for Black and Minority Ethnic (BaME) mental health service users</p> <p>4.2 Discussions from the agenda item included:</p> <p>Grainne Siggins queried about the local authority engagement in the mental health work stream. Rob Whiteman referenced the importance that the local authorities would play with regard the wider determinants of mental health. Richard Fradgley explained both clinical and local authorities' representation had been present at the various workshops undertaken to develop the mental health plan and that the deliverables that local authorities could get involved with such as residential care commissioning for example had been identified. Rob Whiteman stated that there would be a need to strengthen local authority involvement within the work stream governance. There was further discussion regarding what elements would be clinically led and at what spatial level activities would take place (local, ACS and STP wide).</p> <p>Meradin Peachey stated there were links to the prevention employment and Dame Carol Black's work and also queried about the outcomes of the physical health checks for people with mental illnesses.</p> <p>4.2.1 Richard Fradgley explained that providers had clinical data from the physical health checks and that follow up care was good for example – diabetes.</p> <p>4.2.2 Jane Milligan mentioned that further work needed to be done around integration and looking at the bed base both locally and tertiary beds but that this work would need to be done at scale. Jane explained that the mental health ambitions for East London had been presented to have been received favourably with the Inner North East London Joint Health and Overview Scrutiny Committee.</p> <p>4.2.3 Cathy Turland enquired about the existing variation in services described in the mental health paper. John Brouder explained that that the variation described presented opportunities and that to date there had been differences in resources and investment into the two MH providers and there were both different models and bed numbers as a result.</p>

4.2.4	<p>Grainne Siggins referred to recent terrorist and traumatic incidents across London and the need to ensure that the STP was improving the resilience of the East London population and effectively supporting those who suffered emotional distress. Grainne mentioned that the development and delivery of Increasing Access to Psychological Therapies (IAPT) was encouraging as it was a STP wide approach to mental health. Richard Fradgley agreed and mentioned that there has been a significant growth in demand.</p>
4.2.5	<p>Jane Milligan mentioned effective integrated MH services could have a positive impact on flow through acute care and help in reducing A&E attendance. It was important to have the right metrics to measure some of this activity, its impact and how the synergies between the work streams could be maximised.</p>
4.2.6	<p>Vincent Perry highlighted that there were challenges in relation to the mental health demand versus funding. Mental health patients attended A&E very often and this related to a lack of support in relation to networks in the community. There was also a lack of voluntary organisations which previously provided this type of support due to funding cuts. The Open Dialogue model developed by NELFT has got some potential to address this. It was highlighted that this was a perfect example recognising the model of care should always have A&E attendance as the absolute last resort. It was important to ensure that the interventions occurred much further upstream/earlier on the pathway.</p>
4.2.7	<p>John Brouder again made reference to the variance in mental health service across East London and the opportunities that would be provided to develop the optimum model from the best elements from individual provider organisations' services.</p>
4.2.8	<p>Clare Highton referenced the excellent work undertaken with GPs in City and Hackney CCG and identified that the model must also support both early intervention for children and young people and also work to build resilience among school children such as 'Time to Cry' projects which allowed children to understand their emotions.</p>
4.2.9	<p>Sam Everington explained that Compass had the contract from school nursing in Tower Hamlets CCG/Local Authority. He suggested that all schools should have a school governor with a background in health and well-being. Sam also noted that in a survey of GPs enquiring what additional support would be most beneficial, the majority of GPs identified District Nurses (DNs) and Community Psychiatric Nurses (CNP) as the top priorities.</p>
4.2.10	<p>Rob Whiteman questioned whether schools/education and CYP featured enough in the mental health plan.</p>
4.2.11	<p>Richard Fradgley highlighted that the wider determinants were a challenge that often had to be addressed by community based MH services and there are examples from across the UK of these services getting actively involved in addressing these.</p>
4.2.12	<p>Sam Everington suggested that mental health provider trusts should not have to take responsibility for the wider determinants but that the STP should take a leadership role in this regard.</p>
4.2.13	<p>Grainne Siggins mentioned that the Health and Housing Event being planned needed to include mental health services.</p> <p>ACTION: The MH team to reflect and strengthen the governance in relation to clinical leads and partners, in particular Local Authorities</p> <p>DECISION: The East London Health and Care Partnership Board agreed in principle and endorsed the approach to achieve the five Mental Health priorities</p>

	DECISION: The East London Health and Care Partnership Board agreed in principle and endorsed the three clinical priorities (Employment, smoking, BME access) approach to achieve the five Mental Health priorities
	Communications update
5.1	<p>East London Health and Care Partnership Launch event:</p> <p>Ian Tompkins gave an update on the ELHCP launch held 3 July 2017. Ian reported that there had been both good and constructive feedback and comments from various stakeholders. Ian informed the Board members that key representatives from Partnership member organisations, members of the Partnership governance groups and work streams and other key stakeholders and partners had been invited to a meeting on 2 August 2017 to focus on outcomes from both the launch held 3 July and Community launch 4 August.</p> <p>Ian Tompkins highlighted that an ELHCP Health and Housing conference was being organised on 18 October 2017 at Dagenham. An invite had been sent out to relevant stakeholders which would be followed with a draft agenda nearer the time. Andrew Blake-Herbert highlighted that it was important to actively involve the local authorities.</p> <p>ACTION: The East London Health and Care Partnership Board recommended to have greater input from the Local Authorities into the Health and Housing event and to development outcomes ahead of the Housing and Health conference on 18 October.</p> <p>The East London Health and Care Partnership Board noted the communications update.</p>
5.2	<p>Payment Consultation:</p> <p>Henry Black gave a verbal update on the 'Consultation for payment development and drivers for change' for East London Health and Care Partnership (ELHCP). He noted the STP footprint was working towards a new approach to managing health and care across East London; working together in a more integrated way and taking shared accountability for delivering improved outcomes for local populations. As part of this, the three sub-systems within ELHCP (i. City and Hackney; ii. Waltham Forest, Newham and Tower Hamlets; and iii. Barking and Dagenham, Havering and Redbridge) had been developing Accountable Care Systems (ACSs) and are keen to use a consistent approach. To support this, it is important to examine current payment mechanisms and consider where changes to the payments and their drivers could support system development in East London.</p> <p>There were three workshops taking place to engage various stakeholders:</p> <ul style="list-style-type: none"> • 20 July 2017: Workshop for patients and the public • 25 July 2017: Workshop for clinical, professional and other frontline staff • 27 July 2017: Workshop for Chief Executives and Directors of Finance <p>Henry highlighted that feedback from the workshop would be circulated to all and further discussion would take place at a later Board meeting in August.</p> <p>The East London Health and Care Partnership Board noted the update on the Payment Consultation paper.</p>
6.	Updates for information and questions only
6.1	<p>Programme update:</p> <p>The programme report paper had been circulated to all board members ahead of the meeting. Nichola Gardner noted that the programme update highlighted the activities completed, upcoming</p>

	<p>6.2</p> <p>Clinical senate report:</p> <p>A brief report from the Clinical Senate meeting which took place on 12 July 2017 was presented at the meeting to update the Board about the discussions that had taken place at the meeting. Clare Highton updated the group about the outcomes from the Clinical Senate meeting held in July 2017. Clare highlighted that the meeting was focused on Smoking Cessation recommendations; Cancer paper on NICE and National Optimal lung Cancer pathways.</p> <p>The Clinical Senate were supportive of the smoking cessation recommendations but the group discussed that sourcing the funding for Level 2 training would be challenging for the CCGs.</p> <p>ACTION: Clarity required from HEE about resources for non-recurrent programmes. HEE to provide information to the next ELHCP Executive Group meeting.</p> <p>Medical workforce was a topic that was touched upon and it was acknowledged that workforce was on the Board schedule for debate at the September meeting.</p> <p>The East London Health and Care Partnership Board noted the Clinical senate report.</p> <p>6.3</p> <p>Workforce:</p> <p>The Workforce enabler priorities paper was circulated to the Board members for their information ahead of the meeting. The purpose of this presentation was to provide a Workforce update to the Board in advance of the strategy discussion on Workforce at the September Board meeting.</p> <p>James Cain gave an update on the workforce enabler priorities, namely; recruitment and retention; Primary Care model for the future and supporting enabler programme; new roles piloted across ELHCP; response to non-medical workforce outcomes and engagement with clinical workstreams.</p> <p>James highlighted the next steps were:</p> <ol style="list-style-type: none"> 1) SROs were to be appointed for each investment theme and priorities to be developed using Task and Finish Groups 2) Outlines were to be taken to STP Executive in August 3) Outlines were to be approved by Local Workforce Action Board and ELHCP Board in September <p>ACTION: Workforce to be brought to the September Board meeting as an agenda item for a strategic discussion.</p> <p>The East London Health and Care Partnership Board noted the Workforce paper</p>	
<p>7.0</p>	<p>Any Other Business</p>	
	<p>7.1</p>	<p>Grainne Siggins noted for information that submission dates for the Better Care Fund plans is the 8 September.</p>
<p>8.0</p>	<p>Date of next meeting</p>	
	<p>8.1</p>	<p>The date and time for the next meeting was scheduled to be held on 23 August from 3.30 to 5.30 pm at Newham CCG, Unex Tower, Stratford.</p>

Summary of Actions:			Status
1	Strategy Debate : Mental Health	The MH team to reflect and strengthen the governance in relation to clinical leads and partners, in particular Local Authorities	In Progress
2	East London Health and Care Partnership Launch event	The East London Health and Care Partnership Board recommended to have greater input from the Local Authorities into the Health and Housing event and to development outcomes ahead of the Housing and Health conference on 18 October	In Progress
3	Clinical senate report	Clarity required from HEE about resources for non-recurrent programmes. HEE to provide information to the next ELHCP Executive Group meeting	In Progress
4	Workforce	Workforce to be brought to the September Board meeting as an agenda item for a strategic discussion	In Progress

Summary of Decisions:		
1.	Strategy Debate: Mental Health	The East London Health and Care Partnership Board agreed in principle and endorsed the approach to achieve the five Mental Health priorities
2.	Strategy Debate: Mental Health	The East London Health and Care Partnership Board agreed in principle and endorsed the three clinical priorities (Employment, smoking, BME access) approach to achieve the five Mental Health priorities