



NEL Sustainability and Transformation Plan Board

Minutes

23rd November 2016, 9.00am – 10.30am

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

Attendees:

Rob Whiteman (RW)	NEL STP Board, Independent Chair
Jane Milligan (JM)	NEL STP Executive Lead
Martin Esom (ME)	Chief Executive, London Borough of Waltham Forest, NEL STP LA Lead
Anil Mehta (AM)	Chair, Redbridge Clinical Commissioning Group (CCG)
Sam Everington (SE)	Chair, Tower Hamlets CCG, NEL STP Clinical Lead
Terry Huff (TH)	Chief Officer, Waltham Forest CCG, NEL STP CCG Lead
Clare Highton (CH)	Chair, City & Hackney CCG, NEL Clinical Senate Chair
Meradin Peachey (MP)	Director of Public Health, Newham - STP Public Health Lead
Henry Black (HB)	Chief Financial Officer, Tower Hamlets CCG, NEL STP Finance Lead
Ralph Coulbeck (RC)	Director of Strategy, Barts Health,
James Cain (JC)	Health Education England, North Central and East London
Aggarwal Atul (AA)	Chair, Havering CCG
Steve Rubery (SR)	Sector Director (London) at NELCSU
Simon Hall (SH)	Acting Chief Officer, Tower Hamlets CCG
Conor Burke (CB)	Chief Officer, BHR CCGs
Les Borrett (LB)	Chief Finance Officer, Waltham Forest CCG
Paul Haigh (PH)	Chief Officer, City & Hackney CCGs
Steve Gilvin (SG)	Chief Officer, Newham CCG
Ian Tompkins (IT)	Director of Communications, NEL STP
John Brouder (JB)	Chief Executive, NELFT
Tracey Fletcher (TF)	Chief Executive, HUHFT
Navina Evans (NE)	Chief Executive, ELFT
Ceri Jacob (CJ)	NEL Area Director, NHS England
Victoria Woodhatch (VW)	NEL Area Director, NHS Improvement
Hillary Ross (HR)	UCLP
David Maher (DM)	Deputy Chief Officer & Programme Director, City & Hackney CCGs
Lee Outhwaite (LO)	NHS Improvement
Nichola Gardner (NG)	NEL STP Programme Director
Julie Lowe (JL)	NEL STP Director of Provider Collaboration
Oliver Excell (OE)	NEL STP PMO Manager

In attendance:

Helen Beazer (HBe)	London Devolution Programme Team
Alaoma Bako-Johnson (AB)	NEL STP PMO Support
Patrice Donnelly (PD)	Healthy London Partnership (shadowing Connor Burke)

Apologies:

Anne Rainsberry	Regional Director NHS England (London)
David Slegg	Regional Finance Director, NHS England (London)
Jacqui Van Rossum	NELFT
Sven Bunn	Deputy Director of Strategy, Barts Health,
Chris Caldwell	Health Education England
Nigel Burgess	Health Education England
Grainne Siggins	Director of Adult Social Care, London Borough of Newham
Russ Platt	Specialist Commissioning, NHS England
Alwen Williams	Chief Executive, Barts Health
Waseem Mohi	Chair, Barking and Dagenham CCG
Matthew Hopkins	Chief Executive, BHRUT, NEL STP Provider Lead

1. Welcome, introductions and apologies

The Chair, RW welcomed everyone and noted apologies. RW highlighted the importance of OD, collaboration and leadership in the delivery of the NEL STP, in particular the NHS and Local Authorities will need to work in partnership to deliver the NEL STP vision.

RW challenged each of the members of the NEL STP Board to reflect on how they can be leaders of the STP, support OD, and work differently. For the NEL STP to be successful, leaders will need to shift their focus away from their respective organisations to work in partnership at the system level. RW acknowledged the scale of the OD challenge but urged all the system leaders to continue to collaborate.

2. Minutes, Action Logs from the last meeting and Matters Arising

Minutes and actions from the last meeting held on Monday 17 October 2016 were received and approved as an accurate record of the meeting.

NG confirmed that all actions from previous meeting have been closed, as all actions related to the 21st October submission had been completed.

3. NHSE feedback Report

CJ presented the summary feedback from NHSE to the NEL STP Board, and highlighted the following key areas of feedback:

- There is recognition in NHSE/I that the leadership of the NEL STP has come a long way both in terms of the appointment of senior STP leadership roles and the partnership working amongst the system leaders. This ongoing commitment to work collaboratively should continue.
 - A significant amount of engagement has been undertaken at the local delivery system level (BHR, Hackney Devolution, TST), and this needs to be consolidated at the STP level
 - There is a need to develop the delivery plans to a more detailed level of granularity and ensure that these plans align with the finance and activity plans
 - The NEL STP needs to consider how to develop the capability and capacity of the PMO to support delivery
 - NHSE will now focus its efforts on supporting the delivery of STPs, and is considering a range of interventions including embedding support
- LO briefly presented the highlights from the finance and activity feedback:
 - Further clarification is required on the delivery of the out-of-hospital plans and the subsequent activity shifts
 - The focus is currently on the development of the organisational operating plans for 2017/18
 - There is a need to be aligned by the end of this year (23 December deadline for signing contracts) on activity and growth
 - CJ highlighted that more detailed feedback will be provided on each of area of the NEL STP.

- ME representing the Local Authority Chief Executives, highlighted to the Board three main tasks:
 - Aligning the NEL STP governance at the local authority level. The LA Chief Executives have scheduled a meeting on the 19th December to discuss broadly how to achieve this.
 - How to bring together the 3 ACS plans into alignment with the STP
 - How to ensure that the PMO is seen as a shared resource in the eyes of the Local Authorities

4. Programme Update

- NG presented the Programme Update paper to the NEL STP Board (attachment 3), and highlighted the following key areas:
 - The recruitment of the fixed term PMO resource had been put on hold following reports that NHSE would be 'pointing' resources to the STP
 - The new NEL STP Director of Communications (Ian Tompkins) will be starting in post from Monday 28th November
 - The NEL STP leadership event is scheduled to take place on the 8th February, 2017, facilitated by the Kings Fund
- The following comments were raised in response to the programme update:
 - TF asked why the NEL STP was being presented to the CCG Governing Bodies and Trust Boards. JM responded that the intention was to provide the CCG Governing Bodies and Trust Boards with an opportunity to provide further feedback on the NEL STP shadow governance arrangements.

Point of clarification: The MoU for the draft shadow governance has been sent to partners for further comment and sign off. We are requesting sign off on the shadow arrangements so that we can put these in place in January 2017 to enable them to be trailed, with the aim of a review after a period of six months. Comment on the shadow arrangements will be used to continue to iterate the arrangements and inform the development of the full governance arrangements and a partnership agreement, to be developed later in 2017 once the shadow arrangement have been tested and reviewed. Feedback from Boards should be sent to Ian Tompkins, Director of Communications and the signed MoU returned to the STP PMO Office by 31 January 2017.

- CB highlighted the need to bring chairs along on the NEL STP journey, to get their buy in to the STP particularly in light of the perceived conflict between the STP and sovereignty of the respective organisations. JB echoed the point about bringing chairs along to allay their anxiety regarding the impact of the STP on their organisational sovereignty.
- JB highlighted the difficulty in effecting the necessary mind-set change to get people thinking outside of their organisations at a system level

- SG highlighted the importance of presenting the STP plans for the Trust Boards / CCG Governing Bodies in public. SG also proposed that Trust Boards and CCG Governing Bodies need to sign up to the delivery of their respective elements of the plan.
- SG noted a significant risk to the delivery of the STP, is successfully landing years 2-3 in the operating plans
- RW suggested that NEL STP publications are staggered and are not published on same date. This will help to build consultation and transparency according to local circumstances. CJ confirmed this would be the case.
- LO highlighted that although CCG Governing Bodies, Local Authorities and Provider Trust Boards may not agree with all parts of the NEL STP, they need to work collaboratively together to work through the challenges. However, the challenge for these organisations is how to share responsibility with an STP 'organisation' that has no legal basis
- TF highlighted the challenge in communicating with NEDs, who are concerned about the apparently conflicting messages at the national level about STPs
- NE noted that this is the first time that the partner organisations of the NEL STP have had a really honest and open conversation about the challenges of delivering the STP. People are going to have to behave very differently, and put the STP above the interests of their own organisations. Although there are many people involved in the development and delivery of the NEL STP, only some of these people will feel the pain of this change as they are pulled in opposite directions by their organisational accountabilities and STP responsibilities.
- CH highlighted the clinical view that it will not be possible to close the funding and performance gap, and asked the board to acknowledge that while clinicians will do their best to support this through active demand management it should recognise that it would not be possible to close the £110M funding gap
- RW highlighted the importance of the leadership event in February 2017 in working through the difficult issues together. RW further requested that the agenda for this event be widened to include these issues

5. Update on the KGH and A&E development (verbal)

- JL highlighted that the plan to make changes to the KGH A&E has been in place since 2011, primarily driven by patient safety and workforce issues. The Secretary of State made the decision in 2012 to proceed with the changes. However, this reconfiguration has not been completed as the Independent Reconfiguration Panel (IRP) set a number of conditions that needed to be fulfilled, around the performance of surrounding sites.
 - About 12 months ago the Acute Reconfiguration programme was remobilised to implement the Secretary of State's decision. The changes would be dependent on the provision of additional capacity at Queen's Hospital and Whipps Cross Hospital.

- A draft Strategic Outline Case for the capital works at Queen's Hospital and Whipps Cross Hospital was submitted to NHSI. However, NHSI has responded that this draft Strategic Outline Case (SoC) does not meet the return on investment criteria, and would therefore not be approved. In particular, the capital works on the WCH site would be temporary, pending the full redevelopment of this site.
 - Consequently the KGH ED Acute Reconfiguration Programme has been suspended and the programme team has been stood down, until a resolution can be agreed
 - This is a significant risk to BHRUT due to the fragility of the ED services at KGH.
- TF questioned whether the STP could be providing additional support to the capital funding request
 - LO highlighted that he has recently signed off the NHSI capital approvals process, but has not been made aware of the issue with this draft SoC. LO agreed to raise this issue within NHSI for resolution.
 - CB highlighted that a meeting had taken place between the NEL STP leadership team and the current SoS in July where the SoS provided formal and explicit support for the changes at the KGH ED in line with the decision by the former SoS in 2012. CB suggested that the SoS should be reminded of this commitment
 - CB also highlighted the collaborative approach to the planning of the KGH ED changes, specifically through the NEL A&E board, development of a joint dashboard to monitor the service, and the joint KGH ED programme board.
 - CJ commented that NHSE had not been consulted on standing down the BHRUT Acute Reconfiguration Programme Board
 - RW suggested that although the business case for the capital works required to support the changes to the KGH ED may not demonstrate a return on investment, there is general consensus in the system that this is still the right thing to do for quality of care and patient safety.

Action: LO to discuss the SoC, and find a resolution to the return on investment issue, further within NHSI.

6. Update on Operating Planning Process (Attachment 4)

- LB presented the update on the Operating Planning process, and highlighted the following key points:
 - NEL CCGs and Trusts will be submitting their draft operating plans on 24th November. Ideally these would be aligned, but in reality this will not be the case
 - The current gap between the organisational plans and the control totals is approximately £110M. The largest gaps are in the Barts and BHRUT plans. Bilateral contract discussions are in place with Barts and BHRUT to reduce these gaps.
 - Work will continue to reduce the size of these gaps, but it is likely that there will be some outstanding gaps and reconciliation statements will be required

- Following the submission of the draft operating plans on 24th November, the next major milestone is the 5th December to confirm whether mediation is required to agree the final contracts.

7. Update from Finance Strategy Group:

- HB noted that the System Control Total should be a consolidation of the respective organisational control totals. However, the System Control Total appears to be being negotiated through a number of forums. HB suggested that there should be more formal involvement of the STP in the agreement of the Organisational and System Control Totals to ensure these are achievable and signed up to
- TH suggested that the NEL STP needs to provide a robust justification to NHSE / NHSI as to why the organisational and system control totals are unachievable
- CB stated that for Barts Health to deliver its organisational control total at the forecast level of CCG income would require it to deliver CIP of 6%, which would be very difficult
- JB noted that NELFT had never failed to deliver its financial targets. However, he believes that the NELFT control total is not achievable
- RW summarised that although the NEL CCGs and Providers would be submitting their draft operating plans on the following day (24 November), there will be gaps in these operating plans and further work will be required to close these gaps
- LO accepted that there will be gaps between the operating plans and the control totals. However, LO suggested that a collaborative system level approach should be adopted to resolve these gaps

8. Update on Accountable Care System and Devolution Pilot Business Cases

BHR Devolution

- CB presented the update on the BHR Devolution programme (attachment 5b/5b (i)), and highlighted the following key points:
 - The BHR Devolution Programme pre-dates the NEL STP
 - The original proposal for the BHR Devolution Programme was developed in November 2015 and supported by NHSE
 - The SoC outlines a new delivery model for providers and a joint commissioning framework

- The business case is based on a locality based model of 50,000+ people, with place based care provided by integrated providers
- In total there are 11 place based plans - it has been agreed to pilot 3 place based plans, with the remaining 8 plans to follow
- The vision of the BHR Devolution Programme is complimentary to the STP vision, and is a key enabler to the delivery of the STP
- The key challenge in the context of the NEL STP is how to align the governance

Hackney Devolution:

- PH presented the update on the Hackney Devolution pilot (attachment 5c) and highlighted the following key points:
 - There is very active and ongoing public engagement – the last public engagement event was held on 22 November
 - The CCG and Local Authority already have the majority of the powers required and therefore did not have many formal devolution asks
 - However, one of the key issues is the use of local authority estate
 - Change would be required to the Section 75 legislation to enable further pooling of budgets and the formation of joint committees
 - A comprehensive business case has been developed for Hackney Devolution
 - The Hackney Devolution programme is an integral part of the NEL STP and will support delivery of the STP
 - The formal governance arrangements for the Hackney devolution programme go live from April 2017

Transforming Services Together (TST) and Tower Hamlets Together Vanguard (THT)

- SH presented an update on the TST programme, and highlighted the following key points:
 - The TST programme is focused on the provision of Care Close to Home and the shift in activity out of the acute providers
 - The TST governance arrangements are currently under review to focus on delivery at the borough level
 - The THT proposition is currently being refreshed – in particular changes are being made to the THT Board to make this a joint commissioner / provider board
 - Changes are required to the Section 75 agreement to support delivery

London Health and Care Devolution:

HBe presented the update on the London Health and Care Devolution programme (attachment 5c) and highlighted the following key points:

- The London Devolution is currently on track to sign the second Healthy Care London health and care devolution agreement following the initial agreement, which was signed off last year. This agreement is mainly the MoU between London and the National government. The draft is already in circulation and copies can be shared upon request.
- The London Health Devolution Programme is also developing the governance arrangement for London post-December as well as a support package for areas which are not amongst the Devolution pilot but who are keen to consider pursuing devolution. The London Health Devolution Programme is currently pulling together a summary of potential devolution asks around 3 areas:
 - Integration
 - Estates
 - Prevention
- MP commented that the London Health and Care Devolution programme appears to be more focused on measuring and improving health and wellbeing, and suggested that the NEL STP should reflect this. CB agreed that there should be a greater focus on the prevention agenda
- JM highlighted that there is an overarching presentation that consolidates the information on the different NEL ACSs (attachment 5a) – this highlights that there is a lot of commonality between the different NEL ACSs, and therefore there are opportunities to reuse certain elements and deliver economies of scale.
- RW commended the works of the scheme pointing out their immense importance and relevance to the STP.

9. Proposed shadow NEL STP governance arrangement: NEL STP Board ToR

- OE presented an update on the proposed shadow NEL STP governance arrangements, and provided an overview of the draft Memorandum of Understanding for the NEL STP governance that had been developed by the Governance Working Group and in particular the Terms of Reference for the NEL STP Board, highlighting the following key points:
 - RW is currently engaging with the Local Authorities to agree the LA involvement in the governance arrangements, and specifically the NEL STP Board
 - The Governance Working Group proposed a quorum of 75% of the NEL STP members, including as a minimum:
 - An Independent Chair (or an agreed deputy)
 - 1 x acute trust representative
 - 1 x mental health trust representative
 - 1 x CCG representative
 - 1 x Professional Senate representative
 - 1 x Local Authority representative
 - 1 x Community Council representative

- The Governance Working Group proposed that any item requiring a vote by the NEL STP Board would require a 75% majority to be passed
- RW urged all members of the NEL STP Board to go through the draft Memorandum of Understanding and specifically the Terms of Reference for the NEL STP Board, and to provide any further feedback. RW highlighted the importance of governance as the framework for delivering the NEL STP. RW further urged the NEL STP Board members to consider the future membership of the Board, and particularly in the context of balancing the size and effectiveness of this group.

- SE acknowledged the difficulty in developing the future NEL STP governance arrangements, and proposed the following priorities for the new governance arrangements:
 - Ensuring true transformation
 - Managing cost
 - Shifting activity into primary care
 - Protecting managers
 - Engagement of clinicians through appropriate representation.

- SE highlighted that effective clinical engagement is critical to success of the new governance arrangements, and the risk that the governance arrangements become too management focused. SE suggested that the relationship with clinicians must be viewed as a partnership rather than a hierarchy
- CH noted that the NEL Clinical Senate had reviewed the draft MoU and had provided a formal letter outlining its recommendations. CH requested that the draft MoU is not circulated the CCG and Trust Boards until the necessary changes had been made to reflect the Clinical Senate feedback

Action: OE to review the feedback from the NEL Clinical Senate and update the draft MoU as required

Action: OE to circulate the MoU to the CCG Governing Bodies and Provider Trust Boards (once feedback has been incorporated)

10. AOB:

No further AOBs were raised

Summary of Actions:

Ref	Action	Owner	Due Date	Status
1	LO to discuss the SoC, and find a resolution to the return on investment issue, further within NHSI.	LO	16/12/16	Active
2	Review the feedback from the NEL Clinical Senate and update the draft MoU as required	OE	10/12/16	Active
3	Circulate the MoU to the CCG Governing Bodies and Provider Trust Boards (once feedback has been incorporated)	NG	12/12/16	Active