



# **NEL Sustainability and Transformation Plan**

**Strategic Planning Board**

## **Minutes**

Tuesday 19<sup>th</sup> July 2016

Newham CCG, Unex Tower, 4<sup>th</sup> Floor, Meeting Room FO24/FO21

**Attendees:**

Julian Nettel (JL) - Chair	Independent Facilitator
Clare Highton (CH)	CCG Chair, City & Hackney CCG NEL Clinical Senate Chair
Steve Gilvin (SG)	Chief Officer, Newham CCG
Henry Black (HB)	Chief Finance Officer, NEL STP Finance lead
Martin Esom (ME)	Chief Executive, London Borough of Waltham Forest- NEL STP LA Lead
Matthew Hopkins (MH)	Chief Executive, BHRUT NEL STP Provider Lead
Terry Huff (TH)	Chief Officer, Waltham Forest CCG - NEL STP CCG Lead
Sam Everington (SE)	CCG Chair, Tower Hamlets CCG - NEL STP Clinical Lead
Ceri Jacobs (CJ)	NEL Area Director, NHS England
Alwen Williams (AW),	Chief Executive, Barts Health Trust
David Maher (DM)	Deputy Chief Officer & Programme Director, C&H
Tracey Fletcher (TF)	Chief Executive, HUH
Rakhee Verma (RV)	Head of CE Office
Neil Kennett-Brown (NKB)	Director of Transformation, WEL CCGs
Navina Evans (NE)	Deputy CEO, ELFT
Hilary Ross (HR)	UCLP
Barry Jenkins (BJ)	Chief Finance Officer, NELFT
Lee Outhwaite (LO)	NHS Improvement
Russ Platt (RP)	Specialist Commissioning, NHS England
Nigel Burgess (NB)	Health Education England
Ralph Coulbeck (RC)	Director of strategy, Barts Health Trust
Jacqui Van Rossum (JVR)	Executive Director, Int. Care (London) & Corporate Comms, NELFT
Oliver Excell (OE)	NEL STP PMO Manager
Joy Ogbonna (JO)	NEL STP PMO Support
Jubada Akhtar-Arif (JAA)	NEL STP PMO Support
Ulrich Demfle (UD)	PwC
Oliver Bernath (OB)	PwC

**Apologies:**

Waseem Mohi (WM)	CCG Chair, Barking and Dagenham CCG
Jane Milligan (JM)	Chief Officer, Tower Hamlets CCG - NEL STP Lead
Conor Burke (CB)	Chief Officer, BHR CCGs
Meradin Peachey (MP)	Director of Public Health, Newham - STP Public Health Lead
Grainne Siggins (GS)	Director of Adult Social Care, London Borough of Newham
Tom Travers (TT)	Chief Finance Officer, BHR CCGs
John Brouder (JB)	Chief Executive, NELFT
Paul Haigh (PH)	Chief Officer, City & Hackney CCG
Tim Peachey (TP)	Deputy CEO Barts Health
Daniel Waldron (DW)	Director of Organisation Transformation, HUH

## 1. Welcome and Introductions

JN welcomed everyone to the meeting and noted apologies. He informed everyone of the purpose for the meeting which was to update the programme board on the current stage of the programme, take stock of the meeting that took place with NHS England and NHS Improvement on July 14<sup>th</sup> and discuss outputs from the meeting.

## 2. Minutes and matters arising

The minutes from the last meeting were noted as read and accurate. There were no matters arising and actions from the last meeting.

## 3. Update from meeting with NHS England / NHS Improvement on 14th July

A copy of the summary of meeting with national bodies was circulated to all. NKB gave a verbal update of discussions from the meeting with NHS England and NHS Improvement, highlighting that overall the session went well. He reported that a proposed cohort was not discussed at the meeting. Following a national collaboration process in week commencing 25<sup>th</sup> July there is an expectation a recommendation will be shared, and confirmed after the 29<sup>th</sup> July. He noted a letter is expected to come from the national bodies in early August.

He also reported that the top team confirmed their intention to bring forward the release date of planning guidance to September, when business rules, CQUIN, tariff will be shared. This will trigger the start of a system wide operating plan process. This will enable areas to begin negotiations around 2 year contracts, which should conclude by Christmas 2016. This will allow for a focus on delivery from the New Year.

### Key lines of enquiries and actions included:

- I. **Financial strategy for NEL:** 16/17 system NEL deficit (above agreed control totals, main issue around Barts Health) and how we as a sector can live within our overall envelope in the longer term, with a real emphasis on having a system control target and expectation that we are collectively tracking this.

### Discussion points included:

- a) TH suggested a meeting to take place to discuss the way forward as a system. There are other deficits in the patch we need to be aware of and we can start by understanding each other's positions. He further suggested transparency and an open book approach to understand the financial position of each organisation including NHS England Specialised commissioning.
- b) ME highlighted that political leaders will have their views in each of the boroughs, if they think their area will be affected by the system control total. There is the need to develop a strategy for Local Authority / political engagement.
- c) LO highlighted that the aim of the questioning at the meeting on 14<sup>th</sup> July was to confirm whether NEL had a methodology to understand its current financial position.

- d) MH reflected on STPs across the country, where some are not working together at all. The system challenge from Simon Stevens is the recognition that we are in this together.
- e) SE wondered what the leadership was offering in return, such as greater flexibility, rather than handing roles and responsibilities that had previously been done centrally to the STPs.
- f) CJ advised that the focus should be how NEL is going to work together as a system to achieve financial balance over the 5 year STP planning period.
- g) TH further advised that a thorough analysis of what the issues are across all the organisations and an open book session to work towards a collective approach is required.
- h) JN raised the question of whether the system control total is simply an aggregate of the organisational control totals.
- i) CH highlighted that the chair of the City and Hackney HWBB has written a letter to Jeremy Hunt raising concerns regarding the lack of public / Local Authority engagement in the development of the STP.
- j) AW highlighted her concern that the NEL STP had become very acute provider focused, and in particular very Barts Health focused. AW stated that she did not believe that Barts Health is an outlier with regards to its deficit, relative to the size of the organisation
- k) TF advised not spending an excessive amount of time analysing the issue regarding the financial balance of the system, but instead getting on and resolving the issue.
- l) CH highlighted the need to contain activity growth in the acute sector (in particular Barts Health), and proposed that the actions required to do this are progressed as a matter of urgency.

**Action:** All Chief Executives, Chief Officers, CFOs and FDs to meet to develop an approach to the joint NEL system financial strategy and the system operating planning process involving David Slegg & Lee Outhwaite. - **JO**

**Action:** CFOs to work up approach to the “open book” sharing - **HB**

- II. **Accountability model for Accountable Care Systems:** There was a need to have clarity on where the buck stops for finance and quality and concerns were raised that shared accountability can mean that no one takes responsibility.
- III. **Capital ask:** Continue to work up our estates and capital plan, learning from NCL devolution on estates, and ensure we have a really clear case for reinvestment
- IV. **KGH ED:** Work up business case, and understand the clinical fragility risk of overnight closure. The transition costs for full closure need to be assessed so these costs are factored into the planning. It was agreed that a clear and costed plan would be developed for presentation back in September, including the transition costs for the overnight to the full closure. The trusts will continue development of business cases for the capital works at Queens Hospital and Whipps Cross to provide the capacity required to support the transition. A clear description and mitigations would be

developed for the clinical and financial fragility risk of the overnight closure. This work would be led by the existing NELAR group, which Matthew Hopkins chairs.

- V. **Primary Care transformation:** Develop concrete delivery plan for the rollout of best practice in primary care across the NEL patch, and a underpinning financial strategy for primary care

#### 4. Communications and engagement update

An update paper on the STP communications and engagement work was tabled at the meeting. NKB presented the key highlighted from the update, which included:

- **Website:** A basic website for the STP has been developed – [www.nelstp.org.uk](http://www.nelstp.org.uk) - with the ability to be further expanded once additional content is available. It currently holds issues of the stakeholder newsletter, information on the STP and contact details. All communications materials will include the web address.
- **Sharing the STP document:** NHS England has been clear that the draft STP submitted on 30 June should not be shared.
- **Summary document:** Following further discussions with NHS England regarding our draft submission, a short public facing summary of the 30 June NEL STP document (incorporating feedback from the 14 July NHS England/NHS Improvement meeting) is to be written to use for briefing purposes and to publish on partner websites. An easy read version will also be developed. These will be used to facilitate meaningful engagement with the general public, in lieu of releasing the entire document.
- **Engaging with patients and the public:** NHS England is clear that all footprints should now be engaging with local people to discuss and shape their STP proposals

There was a debate on agreeing an approach to communications and engagement and options proposed to the board were:

- Agree that engagement on TST which has taken place in Newham, Tower Hamlets and Waltham Forest means that engagement on the STP only needs to take place in the City of London, Hackney, Barking and Dagenham, Havering and Redbridge.
- Contract individual Healthwatch organisations to produce an engagement report for each borough, while providing support and materials from the STP PMO.
- Meet with Save our NHS and Staffside

## Discussion points included:

- SE highlighted that there is no clear strategy for the communication / circulation of the NEL STP, and his concerns regarding the NHS E guidance that the STP should not be made public as this is only likely to create suspicion and mistrust.
- SG suggested that it was not for the centre to dictate the communications approach for the NEL STP – the NEL leadership team should be responsible for this acting in the best interest of the area.
- CJ advised that NEL should continue with the implementation of its communications and implementation plans, but that plans do not need to be specifically branded as ‘STP’
- JN advised that ‘STP’ is now in the national psyche and therefore NEL did need to be open about the content of the NEL STP
- SG proposed briefing elected members on the NEL STP, in order to stop the propagation of rumours
- MH suggested the need to agree a ‘risk appetite’ for the communications, to collectively agree the level of information that would be shared
- CH highlighted that each organisation has its own local communications function and therefore we should be trying to use these local communications resources as far as possible.
- SG highlighted the need to define a set of agreed central messages for the NEL STP that the local organisations can engage their local stakeholders with.
- JN proposed that there does need to be a degree of central coordination of the NEL STP communications to ensure alignment of messages and a common approach – suggested that the NEL STP Communications Director (Don Neame) should meet with the local leads to join up the different plans

**Action:** Meet with the local communications leads to join up the different local communications plans – **Don Neame**

## 5. Update from NEL system planning and governance workshop on 8<sup>th</sup> July

A paper was tabled summarising the outputs from the system governance and planning workshop on 8<sup>th</sup> July, where various organisations met to discuss the next phase of the STP programme. JN noted an action to review the governance arrangement, particularly in regards to strengthening the relationship with Local Authority colleagues.

HR advised NEL needs to be proactive in clinical engagement and that clinicians should own the vision for improved patient pathways. NKB noted that a number of workshops had been held over the last few weeks involving clinicians on specialist commissioning and transformation programmes.

CH highlighted the need for strong clinical engagement in the Productivity work, and suggested the GP Federations should be engaged in this work

**Action:** Consider how to involve Local Authority colleagues in the development of the new governance arrangements, to strengthen the relationship with and involvement of Local Authorities – **NEL STP PMO**

**Action:** Undertake a stocktake of clinical engagement that has taken place across the patch and present this to the next STP Board meeting – **NEL STP PMO**

**Action:** Identify the characteristics that will support engagement and involvement of all stakeholders in the development and implementation of the NEL STP - **NEL STP Communications Team**

#### **6. Planning the next phase of the NEL STP programme (July to October):**

- Key priorities and focus areas for the next phase
- Resources required to support delivery

NKB reported that in order for the next phase of the STP to be delivered there needs to be dedicated resource. He noted that partner organisations had strongly expressed the preference to use internal resources where possible. NKB recommended that there should be clear agreement and direction that for any internal resource provided to the STP programme, the STP should be their 'day job'.

System reform is one area that there isn't resourced at the moment but was included as a work programme in the NEL STP submission,

NKB also highlighted that a core PMO team will continue to provide central support for the STP.

HB reported that the Finance and Activity group (F&A group) is conscious that a new resource plan needs to be in place urgently to drive the mobilisation and delivery of the STP. HB highlighted the challenge of getting consensus agreement from different organisations on their financial contributions to the resource plan, and suggested the programme board delegate to the F&A group the task of developing a resource plan and funding proposal for the STP board to sign off.

**Action:** F&A group to develop a resource plan and funding proposal for the resource required to progress with the delivery of the STP programme, for sign off at the next STP board meeting.- **HB**

**7. AOB:** The next programme board meeting is scheduled for 24<sup>th</sup> of August 2016 at Newham CCG.

## Summary of Actions

Action	Owner	Due Date	Status
<p>All Chief Executives, Chief Officers, CFOs and FDs to meet to develop an approach to the joint NEL system financial strategy and the system operating planning process involving David Slegg &amp; Lee Outhwaite</p> <p><b>Update 17/08/2016-</b> The meeting has now been rescheduled to take place in September, meeting dates and venue to be confirmed.</p>	JO	w/c 8 <sup>th</sup> August	Closed
<p>CFOs to work up approach to the “open book” sharing</p> <p>Meet with the local communications leads to join up the different local communications plans</p> <p><b>Update 17/08/2016-</b> Planning for a regular NEL footprint comms leads meeting is underway, involving providers, CCGs and local authority comms leads. The first of these meetings will focus on the NEL STP and Polly Czior, director of comms for Hackney council has been asked to present on the difference between NHS and LA comms. NHS comms leads receive regular updates by email on STP progress</p>	HB Don Neame	w/c 8 <sup>th</sup> August 24 <sup>th</sup> August	Closed Closed
<p>Undertake a stocktake of clinical engagement that has taken place across the patch and present this to the next STP Board meeting.</p> <p><b>Update 17/08/2016-</b> The meetings undertaken are listed below: - Clinical senate - Programme board - Transformation workstream workshops in July - Specialized commissioning workshops in July</p>	NEL STP PMO	24 <sup>th</sup> August	Closed
<p>Identify the characteristics that will support engagement and involvement of all stakeholders in the development and implementation of the NEL STP</p> <p><b>Update 17/08/2016-</b> Refresh comms and engagement plan on the agenda.</p>	NEL STP Communications Team	24 <sup>th</sup> August	Closed
<p>F&amp;A group to develop a resource plan and funding proposal for the resource required to progress with the delivery of the STP programme, for sign off at the next STP board meeting.</p> <p><b>Update 17/08/2016-</b> In progress</p>	HB	24 <sup>th</sup> August	Active