



NEL Sustainability and Transformation Plan Programme Board

Minutes

Wednesday 31st January 2017
Newham CCG, Unex Tower, 4th Floor, Meeting Room FO24/FO21

Present:

Rob Whiteman (RW)	Independent chair, STP Board
Alwen Williams (AW)	Chief Executive, Barts Health Trust, NEL STP Infrastructure SRO
Steve Gilvin (SG)	Chief Officer, Newham CCG, NEL STP Primary Care lead
Matthew Hopkins (MH)	Chief Executive, BHRUT, NEL STP Productivity SRO
Navina Evans (NE)	Deputy CEO, ELFT
Martin Esom (ME)	Chief Executive, London Borough of Waltham Forest, NEL STP LA
Terry Huff (TH)	Chief Officer, Waltham Forest CCG, NEL STP CCG Lead
Tom Travers (TT)	Chief Finance Officer, BHR CCGs
Sam Everington (SE)	CCG Chair, Tower Hamlets CCG, NEL STP Clinical Lead
Tracey Fletcher (TF)	Chief Executive, the Homerton, NEL STP Workforce SRO
Vincent Perry (VP)	Mental Health Sector Clinician
Sunil Thakker (ST)	Joint Chief Finance Officer, NHS City & Hackney CCG
Barbara Nicholls (BN)	Director of Adult Services, London Borough of Havering

In Attendance:

Ceri Jacobs (CJ)	NEL DCO, NHS England
Cathy Turland (CT)	Chief Executive, Healthwatch
Vicky Hobart (VH)	Public Health Services, London Borough of Newham
Henry Black (HB)	Chief Finance Officer, Tower Hamlet CCG, NEL STP Finance lead
James Cain (JC)	Health Education England
Ian Jackson (IJ)	Specialist Commissioning, NHS England (NEL lead)
Ian Tompkins (IT)	NEL STP Director of Comms and Engagement
Sam Campbell (SC)	NEL STP Comms and Director Manager
Julie Lowe (JL)	NEL STP Director of Provider Collaboration
Emma Nichols (EN)	NEL STP Snr Programme Manager
Joy Ogbonna (JO)	NEL STP Programme Support Officer

Apologies:

Clare Highton (CH)	CCG Chair, City & Hackney CCG, NEL Clinical Senate Chair
Hilary Ross (HR)	Director of Strategic Development, UCLP
Meradin Peachey (MP)	Director of Public Health, Newham, STP Public Health Lead
Jane Milligan (JM)	Chief Officer, Tower Hamlets CCG, Exec lead for north east London STP
Paul Haigh (PH)	Chief Officer, City & Hackney CCG
Conor Burke (CB)	Chief Officer, BHR CCGs, NEL STP Transformation SRO
Nigel Burgess (NB)	Health Education England
Nichola Gardner (NG)	NEL STP Programme Director
John Brouder (JB)	Chief Executive, NELFT
Simon Hall (SH)	Acting Chief Officer, Tower Hamlets CCG
Waseem Mohi (WM)	Chair, Barking and Dagenham CCG
Victoria Woodhatch (VW)	NHS Improvement
Atul Aggarwal (AA)	Chair Havering CCG
Tim Shields (TS)	LA Chief Executive Representative from City and Hackney area
Andrew Blake Herbert (ABH)	LA Chief Executive Representative from Redbridge area



Item no 1	Welcome, Introductions and Apologies
	RW welcomed everyone to the meeting and led a round of introductions. Apologies were given, as noted above.
Item no 2	Minutes from the last meeting and matters arising
	<p>Minutes from the last meeting were noted as accurate and all actions closed.</p> <p>Update on KGH latest position: JL presented a paper to the group which gave a brief update on the position of Emergency Department of King George's Hospital (KGH) and the next steps. It was noted that there has been no change since the last update and there are still concerns to find a way to reduce the revised SOC and work out how best to make KGH sustainable and feasible given the current shortage of capital funding.</p> <p>The next steps are continuous discussions between colleagues at the STP, NHSI, BHRUT, Barts Health and BHR CCGs about the best way to produce a revised and compliant SOC. The project board has determined that there will be no overnight closure later this year, because there would be insufficient time to complete the required capital works, especially at Whipps Cross. MH highlighted there may still be a risk of an unplanned overnight closure if the workforce situation deteriorated to a point where safety was impacted.</p> <p>It was noted that there is currently an increase in housing in East London with an extensive housing developments planned for about 50,000 new homes across Barking, Dagenham and Havering. MH noted that they are well sighted on the areas and the modelling and planning to go into the business case would consider the population growth factored into the KGH plan.</p> <p>The Board NOTED the update on the KGH latest position.</p>
Item no 3	NEL STP Programme Board ToR
	<p>The Memorandum of Understanding (MoU) was circulated to the group last December for feedback and comments from the respective organisations' board meetings. RW reported that there has been few responses from organisations and partners will continue to participate in the governance, even if the formal sign off takes some time because of the timing of their Board meetings.</p> <p>JM and RW have had discussions with Local Authorities about the Mayors and Political Leaders Advisory Group involvement in the STP, this is currently a shadow arrangement.</p> <p>SG advised that the Mayors and Political Leaders Advisory Group should also consider including the Directors of Social Services from Local Authorities and emphasized the importance of ensuring social services and Local Authority involvement throughout the STP work programme.</p> <p>DECISION: It was decided not to include the Director of Social Services to the Mayors and Political Leaders Advisory Group as the Local Authority Chief Executives will already be attending the group and they will feedback to them afterwards.</p>



<p>Item no 4</p>	<p>Programme Update</p>
	<p>EN gave a brief update on the progress report for the STP programme to date highlighting activities completed and upcoming activities, key milestones, risk and issues.</p> <p>Some key activities completed are the submission of the Transformation funding bids (mental health, learning disabilities, diabetes and cancer) submitted by 18 January 2017, implementation of the new governance structure, STP presentation given to Outer NEL JHOSC on 17 January 2017, recruitment of PMO staff in progress and the move of the team to Vicarage Lane, Stratford.</p> <p>Key activities for the next period are listed below:</p> <ul style="list-style-type: none"> • Upcoming Leadership event on the 8th February • MPs briefing at Westminster • Meeting with London Specialist Commissioning team to agree joint approach and programme of work. • Refresh of communications and engagement strategy • Identification of IT solution to STP partnership resource/information sharing with all key partners • Task and finish working group to design and propose community council arrangements • Development of OD programme • Development of an STP roadshow • Appointment process for the co-chairs of the clinical senate • Wider communication dialogue wider stakeholders e.g. Local Medical Committee (LMC) and Local Pharmaceutical Committee (LPC). <p>EN noted that there has not been any significant change on the risk log, except for the assurance of the contract, which the team would continue to monitor and the addition of the risk on the bids for funding.</p> <p>Action: PMO team to contact all STP organisations for alignment of their Board meetings to STP meetings for 2017/2018</p>
<p>Item no 5</p>	<p>Communications update</p>
	<p>IT presented a paper to the Board which outlined the current position of STP Comms and engagement, a high level narrative/core script on current health and care situation in east London and introduction to the STP, six pithy key messages for the general public about the health and care situation in east London/STP, a 'brand narrative' with a suggested goal and values for the STP partnership and a more detailed core script on the STP and current position with it in terms of the process, a suite of good news stories from across the STP area – best practice, achievements and case studies.</p> <p>IT producing a centralised online briefing room to enable everyone to access information e.g. case studies and improve communication. The tool will be operational in the next few weeks.</p> <p>Another platform for engagement is using videos, capturing moments within the boroughs that could be used in the briefing room, ensuring there is consistency in the STP message. IT noted some key events coming up are the Healthwatch meeting, Leadership event and Parliamentary briefing.</p>

Summary of Action:

Rebranding the STP will help strengthen the message that STP programme is an alliance and partnership. The core messages will then be promoted to staff and public. A link to the proposal was presented to the Board describing the narrative about the values, goals and visions for the STP. Feedback from the Board was requested.

Discussions from the meeting included:

ME advised we need to be clear on identifying and demonstrating what the difference is between the STP plan and the East London Health and Care Partnership and be sure that we move forward differently, so that we are not merely renaming it. He recommended we map out piece of work to show the transformation from the STP to East London Health and care Partnership.

MH appreciated the effort put by the communications and engagement team for the work so far and make sure when we have the briefing with MPs and politicians to use our materials consistently.

SG noted branding of the STP as a partnership is an improvement and the right characterisation for what we plan to deliver. He highlighted the importance to articulate an ongoing plan working together on borough based partnership. He however noted two specific areas of concerns which are;

1. Will the STP move to a NEL single scrutiny process and recommended working with officers in the Local Authorities.
2. There needs to be a systematic approach on how we take the information to the public, using the media positively across the patch through existing platforms.

AW welcomed the concept as a health and care partnership and however expressed concern about the relationship with Transforming Services Together (TST). There needs to be a clear description of the statutory responsibilities within a single partnership and communicate to the public plans in a simplified manner.

Action: The Board to review the Communications and Engagement proposals and send comments and feedback to the Ian Tompkins via email before the next Board meeting.

RW asked Ceri Jacobs, NHS England how NEL was progressing in contrast to other STP areas in London and noting the board needed to know if it is on the right path for better prospects for delivery. CJ reported that NHSE recognises the need for commissioning systems to look at afresh how best to arrange themselves and the commissioning processes to deliver the challenging STPs in equally challenging environments.

The expectation from NHS England to NEL is that a proposal on how commissioning will be organised in NEL will be required by early April which would be dependent on some range of issues which include; maintaining grip on the delivery of the STP and Human Resource policies. It was noted that this needs to be balanced against the need to drive implementation of the STP at pace, with the expectation that commissioning arrangement would be available to support to manage the risk and contribute effectively.

NHSE is content that NEL STP has a process in place to do this work and will monitor progress through the monthly STP review meetings with NHSE planned in February and March.

The Board agreed a proposal about the NEL commissioning arrangements will be submitted to NHSE by April 2017.

Decision: Proposal on how commissioning organised by NEL will be required by early April. NHS England to provide commissioning support



<p>Item no 6</p>	<p>Financial Strategy</p>
	<p>HB provided an update from the STP Financial Strategy group on the position of the NEL, reporting that all NEL CCGs and providers agreed contract values and signed contracts on 23rd December, and the majority of organisations submitted operating plans that are compliant with preliminary control totals. However, the provider CIPs and QIPP assumptions are not always aligned. The NEL system-wide financial gap for FY17/18 is still estimated to be around £52m vs control totals primarily driven by:</p> <ul style="list-style-type: none"> • £12m deficit projected in BHR CCGs operating plans vs breakeven control total • £19m QIPP savings included in BHR CCGs' operating plan that is not yet included in the BHRUT and NELFT contracts • £22m of income included in Barts' operating plan that is above contracted income levels <p>He highlighted further risks that might increase the FY17/18 gap including deterioration in FY16/17 outturn and QIPP delivery, as well as a significant proportion of QIPP and CIP schemes not fully developed or rated as high risk.</p> <p>HB further mentioned that BHR have established a joint programme board to develop further QIPP schemes to close the financial gap. C&H have a similar process in place and the WEL system is establishing an equivalent delivery mechanism to cover Barts Health, ELFT and their respective commissioners.</p> <p>The overall STP control total is the sum of the individual organisational control totals (£38.5m deficit). This is split between commissioners (£8.2m) and providers (£30.3m), as a result should one organisation wish to amend their control total there will be a need for an opposite adjustment elsewhere within the STP. ELFT were originally set a control total of £12.4m and now wish to agree a figure of £4.5m (£5.5m worse position plus loss of £2.4m STF funding). BHR CCGs have been set a control total of break-even. However, the current draft plan shows a deficit of £12m.</p> <p>Discussions from the group include:</p> <p>MH noted the different status of drawdown between CCGs and the fact that the BHR CCGs current operating plan position was not permitted drawdown. HB clarified that the WELC CCGs were permitted to drawdown from historic surpluses but that for the BHR CCGs no historic surpluses exist.</p> <p>CJ indicated that there would be a process to bid for transformation funding from the national STF allocation and that local systems should identify where transformation resource had already been committed within operating plans which could be set against this national funding source.</p> <p>Since 23rd December there have been a number of discussions to explore the risks around CIP and QIPP delivery which may create a bigger financial pressure. The group noted the process for those discussions, and that the evolving QIPP delivery Boards are the correct forum to have this discussion.</p> <p>The Board NOTED the update provided on Financial position for STP</p>
<p>Item no 7</p>	<p>Transformation Bids</p>
	<p>A paper was presented to the Board giving an updates on the transformation bids, which were submitted to NHS England on the 18th January. JL reported that in December 2016, NHSE England launched a Transformation Fund call to enable local areas to deliver on identified key ambitions and transformation priorities across four areas namely, cancer, mental health, learning disabilities and diabetes.</p>



	<p>Four of the seven NEL CCGs have applied for mental health funding. BHR CCGs chose not to apply for this due to associated financial sustainability implications. The two NEL Transforming Care Partnerships (ONEL and INEL) applied for Learning Disabilities funding. For the diabetes fund, there were four potential interventions which could be bid against. NEL STP submitted joint bids against two of these areas whilst City & Hackney CCG also submitted an individual bid against a third area. It was felt that the timelines were too challenging to enable NEL to develop cohesive joint bids for all of the possible diabetes interventions. It was a requirement of the Cancer bid that this be submitted by local cancer alliances. NEL is a member of the UCLH Cancer Collaborative which leads the NCEL Cancer Vanguard, and this collaborative therefore submitted the bid on behalf of NEL.</p> <p>The significant effort put in by the relevant workstream leads ensured that bids were submitted on time and we will be reviewing the process in preparation for any similar situations in the future.</p> <p>The next step is an update on which of the NEL STP bids have been successful will be brought to the next STP Board meeting in March, subject to having received confirmation from NHS England.</p> <p>Action: Update on the outcome of the transformation bids to be brought forward at the next Board meeting.</p>
<p>Item no 8</p>	<p>8th February Leadership event</p>
	<p>RW informed everyone that Ed Smith, Chairman of NHS Improvement and Anne Rainsberry, Regional Director NHS England will be in attendance at the Leadership event on the 8th February at Stratford and organisations need to be represented at a senior level.. King's Fund Chief Executive, Chris Ham, will be facilitating the meeting and will be asking people to share success stories as part of the day. Leaders were asked to come prepared to share examples</p> <p>Action: Organisations yet to confirm attendance to the Leadership event on the 8th Feb to do so after the meeting.</p>
<p>Item no 9</p>	<p>Clinical Senate review</p>
	<p>A paper was presented to the Board which outlined progress by the Clinical Senate following its recent review. As part of the changes to the governance structure for the STP, a review has recently been undertaken of the clinical leadership and advice arrangements in north east London. The aim was to assess what the additional requirement would be for clinical leadership and advice to the STP as we enter the next phase of the programme, what support and resources will be needed to make it work, and how this can be put in place.</p> <p>JL gave a verbal update to the board, noting the PMO team and members of the Senate have been working on the Terms of Reference (ToR) and membership, advertising for the position of Co-chair, designing of a development programme and outlining potential topics and an approach for a work programme on clinical productivity.</p> <p>The position of the Co- chair is open to both Medical Directors and CCG Chairs to apply.</p>
<p>Item no 10</p>	<p>Any Other Business</p>
	<p>The next Board meeting is scheduled for the 22nd March at Newham CCG Stratford</p>



Ref	Action	Owner	Due Date	Status
01	NEL STP Programme team to contact all STP organisation for alignment of their Board meetings to STP meetings for 2017/2018	PMO	10 th February	Open
02	Organisations yet to confirm attendance to the Leadership event on the 8th Feb to do so after the meeting	All	01 st February	Closed
03	Update on the outcome of the transformation bids to be brought forward to the next Board meeting.	PMO team	22 nd March	Open
04	The Board to review the Comms and Engagement proposals and send comments and feedback to the Ian Tompkins via email before the next Board meeting.	All	22 nd March	Open

Summary of key decision:

01	NEL will submit a proposal on how commissioning will be organised to NHS England by early April
02	It was decided not to include the Director of Social Services to the Mayors and Political Leaders Advisory Group as the Local Authority Chief Executives will already be attending the group and they will feedback to them afterwards.