

**North East London Strategic Planning Board**  
**Action Log**

Friday 10<sup>th</sup> May 2016

Boardroom A/B/C, Kirkdale House, 7 Kirkdale House Waltham Forest CCG

**Attendees:**

Julian Nettel (JL) - Chair	Independent Facilitator
Jane Milligan (JM)	Chief Officer, Tower Hamlets CCG - NEL STP Lead
Conor Burke (CB)	Chief Officer, BHR CCGs
Steve Gilvin (SG)	Chief Officer, Newham CCG
Martin Esom (ME)	Chief Executive, London Borough of Waltham Forest- NEL STP LA Lead
Matthew Hopkins (MH)	Chief Executive, BHRUT NEL STP Provider Lead
Meradin Peachey (MP)	Director of Public Health, Newham - STP Public Health Lead
David Maher (DM)	Deputy Chief Officer & Programme Director, C&H
Tracey Fletcher (TF)	Chief Executive, HUH
Neil Kennett-Brown (NKB)	Director of Transformation, WEL CCGs
Navina Evans	Deputy CEO, ELFT
Clare Highton (CH)	CCG Chair, City & Hackney CCG NEL Clinical Senate Chair
Hilary Ross (HR)	UCLP
Lee Outhwaite (LO)	NHS Improvement
Nigel Burgess (NB)	Health Education England
Jacqui Van Rossum (JVR)	Executive Director, Int. Care (London) & Corporate Comms, NELFT
Tom Travers (TT)	Chief Finance Officer, BHR CCGs
Les Borrrrett	Chief Finance Officer, Waltham Forest CCG
Tim Peachey	Deputy CEO, Barts Health Trust
Ralph Coulbeck (RC)	Director of strategy, Barts Health Trust
Rakhee Verma	Head of Chief Exec Office
Oliver Excell (OE)	NEL STP PMO Manager
Joy Ogbonna (JO)	NEL STP PMO Support
Erin Birch (EB)	PwC
Ulrich Demfle (UD)	PwC

**Apologies:**

Waseem Mohi (WM)	CCG Chair, Barking and Dagenham CCG
Grainne Siggins (GS)	Director of Adult Social Care, London Borough of Newham
Steve Russell (SR)	BHRUT
Sam Everington (SE)	CCG Chair, Tower Hamlets CCG - NEL STP Clinical Lead
Ceri Jacobs (CJ)	NEL Area Director, NHS England
John Brouder (JB)	Chief Executive, NELFT
Paul Haigh (PH)	Chief Officer, City & Hackney CCG
Tara-Lee Baohm (TLB)	Deputy Director of Strategic Delivery, BHR CCGs
Nigel Turner (NT)	NEL STP Finance Lead
Russ Platt (RP)	Specialist Commissioning, NHS England
Alwen Williams (AW),	Chief Executive, Barts Health Trust
Terry Huff (TH)	Chief Officer, Waltham Forest CCG - NEL STP CCG Lead
Daniel Waldron (DW)	Director of Organisation Transformation, HUH

## **1. Welcome and Introductions**

The chair, JN welcomed everyone to the meeting and noted apologies. He kicked off the meeting with a round of introductions from members of the group. He re-echoed the purpose for the meeting which was to review the draft north east London (NEL) Sustainability and Transformation Plan (STP) 10<sup>th</sup> June submission before submission to NHS England and NHS Improvement later in the day.

He acknowledged the work done so far by the NEL STP PMO team and advised that we are on track to deliver the 30<sup>th</sup> June submission of the STP to NHS E. The submission on June 30<sup>th</sup> needs to demonstrate that we collectively understand the challenges that we face, the risks involved and the benefits of working together. The detail surrounding how we a) intend to close the £511 million funding gap and how we b) intend to implement the STP will need to be worked out for the final submission later in the year.

A significant amount of work is therefore still required to produce the level of detail needed for our proposals to be a success. Further work will be required by the team after a meeting with NHS E (London) on 16<sup>th</sup> June that would lead to the submission on 30<sup>th</sup> June. He however noted the programme board will have a chance to review and comment on the next version of the STP document at the next Board meeting on 23<sup>rd</sup> June.

## **2. Minutes and matters arising**

For the purpose of the workshop the minutes were approved to be read. There were no outstanding actions.

## **3. Update on Financial Base Case**

A copy of the draft north east London (NEL) Sustainability and Transformation Plan (STP) 10<sup>th</sup> June submission plan was tabled at the workshop.

UD gave a brief update of the Financial Base Case. Making reference to page 24 – 25 of the report, he gave a breakdown of the five year affordability challenge.

The NEL NHS FY21 affordability challenge is £947m in the “do nothing” scenario. Three scenarios were modelled for NEL to identify the five year affordability challenge. In the medium scenario, the forecasted NEL FY20/21 do nothing is £947m and £527m for the “do minimum scenario in which business as usual efficiencies have been included.

In the NEL Local Authority Challenge section, CH advised that City of London Corporation should be included in the analysis.

UD noted that only initial high level analysis of the local authority challenge has been undertaken. He noted that further work is planned to complete the analysis for all LA to investigate how proposed service changes will impact on health.

It was agreed that the representation of the STF and Specialised Commissioning gap should be changed on the ‘closing the gap’ diagram, to differentiate these items from the actual savings that had been identified.

#### 4. Outputs from workshop sessions

The workshop part of the ST Board meeting was separated into 3 sessions:

- **Session 1 - Are there any areas missing or of concern in the list of critical decisions**
- **Sessions 2 – With reference to the Better care and wellbeing section (pages 7,8,9)**
  - *Is our vision for transformation ambitious enough?*
  - *Does the model resonate at both a NEL and local level?*
- **Session 3 – Any comments or questions regarding the principles outlined for System Leadership**

##### A. Outputs from session 1

The following comments were made regarding the critical decisions:

- Currently the critical decisions sound too high level and generic, and would benefit from more local details ('grit'), such as:
  - The local PFI challenges
  - Details of the inequalities in the sector
  - The high rate of population growth in North East London
- The critical decisions need to be framed more from a patient / citizen perspective
- The decisions should reference the specific primary care challenges in the sector (and related to this how can community services best support primary care)
- The decisions should be reframed to include Local Authorities as a key partner in the NEL health and care system
- The dynamic / transient nature of the NEL population is a key differentiator and should be referenced in the challenges
- The PFI should be explicitly called out in the critical decision relating to infrastructure
- Self-care and shifting the responsibility for healthcare to patients / citizens should be referenced in the capacity and demand question
- Workforce is not mentioned in the list of critical decisions – this should be explicitly referenced
- The questions should acknowledge the challenge in bringing together the wide variation in populations / local systems, and how to achieve the balance in the delivery model between system thinking and local action

**B. Outputs from session 2 – Is our vision for transformation ambitious enough? Does the model resonate at both a NEL and local level?**

The following comments were made regarding the transformation vision and the delivery model:

- There needs to be a clearer articulation of the big ticket items
- Greater clarity on the key priorities and the progress that has been made against these
- Greater clarity on the vision for acute transformation (e.g. how will we create the additional capacity required for maternity services and elective services)
- The narrative on Specialised Commissioning should be included within the Better Care and Wellbeing section
- The deliverables should be reframed around the actual changes that will be implemented
- Greater emphasis is required on children's health (particularly childhood obesity and the 'Early Years Help' programme)
- Resolving the funding flows is critical to making the new integrated system work
- The local focus of the existing programmes needs to be maintained in creating a system wide transformation plan (e.g. how to improve access to local Directories of Services for LAS crews)
- The model could be more explicit regarding the role of community services / pharmacies to help manage minor illnesses
- The role of schools in early education and early health should be strengthened
- The definition of mental health should be broadened to include mental wellbeing for all people (i.e. not just those with mental illness)
- More specific details should be included regarding self-care interventions
- The success of the model is dependent on changing the behaviours of patients / citizens – how will this be done?
- More specific details should be included on how lessons from local programmes will be rolled out to other relevant areas in the patch

**C. Outputs from session 3 - principles for System Leadership**

There was insufficient time in this meeting to discuss the System Leadership principles. However, it was agreed that these would be covered in the next ST Board on 23<sup>rd</sup> June

## 5. Actions/Next Steps

- Review comments received in the workshop on the draft submission and incorporate required changes for the 10<sup>th</sup> June submission
- NEL STP PMO will submit the draft STP to NHS England and NHS Improvement by 5pm, 10<sup>th</sup> June
- A draft of the STP will be circulated to Programme Board after submission to NHS England and NHS Improvement for review and comments by Wednesday 15<sup>th</sup> June. JM advised that all feedback is welcomed and encouraged, however noted that this is a draft and it is not to be circulated widely.
- Additional workshops are scheduled to take place in the forth-coming weeks to engage all relevant stakeholders e.g. CCGs, Provider and the Local Authority.
- Next Board meeting is scheduled for the 23<sup>rd</sup> June to review the June 30<sup>th</sup> final submission.
- An NHS E London region feedback meeting has been scheduled for 16<sup>th</sup> June
- A stocktake meeting has been scheduled with Simon Stevens and Jim Mackay for 14<sup>th</sup> July.

6. **AOB** – Date of the next meeting is 23<sup>rd</sup> June at Newham CCG, Unex Tower.