

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

25 October, 16:00pm to 17:30pm

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

Present:	Representing:
Matthew Hopkins	Chief Executive, Barking, Havering, Redbridge University Hospital NHS Trust (Chair)
Jane Milligan	Executive Lead, East London Health and Care Partnership (ELHCP)
Jason Seez	Director of Strategy, Barking, Havering, Redbridge University Hospital NHS Trust
Alwen Williams	Chief Executive, Barts Health NHS Trust
Conor Burke	Chief Officer, Barking, Havering & Redbridge Clinical Commissioning Groups
Steve Gilvin	Chief Officer, Newham Clinical Commissioning Group
John Brouder	Chief Executive, North East London NHS Foundation Trust
Tracy Fletcher	Chief Executive, Homerton University Hospital NHS Foundation Trust
Sam Everington	Co-chair, Clinical Senate and Chair, Tower Hamlets Clinical Commissioning Group
Simon Hall	Acting Chief Officer, Tower Hamlets Clinical Commissioning Group
Paul Haigh	Chief Officer, City & Hackney Clinical Commissioning Group
Clare Highton	Co-chair, Clinical Senate and Chair, City & Hackney Clinical Commissioning Group
Andrew Blake Herbert	Chief Executive, London Borough of Havering
Kim Bromley-Derry	Chief Executive, London Borough of Newham
Vincent Perry	Mental Health Sector Clinician
Chris Banks	GP Confederation Representative, Waltham Forest and East London (WEL)

Additional attendees present	Representing:
Henry Black	ELHCP Chief Finance Officer
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

Ian Jackson	Head of Delivery (North East London) Specialised Commissioning, NHS England (London Region)
Victoria Woodhatch	NHS Improvement
Theo de Pencier	Non-Executive Director, London Ambulance Service
Nichola Gardner	ELHCP Programme Director
Steve Rubery	Sector Director (North London), NEL Commissioning Support Unit
Nigel Woodcock	ELHCP Director of Provider Collaboration (Outgoing)
Vicky Scott	ELHCP Director of Provider Collaboration (In coming)
Ian Tompkins	ELHCP Director of Communications and Engagement
Deodita Fernandes	ELHCP Senior Programme Manager
June Okochi	ELHCP Programme Manager
Pam Dobson	ELHCP Maternity Clinical lead
Wendy Matthews	Deputy Chief Nurse /Director of Midwifery
Jenny Mooney	UCL Partners representative
Joy Ogbonna	ELHCP PMO Programme Support Officer
Apologies:	
Rob Whiteman	Chair, East London Health and Care Partnership (ELHCP) Board
Faizal Mangera	NHS Improvement
Elizabeth Hardy	GP Confederation Representative, WEL
Meradin Peachey	Director of Public Health, Newham – ELHCP Public Health Lead
James Cain	Head of Workforce Transformation, Health Education England
Lizzie Smith	Regional lead, Health Education England
Cathy Turland	Health Watch Observer
Grainne Siggins	Director Adult Social Care, London Borough of Newham
Atul Aggarwal	Chair, Havering Clinical Commissioning Group
Mohit Venkataram	GP Confederation, WEL
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
Karen Stubbs	GP Confederation Representative, Barking, Havering & Redbridge
Laura Sharpe	GP Confederation representative, City & Hackney Group

Item no.	Name	
1.0	Welcome, introductions and apologies for absence	
1.1	Welcome and introductions Matthew Hopkins chaired the meeting in the absence of Rob Whiteman, independent chair for ELHCP. He 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"> • Grainne Siggins, Director Adult Social Care, London Borough of Newham • Atul Aggarwal Chair, Havering Clinical Commissioning Group • Mohit Venkataram, GP Confederation, WEL • Faizal Mangera, NHS Improvement • Meradin Peachey, Director of Public Health, Newham – ELHCP Public Health Lead • James Cain, Head of Workforce Transformation, Health Education England • Lizzie Smith, Regional lead, Health Education England • 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 • Karen Stubbs, GP Confederation Representative, Barking, Havering & Redbridge • Cathy Turland, Health Watch Observer • Laura Sharpe, GP Confederation representative, City & Hackney Group 	
2.0	Minutes and matters arising	
2.1	Minutes of the meeting 27 September 2017 Minutes of the last meeting agreed as accurate. All outstanding actions have been closed. Matters arising were noted as covered within the agenda.	
3.0	Strategy Debate: Maternity	
3.1	Wendy Matthews presented both the Demand and Capacity summary paper and Maternity Transformation plan paper.	
3.1.1	The purpose of the document is to clearly set out the maternity transformation delivery plan for North East London in line with the Five Year Forward View for Maternity 'Better Births', published in February 2016. It provides an assessment of the likely future demand for services and reviews the capacity of the system to deliver transformation. It also identifies both the clinical and non-clinical strategic priorities which will enable the improvement of safety and outcomes for local women and their babies, setting out detailed project plans and a financial case for change. Finally, it seeks to set out parameters of the population and the demographic profile and governance arrangements for the Local Maternity System.	
3.1.2	The report defines the financial resources required for delivery and includes a bid for Sustainable and Transformation Funding to support the implementation of the plan for	

	<p>NEL. She noted some key line of enquiry (KLOE) had been set by NHS England for all maternity systems to develop a clear and credible plans and baseline data requirements ahead of an assurance submission to NHS England in October 2017.</p>
3.1.3	<p>Sam Everington recommended the need to develop an integrated IT and digital system across NEL and the use of the hubs for remote working. Digital apps needs to be encouraged, e.g. accessibility via a mobile device so that midwives can use it at booking and that it is accessible in community hubs and at home This also would involve aligning with the Digital team. Wendy Matthews highlighted that NHS Digital are currently developing an app that would be ready by Christmas.</p>
3.1.4	<p>It was recommended that standardised notes and guidance should be developed across NEL. WM confirmed that a piece of work is progressing led by Consultant Obstetricians on this.</p>
3.1.5	<p>Housing and affordability were highlighted as a key issue, which has been escalated to the STP, regional and national Maternity Transformation Boards. There is high demand from midwives for accommodation in NEL. Andrew Blake-Herbert noted concern about the increasing population in outer London and how this will impact on maternity services. He highlighted there is an opportunity for community hubs, bringing together maternity services and other community/social services.</p>
3.1.6	<p>WM noted recruitment and retention in NEL is difficult. John Brouder asked about the size of the workforce gap at present and in the future. WM confirmed that the expectation of the Better Births policy is that midwife appointments will double in length, putting pressure on the workforce and requiring an expansion of it. A ten year plan is under development with the education providers. There is a need to 'grow our own' midwives locally and work is also underway to improve retention. There is the need to encourage people to remain in NEL i.e. to live and work working closely with communications and engagement teams</p>
3.1.7	<p>Uptake of vasectomies/male contraception was highlighted as being low in East London and a concern that needs to be addressed. It was asked if midwives could do more to promote contraception services/conversations. WM informed the group that there are short resources at the moment and as such the focus is more on the priority areas.</p>
3.1.8	<p>WM cautioned about the difficulty in accurately predicting the rate of growth in birth rates, due in part to the also transitory nature of the population in NEL. Pam Dobson highlighted that the demand and capacity analysis was hampered by the local data and ONS data not matching. JS recommended liaising with Essex about potential demand and demographic changes in Essex and how this might impact on NEL.</p>
3.1.9	<p>Alwen Williams noted concerns that the right assumptions underpin the demand and capacity analysis as the potential impact on quality and safety if these were inaccurate is could be significant. She advised a pause to reflect on the findings and assumptions, and a chance to examine the analysis in detail. WM responded that monthly monitoring is underway to double check the demand and capacity analysis to see if it is proving accurate.</p>
3.1.10	<p>She also recommended a greater focus on public health interventions and inequalities to improve the baby's life chances. Clare Highton noted the opportunity to encourage greater self-care, so that resources can be targeted better at women needing more support. This includes work to reduce obesity prior to pregnancy in primary care. WM confirmed that significant work is being undertaken as part of the maternity work</p>

	stream on public health and inequalities. WM agreed there is an opportunity to encourage more group work with pregnant women to support self-care.
3.1.11	Ceri Jacob asked about how proactive midwives are in working with local schools to attract people into maternity services. WM confirmed the services are active with local schools and colleges, particularly promoting a wider range of roles such as midwifery associates.
3.1.12	Clare Highton recommended that commissioners move to an outcome based approach to commissioning of maternity services and move away from tariff, supported by a dashboard. WM confirmed a dashboard is in use and there is a national work underway about changing the tariff. WM welcomed the opportunity to work more closely with primary care colleagues and requested a GP Lead.
3.1.13	Tracey Fletcher commended the good engagement work across the STP in developing the maternity bid. She noted concerns about fully understanding the financial impact and the likely savings arising from the bid, and also asked what would happen if the bid was not successful or not as much funding was available as requested, highlighting the NEL bid was for £7m from a £30m national pot. WM echoed TF's concerns about financial sustainability of services, but also highlighted that the maternity work streams has made significant efficiencies through NEL wide procurement work and standardisation projects.
3.1.14	She also queried the ratio of midwives to expectant women and whether there was a standard ratio in place across NEL. WM confirmed work is in progress to ensure a standard ratio.
3.7.1	<p>Recommendations from the board included:</p> <p>Digital and Information Systems</p> <p>Virtual care models could be considered for hub and spoke</p> <p>There should be standardised guidance on maternity notes across NEL to ensure robust data.</p> <p>Improve data quality across maternity services with support from the North East London Commissioning Support Unit.</p>
3.7.2	<p>Workforce</p> <p>Funding training and development needs to be reviewed: Invest in workforce development.</p> <p>Review resources to cover areas: Consideration a review on the benefits of standardizing inner/outer London weighting for Band 6s midwives as an initial pilot.</p>
3.7.3	<p>Strategy</p> <p>The maternity demand and capacity review should be kept live with an ongoing review of the position of population growth. This should be shared with various organisations in ELHCP for testing</p> <p>It was proposed that collaborative commissioner / provider working to design 2019/20 contracts will be required for increased demand for maternity services.</p> <p>Better engagement with Primary Care including GP lead for maternity and an assessment of local CCG engagement</p> <p>Alignment of maternity transformation plans with public health and prevention initiatives.</p>
3.7.4	<p>DECISIONS:</p> <p>The East London Health and Care Partnership Board endorsed the Maternity plans and bids presented to the group to be submitted to NHS England 31 October with the caveat</p>

	3.7.5	<p>that there was more work to be done, specifically on the commissioning impact post funding, keeping the demand and capacity analysis live and under review and mobilisation.</p> <p>The ELHCP Board endorsed the development of an innovative recruitment network which provides opportunity for midwives to rotate across all NEL providers. It recommended looking at the opportunity to standardise London weighting across NEL. Agreed across the sector that there is a need to develop an integrated IT and digital system across NEL to transform and support the provision of modern maternity care</p> <p>ACTION: The maternity managers to update the document with recommendations from the group before submission to NHS England on 31 October.</p> <p>The East London Health and Care Partnership Board noted the Maternity update.</p>
4.0	KGH revised clinical strategy	
	4.1	<p>Nigel Woodcock presented the KGH revised clinical strategy paper which provides</p> <ul style="list-style-type: none"> • An update on the work that has been undertaken in progressing the development of the revised strategic outline case (SOC) for the reconfiguration of urgent and emergency care services in outer North East London. • An update on the strategic outline case (SOC) approval process to be undertaken by NHSI in order to enable work to progress on development of the proposed new clinical model and OBC. • An update on the communications & engagement work undertaken to date. <p>NW noted the presentation to the ELHCP board completes the STP system wide governance cycle of CCG Governing Body meetings and NHS Trust Boards undertaken during July – October to review the proposed new strategic narrative.</p> <p>4.2 The clinical strategy paper makes the following recommendations to the board:</p> <ol style="list-style-type: none"> 1. To note the overall STP system wide progress made in providing the additional assurance required by NHSI and developing a revised SOC for submission to NHSI in October 2017. 2. To note the new strategic narrative developed as a result of the review and that it has been reviewed and signed off by: BHRUT and Barts Health Trust Boards and the Governing Bodies of BHR CCGs, Waltham Forest CCG and Newham CCG. 3. To note the next steps <p>4.2.1 Jason Seez confirmed that bringing the SOC to the ELHCP Board and submitting it to NHSI was a key step in enabling work to progress to the outline business case stage, where a range of options will be developed for the future clinical model.</p> <p>Steve Gilvin noted there needs to be a greater understanding of what the new model will mean for ELHCP. He recommended early engagement ensure a positive line of enquiry before the submission of the OBC.</p> <p>Andrew Blake-Herbert recommended that the paper needs to be shared with Health and Well Being Board meeting and for Local Authorities to be involved.</p> <p>4.2.2 ACTION: The Board agreed:</p> <ul style="list-style-type: none"> • The KGH revised clinical strategy paper be taken to the Local Authorities' Health and Well-being Boards, provider boards and commissioners governing body meetings to review options and for sign off

		<ul style="list-style-type: none"> • A revised communication and engagement plan would be implemented • A follow up meeting to be organised with BHRUT, NHS England/Improvement to discuss next steps.
	4.2.3	DECISIONS: The East London Health and Care Partnership agreed that BHRUT would submit a revised SOC to NHS Improvement in October 2017
	4.2.4	The East London Health and Care Partnership Board noted the KGH revised clinical strategy paper.
5.0	Enhancing London's HIV Response	
	5.1	<p>Ian Jackson gave an update on enhancing London's HIV response through participation in the global Fast Track Cities Initiative. Like many other global capital cities London carries a disproportionately high burden of the national HIV epidemic. He highlighted the benefits the scheme would be for London are:</p> <ul style="list-style-type: none"> • Leadership for a whole system approach to the HIV pathway • Forging a London – wide Plan • Supporting exiting strategic plans • A framework for maximising existing opportunities for progress • Evaluating and monitoring system performance • Leveraging additional support in furtherance of the strategic goals • Putting London on the Global stage
	5.2	The Board was supportive of the approach but queried if Pre-Exposure Prophylaxis (PrEP) was involved in the scheme. It also questioned the financial implications for NEL.
	5.3	ACTION: Ian Jackson to identify cost implications and present at a future ELHCP Executive group meeting.
	5.4	<p>DECISION: The East London Health and Care Partnership Board endorsed London becoming part of the Fast Track Cities Initiative.</p> <p>The East London Health and Care Partnership Board noted the paper.</p>
6.0	Communications update	
	6.1	<p>Update on Communications and engagement:</p> <p>Ian Tompkins gave an update on the Comms activity so far. He noted the briefing room and external web site had been created which included include dedicated, and secure, sections for primary care and workforce programmes.</p>
	6.2	<p>Health and Housing Conference 18 October:</p> <p>Ian Tompkins noted there has been positive feedback from attendees regarding the event and he is currently working with facilitators to get the notes from the event circulated to all.</p>
	6.3	<p>Workforce:The comms and engagement team is working with the workforce programmes, Waltham Forest CCG, Newham Council and others to develop</p>

	6.4	<p>information materials promoting NEL as a place to live and work in support of general staff recruitment.</p> <p>Following on the discussions on workforce as an area of concerns for GP retention in north east London at the last Executive group in October, Ian Tompkins agreed to put a brochure together to encourage people including GPs to come live and work in East London by Friday 27 October.</p> <p>ACTION: A copy of the brochure to be circulated to all after the meeting and also to be included on the online briefing room.</p> <p>The East London Health and Care Partnership Board noted the communications update.</p>
7.0	Updates for information and questions only	
	7.1	<p>Programme Update: The programme report paper outlined the overall status of the programme was rated green. All comments and feedback from the Board would be sent to the ELHCP PMO.</p> <p>The East London Health and Care Partnership Board noted the programme update paper.</p> <p>7.2 Clinical Senate report: Claire Highton gave a verbal update of the Clinical Senate meeting that was held on 11 October. She highlighted the two main areas discussed at the Clinical Senate meeting were Winter Planning & Integrated Urgent Care and Stroke.</p> <p>7.3 Winter Planning and Integrated Urgent Care</p> <p>a) The STP to look at the opportunity of measuring waste in the system rather than productivity by looking at ideas from a non- health perspective and learning from other sectors which managed busy flows i.e. airports</p> <p>7.4 Stroke</p> <p>a) Organisations in East London were recommended to work on a Clinical Strategy for stroke services. Alignment with the system-wide QI work and the workforce enabler workstream would be conducive in taking forward this work.</p> <p>b) Social care and third sector played an important role in stroke services and it would be good to work collaboratively with these sectors to bring about service improvements.</p> <p>The East London Health and Care Partnership Board noted the Clinical Senate report.</p>
8.0	Any Other Business	
	8.1	No further business was raised at the meeting.
9.0	Date of next meeting	
	9.1	The date and time for the next meeting is 22 November 2017 from 4.00pm to 5.30pm in the Conference meeting room, Stratford Town Hall.

Summary of Actions:			
	Agenda Item	Action	Status
1.	Maternity Services review	The maternity programme managers to update the document with recommendations from the group before submission to NHS England 31 October	Closed
2.	KGH revised clinical strategy	A follow up meeting to be organised with BHRUT, NHS England/Improvement to discuss next steps.	Closed meeting took place 10 th Nov
3.	Specialised Commissioning:	Ian Jackson to work out what the cost implications would be for the ELHCP to and present at a future ELHCP Executive group meeting.	In Progress
4.	Communication Update	A copy of the brochure to be circulated to all after the meeting and also to be included on the online briefing room.	Closed

Summary of Decisions:	
Maternity Services review	<ul style="list-style-type: none"> The East London Health and Care Partnership Board endorsed the Maternity plans and bids presented to the group to be submitted to NHS England 31 October with the caveat that there was more work to be done on the bids. The ELHCP Board endorsed the development of an innovative recruitment network which provides opportunity for midwives to rotate across all NEL Providers It recommended looking at the opportunity to standardise London weighting across NEL. Agreed across the sector that there is a need to develop an integrated IT and digital system across NEL to transform and support the provision of modern maternity care
Specialised Commissioning: Enhancing London's HIV Response	The East London Health and Care Partnership Board endorsed London becoming part of the Fast Track Cities Initiative.
KGH revised clinical strategy	The East London Health and Care Partnership agreed that BHRT would submit a revised SOC to NHS Improvement in October 2017