

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

22 November, 16:00pm to 17:30pm

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

Present:

Rob Whiteman

Jane Milligan

Jason Seez

Steve Gilvin

Tracy Fletcher

Navina Evans

Sam Everington

Simon Hall

Paul Haigh

Clare Highton

Andrew Blake Herbert

Representing:

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

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

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

Chief Officer, Newham Clinical Commissioning Group

Chief Executive, Homerton University Hospital NHS Foundation Trust

Chief Executive, ELFT

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

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

Additional attendees present Representing:

Henry Black

ELHCP Chief Finance Officer

Ceri Jacob

Director of Commissioning Operations North Central and East London, NHS England

Ian Jackson

Head of Delivery (North East London) Specialised Commissioning, NHS England (London Region)

Lizzie Smith

Regional lead, Health Education England

Meradin Peachey

Director of Public Health, Newham – ELHCP Public Health Lead

Victoria Woodhatch

NHS Improvement

Theo de Pencier

Non-Executive Director, London Ambulance Service

Nichola Gardner

ELHCP Programme Director

Laura Sharpe

GP Confederation representative, City & Hackney Group

Steve Rubery

Sector Director (North London), NEL Commissioning Support Unit

Ian Tompkins	ELHCP Director of Communications and Engagement
Emma Nichols	ELHCP Senior Programme Manager
Sue Maughn	ELHCP Commissioning Director- Cancer NEL
Angela Wong	Clinical Director for Cancer Performance & Improvement
Jenny Mooney	UCL Partners representative
Joy Ogbonna	ELHCP PMO Programme Support Officer
Apologies:	
Matthew Hopkins	Chief Executive, Barking, Havering, Redbridge University Hospital NHS Trust
Danny Batten	Head of Assurance, North Central and East London Assurance Team
Victoria Woodhatch	Delivery and Improvement Director, NHS Improvement
Faizal Mangera	Head of Delivery and Improvement, NHS Improvement
Elizabeth Hardy	GP Confederation Representative, WEL
Kim Bromley-Derry	Chief Executive, London Borough of Newham
Alwen Williams	Chief Executive, Barts Health NHS Trust
Conor Burke	Chief Officer, Barking, Havering & Redbridge Clinical Commissioning Groups
Vincent Perry	Mental Health Sector Clinician
Chris Banks	GP Confederation Representative, Waltham Forest and East London (WEL)
John Brouder	Chief Executive, North East London NHS Foundation Trust
Vicky Scott	ELHCP Director of Provider Collaboration
James Cain	Head of Workforce Transformation, 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

Item no.	Name	
1.	Welcome, introductions and apologies for absence	
1.1	Welcome and introductions Rob Whiteman, the chair welcomed members to the November 2017 meeting of the East London Health and Care Partnership Board meeting.	
1.1.2	Apologies for absence Apologies were given for the names below; <ul style="list-style-type: none"> • Matthew Hopkins, Chief Executive, BHRUT • Danny Batten, Head of Assurance, North Central and East London Assurance • Victoria Woodhatch, Delivery and Improvement Director, NHS Improvement • Faizal Mangera, Head of Delivery and Improvement, NHS Improvement • Elizabeth Hardy, GP Confederation Representative, WEL • Kim Bromley-Derry, Chief Executive, London Borough of Newham • Alwen Williams, Chief Executive, Barts Health NHS Trust • Conor Burke, Chief Officer, Barking, Havering & Redbridge Clinical Commissioning Groups • Vincent Perry, Mental Health Sector Clinician • Chris Banks, GP Confederation Representative, Waltham Forest and East London (WEL) • John Brouder, Chief Executive, North East London NHS Foundation Trust • Vicky Scott, ELHCP Director of Provider Collaboration • James Cain, Head of Workforce Transformation, 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 	
2.	Minutes and matters arising	
2.1	Minutes of the meeting 25 October 2017 Minutes of the last meeting (attachment 1) were agreed as read. Changes to be made on item 5, Ian Jackson noted to include endorsement from the Board on Enhancing London's HIV response programme.	
2.2	London Devolution deal with Mayor of London: Andrew Blake-Herbert gave a verbal update on the London Devolution highlighting the Mayor of London, Sadiq Khan, welcomed the publication of a new London Devolution Agreement in the Budget. He believes this marks a major step towards London getting the control required to grow and protect the capital's economy.	
2.2.1	Andrew Blake-Herbert noted the memorandum of understanding (MoU) was signed last Wednesday 15 November by the London Board around the capital. All London Partners move to the next Gateway requiring to have a London Capital plan by the end of March. He noted five funding pilots were approved; two multi-borough pilots: North Central	

	<p>London (Barnet, Camden, Enfield, Haringey and Islington) and Barking and Dagenham, Havering and Redbridge (BHR) and three local pilots (Lewisham, Hackney and Haringey) City and Hackney Pilot. The BHR pilot was about ACO.</p> <p>2.2.2 Jane Milligan reported there is will be a private launch on the London Devolution 15 December. There is a proposal in terms of how the central transformation fund will be governed to the strategic partnership board and then down to the STP. The discussions would be centred on money that is part of the Estates and Technology Transformation fund (ETTF), Accountable Care Funding (ACF) and Five Year Forward View (FYFV) money. She was unclear on the cost but noted going forward more information would be shared more on the devolution via the ELHCP Executive group meeting.</p> <p>2.2.3 A questioned was posed by Karen about the STP Strategic Estates plan; on the possibility to review capital priorities for the STP to enable north east London position to be in a good place.</p> <p>2.2.4 Rob Whiteman noted this was the last ELHCP board meeting for the year but requested reprioritisation of capital bids can be revisited at a future meeting.</p> <p>2.2.5 ACTION: Reprioritisation of capital bids for Estates to be included on future Board meeting agenda as a strategic debate. PMO</p> <p>2.3 Update on KGH revised clinical strategy: In 2010/11 the Health for North East London (HfNEL) business case was developed to reshape emergency services in outer North East London. This included the proposal to consolidate emergency services at Queens Hospital and develop more high quality planned care at King George Hospital. The Independent Reconfiguration Panel provided advice and recommendations to the Secretary of State for Health in July 2011 who formally signed off the business case in February 2012.</p> <p>2.3.1 In October 2016 a Strategic Outline Case (SOC) was submitted by BHRT to NHSI for the re-provision of acute services at KGH. Jason Seez and Ceri Jacob confirmed that a revised SOC was submitted to NHS Improvement and they are currently awaiting further discussion. An update will be provided to a future ELHCP board meeting.</p> <p>2.4 NEL GP Education: Response letter from Health Education England (HEE): Sam Everington reported that a letter was sent HEE raising concerns about the retention of the general practice workforce in north east London. Health Education England had responded and a meeting has been organised on the 12 December to address all concerns.</p> <p>Lizzie Smith confirmed an update would be given to the ELHCP board at a future meeting.</p> <p>The ELHCP Board noted the updates.</p>
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3.	Strategy Debate: Cancer	
	3.1	<p>Angela Wong presented the Cancer workstream paper that updated the ELHCP Board on the progress of the ELHCP cancer programme and sought input on a number of key issues including the achievement of the national outcome ambitions for cancer.</p> <p>3.1.1 Better prevention is part of the vision for improving health including those diagnosed with cancer. Angela Wong noted two areas to increase uptake and reduce variation; improve current pathways and have good treatment summaries. A report was presented to the Board on the five year forward view metrics ambition and plan on a page for Cancer STP.</p> <p>3.1.2 Sue Maughn reported the work programme to date and next steps included:</p> <ul style="list-style-type: none"> • Complete milestone tracker for cancer with regular monitoring arrangements via NELCCB • Map screening uptake levels in NEL and conduct gap analysis on challenges within primary care in implementing the cancer pathways. • Increase % seen in week 1, aiming to reducing timelines towards day 28, in 2020 of informing of diagnosis and onward referral by day 38 where appropriate. • Measuring emergency presentation and cancer stage of elective vs. emergency route • One year survival • Develop patient experience work stream including: I want great care / HNAs / complaints. • Implement the national lung pathway for cancer. <p>3.1.3 Sue Maughn reported the Cancer Transformation funding submitted in January 2017, has now received an agreement in principle from the national team for early diagnosis and living beyond cancer in North East London.</p> <p>3.1.4 Two key points and recommendations discussed are: Closing the survival gap: With a current survival gap across the ELHCP should we have a targeted approach to those areas with the current poorest outcomes?</p> <p>3.1.5 Sam Everington recommended to revisit the Macmillan project proposal as it is unique across NEL. It is appropriate to get all organisations within the patch to understand and take responsibility for the whole population pathway. He highlighted that this should be embedded within the systems developed within the community; a Clinical Effectiveness Group (CEG) dashboard developed for driving standards in both Primary and secondary care; the need for discovery projects to ensure that patients at risk are flagged at early stage.</p> <p>3.1.6 Meradin Peachey noted cancer screening was not well targeted with a minority of patients likely to get screening in community. This needed to be reviewed.</p> <p>3.1.7 Navina Evans highlighted as all organisations within East London are working in different ways. It would best to better understand the differences and agree on common (and new) ways of working.</p> <p>3.1.8 Angela Wong reported the CCGs in NEL were below benchmarks against a range of outcome measures. A step change in quicker and earlier diagnosis required; increasing uptake to screening and reducing variation in care provision.</p>

	<p>3.1.9</p> <p>3.1.10</p> <p>3.1.11</p> <p>3.1.12</p> <p>3.1.13</p> <p>3.1.14</p>	<p>Clare Highton highlighted the need to do everything we can do and focus on patients on early diagnostic. Incidence and prevalence should be seen more to promote prevention. The Health and Wellbeing events could be used to promote healthy living.</p> <p>Laura Sharpe recommended the programme and it was good to have GP Confederation representatives across the STPs. She highlighted it would be best to have an approach that supports screening services on behalf of practices and start to create teams well versed around screening and the evidence for improvement.</p> <p>2. Cancer Alliance: Is ELHCP best served by being part of a NCEL Cancer Alliance as present or as a stand-alone cancer Alliance as per the previous NEL Cancer Network?</p> <p>Jane Milligan reported the Cancer Vanguard programme was coming to a close by end of March 2018. As a system to enable us achieve the right outcome, a stock take is required to focus on NEL. This would also identify if further work with UCLH is required.</p> <p>ACTION 1: The ELHCP Board agreed to have the Macmillan project proposal brought back to future board meeting for discussion. PMO</p> <p>ACTION 2: A NEL stock take to be scoped by the Cancer team.</p> <p>The ELHCP Board noted the Cancer paper.</p>
4.	Finance Activity	
	<p>4.1</p> <p>4.1.1</p> <p>4.1.2</p> <p>4.1.3</p> <p>4.2</p>	<p>Finance strategy update:</p> <p>Henry Black gave a verbal update on the work of the Financial Strategy Committee in developing a set of NEL wide strategic financial objectives to underpin a shared financial strategy. He reported that key objectives were being agreed including high level recurrent balance for NEL by 2020 and for all organisations to be in balance by the end of March 2021, a new payment system by 1 April 2019, the development of a delivery plan and Transformation funding and devolution of decision making to NEL.</p> <p>Rob Whiteman endorsed this and suggested that the finance strategy group should set out the principles that will guide the system, it is important for all to understand the Transition will be key to deliver financial balance to deliver the improvements required. The payment system was critical to underpin this and further discussion was needed to deliver this.</p> <p>Henry Black noted the finance strategy is still work in progress and reprioritisation of capital bids would be discussed at a future board meeting.</p> <p>The ELHCP Board noted the update on the finance activity.</p> <p>Consultation payment reform:</p> <p>Katie Brennan gave some highlights and feedback from six workshops held in October for ELHCP stakeholders for consultation payment reform. Almost hundred health and care representatives covering the twenty ELHCP Partner organisations as well as other providers within East London attended the workshops.</p>

<p>4.2.1</p> <p>4.2.2</p> <p>4.2.3</p> <p>4.2.4</p> <p>4.2.5</p> <p>4.2.6</p> <p>4.2.7</p> <p>4.2.8</p> <p>4.2.9</p> <p>4.2.10</p> <p>4.2.11</p>	<p>The key feedback included:</p> <ul style="list-style-type: none"> • There was broad agreement that the current payment arrangements were not optimal to deliver system objectives, including: greater coordination of care, improved population health, and enabling efficient and effective use of available resources • Feedback illustrated that ELHCP stakeholders were in favour of linking a proportion of payment to achievement of agreed outcomes. • Feedback suggested that views also differ in regard to the appropriate geographic scale for a single system-wide payment system. <p>Overview of payments options available: Feedback from East London health and care organisations states that the current payment system is not sufficiently achieving the principles for payment outlined. There are a relatively small number of basic payment models that can be used for funding flows within health and care systems.</p> <p>Taking these factors into account, if East London wishes to operate as a health and care system it cannot continue to operate with the existing, fragmented, payment structure – where provider organisations are paid for their services through different funding mechanisms, which make it difficult to work across boundaries or manage system pressures as a health and care system.</p> <p>Jane Milligan expressed concern as to how the reform will impact at the different levels of the ELHCP including at local system and borough levels. She recommended that the finance team come back with a programme that maps this out. Making reference to Commissioning for Quality and Innovation (CQUIN) she noted it would be good to see how committed the ELHCP members were to testing this out by April 18.</p> <p>Meradin Peachey noted the consultation payment are establishing the right framework; and advancing to the next stage is key on how we start to engage and make the links to clinical pathways.</p> <p>Navina Evans posed a question to the group on accountability, milestones and timelines of the programme, noting its ambiguity and challenges. A clearer understanding is required on how as a system, we are able to hold ourselves to account and recommended we have a robust partnership agreement on this.</p> <p>Henry Black noted that discussions on the impact model impact takes place at various groups however a consensus and agreement is required to move forward. He concurred with Navina Evans that a programme of work is required to accelerate this work and to have an agreement in place by February 2018 for implementation by April 2018.</p> <p>Jane Milligan noted the governance would be channelled through the ELHCP Executive group.</p> <p>DECISION: The ELHCP Board agreed the Executive group to be accountable for the programme with the involvement of both Commissioners and Providers.</p> <p>ACTION 1: The Capital payment reform to be discussed at the next Board meeting in January with further updates.</p> <p>ACTION 2: A blended approach to payment should be tested through the working group for ELHCP to consider</p>
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5.	Communications	
5.1	<p>Update on Communications and engagement:</p> <p>Ian Tompkins gave an update on the Health and Housing event which was arranged for 18 October 2017 at London East Business Park Conference centre,</p> <p>IT noted that some topics for discussions at the event were Healthy Housing for Healthy Communities, Care at Home and Local Housing for keyworkers, tackling homelessness in East London, effective signposting and information for tenants and mental health.</p> <p>Workforce: A new digital brochure has been produced to help with workforce recruitment. It gives a general introduction to east London as a place to live and work, promoting local transport and things to do.</p> <p>Comms Leads Catch Up: The comms leads from the local councils and NHS organisations are getting together with the Partnership comms team on 27 and 28 November to share news, ideas and contacts and to promote more collaborative working. Representatives from City & Hackney, Newham, Tower Hamlets and Waltham Forest are meeting on the 27 November, Barking, Havering and Redbridge on the 28 November.</p> <p>There would be variety of topics to select from ranging from Flu campaign, Stay well Winter Campaign which was a new campaign for families and children.</p> <p>The East London Health and Care Partnership Board noted the communications update.</p>	
6.	Updates for information and questions only	
6.1	<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. Nichola Gardner reported an Assurance meeting was scheduled with NHS England and NHS Improvement on the 27 November with a focus on Mental Health. She highlighted funding for two mental health bids were granted namely Crisis Children and Young People and training programme pilot across NEL STP to improve the competency of professionals caring for children with mental health. She noted further update would be provided to the group at future meeting.</p> <p>The East London Health and Care Partnership Board noted the programme update paper.</p>	
6.2	<p>Clinical Senate report: Claire Highton gave a verbal update of the Clinical Senate meeting that was held on 8 November. The two main areas discussed at the Clinical Senate meeting were Lung screening proposal and Transforming Outpatients. Lung Screening Trial is an externally funded programme by United college hospital (UCLH).</p>	
6.2.1	<p>Clare Highton reported that there was a general positive response from the clinical senate members. For GPs, proper guidance and support needs to be provided. Careful consideration needs to be taken around cost as there is not £15 million funding is not money that the STP has available for investment, therefore a financial feasibility case will need to be produced unless (if ethically agreed) a proposal for a model of charging participants/ patients is agreed. There needs to be clear guidance for the next steps following scans particularly around coronary artery calcification, COPD and any other findings.</p>	

	<p>6.2.2</p> <p>6.2.3</p> <p>6.2.4</p> <p>6.2.5</p> <p>6.2.6</p> <p>6.2.7</p> <p>6.2.8</p> <p>6.2.9</p> <p>6.2.10</p> <p>6.2.11</p>	<p>Meradin Peachey reported that Incremental screening will involve a business case to consider the cost implications.</p> <p>Clare Highton noted it is an excellent screening programme and the view of the senate was to go ahead with the Lung screening proposal as long as it meets the criteria nationally. Clare Highton further noted updates from the Clinical Senate in terms of governance is for the board to note there has been different opinions, note the implication for NHS of people coming into the two weeks pathway and asked to endorse it as a sector.</p> <p>Laura Sharpe was concerned that we are undertaking a task outside our National Screening programme. Clare Highton noted that the senate was convinced it was the right thing to do and the issue of having a business case would delay the impact on early diagnosis of lung cancer.</p> <p>Ceri Jacob noted that due to potential cost implication there is a need for a business case. The clinical senate needed formal approval to progress or promote this to GPs.</p> <p>Rob Whiteman noted the Board is not in the position to endorse the summit research study proposal until it had gone through the appropriate governance.</p> <p>ACTION 1: The ELHCP Board recommended the Lung Cancer trial be taken back to the senate to have a further discussion addressing some of the concerns raised.</p> <p>ACTION 2: The Clinical Senate co-chairs to liaise with Jane Milligan, STP lead to agree the governance required to consider the proposal.</p> <p>ACTION 3: Angela Wong and Sue Maughn to send a recommendations paper to National lung Screening Board.</p> <p>ACTION 4: The Clinical Senate co-chairs to bring back further detail on the proposed Outpatient Transformation programme</p> <p>DECISION 1: Screening for lung cancer clinical trial needs to reflect exploration of a more formal contractual arrangements where needed and develop a business case as required</p> <p>The East London Health and Care Partnership Board noted the programme update paper.</p>
7	Any Other Business	
	7.1	Lizzie Smith stated Health Education England (HEE) was publishing a workforce plan and Workforce strategy In December 2017.
8	Date of next meeting	
	9.1	The date and time for the next meeting January 24, 2018 at Newham CCG, Unex Tower Stratford.

Summary of Actions:			Status
Action ref No.	Lead	Action	
2.2	Henry Black	London Devolution deal with Mayor of London: Reprioritisation of capital bids for Estates to be included on future Board meeting agenda as a strategic debate.	In Progress
3.1.13	PMO	Strategy debate: Cancer: The ELHCP Board agreed to have the Macmillan project proposal brought back to future board meeting for discussion.	In Progress
3.1.14	PMO	Strategy debate: Cancer: A stock take of what is required to be focused in NEL to be scoped by the Cancer team	In Progress
4.2.10	PMO	Consultation payment reform: The Capital payment reform to be discussed at the next Board meeting in January with further updates.	In Progress
4.2.11	Henry Black	Consultation payment reform: Blended approach to payment, thoughts on core payment for working group to work up and test needs to be taken forward	In Progress
6.2.7	Clare Highton	Clinical senate report: The ELHCP Board recommended the Lung Cancer trial be taken back to the senate to have a further discussion addressing some of the concerns raised.	In Progress
6.2.8	Clare Highton	Clinical senate report: The Clinical Senate co-chairs to liaise with Jane Milligan, STP lead to agree the governance required to consider the proposal.	In Progress
6.2.9	Sue Maughn/Angela Wong	Clinical senate report: Angela Wong and Sue Maughn to send a recommendations paper to the National lung Screening Board.	In Progress
6.2.10	Clinical Senate Co-Chairs	Clinical Senate report: The Clinical Senate co-chairs to bring back further detail on the proposed Outpatient Transformation programme	In Progress

Summary of Decisions:	
Consultation payment reform	The ELHCP Board agreed the Executive group to be accountable for the programme with the involvement of both Commissioners and Providers.
Clinical senate report	DECISION 1: The Lung Cancer trial paper was not endorsed by the ELHCP Board until a business case is produced.