



NEL Sustainability and Transformation Plan Board

Minutes

Monday 17th October 2016
Newham CCG, Unex Tower, 4th Floor, Meeting Room FO24/FO21

Attendees:

Rob Whiteman (RW)	Independent chair, STP Board
Jane Milligan (JM)	Executive lead for north east London STP
Alwen Williams (AW)	Chief Executive, Barts Health Trust, NEL STP Infrastructure SRO
Meradin Peachey (MP)	Director of Public Health, Newham, STP Public Health Lead
Paul Haigh (PH)	Chief Officer, City & Hackney CCG
Conor Burke (CB)	Chief Officer, BHR CCGs, NEL STP Transformation SRO
Steve Gilvin (SG)	Chief Officer, Newham CCG, NEL STP Primary Care lead
Navina Evans (NE)	Deputy CEO, ELFT
Terry Huff (TH)	Chief Officer, Waltham Forest CCG, NEL STP CCG Lead
Ceri Jacobs (CJ)	NEL DCO, NHS England
Simon Hall (SH)	Acting Chief Officer, Tower Hamlets CCG
Jason Seez (JS)	Director of Planning and Governance, BHRUT
Grainne Siggins (GS)	Director of Adult Social Care, London Borough of Newham
John Brouder (JB)	Chief Executive, NELFT
Les Borrett (LB)	Director of Financial Strategy, WF CCG
David Maher (DM)	Deputy Chief Officer & Programme Director, City & Hackney CCG
Marie Gabriel (MG)	Chair, ELFT
Victoria Jefferies (VJ)	NHS Improvement
Tracey Fletcher (TF)	Chief Executive, the Homerton, NEL STP Workforce SRO
Hilary Ross (HR)	Director of Strategic Development, UCLP
Lee Outhwaite (LO)	NHS Improvement
Ralph Coulbeck (RC)	Director of Strategy, Barts Health Trust
Russ Platt (RP)	Specialist Commissioning, NHS England (NEL lead)
Nigel Burgess (NB)	Health Education England
Jacqui Van Rossum (JVR)	Executive Director, Int. Care (London) & Corporate Comms, NELFT
Julie Lowe (JL)	NEL STP Director of Provider Collaboration
Nichola Gardner (NG)	NEL STP Programme Director
Ulrich Dempfle (UD)	PwC, Finance workstream
Oliver Excell (OE)	NEL STP PMO Manager
Joy Ogbonna (JO)	NEL STP PMO Support

Apologies:

Anne Rainsberry (AR)	Regional Director NHS England (London)
Martin Esom (ME)	Chief Executive, London Borough of Waltham Forest, NEL STP LA Lead
Sam Everington (SE)	CCG Chair, Tower Hamlets CCG, NEL STP Clinical Lead
Matthew Hopkins (MH)	Chief Executive, BHRUT, NEL STP Productivity SRO
Clare Highton (CH)	CCG Chair, City & Hackney CCG, NEL Clinical Senate Chair
Henry Black (HB)	Chief Finance Officer, Tower Hamlet CCG, NEL STP Finance lead
Waseem Mohi (WM)	Chair, Barking and Dagenham CCG
Tom Travers (TT)	Chief Finance Officer, BHR CCGs
Rakhee Verma (RV)	Head of CE Office
David Slegg (DS)	Regional Finance Director NHS England (London)
Victoria Woodhatch (VW)	NHS Improvement

1. Welcome and Introductions

RW welcomed everyone to the meeting and noted apologies. He kicked off the meeting with a round of introductions from members of the group.

JM provided a brief update on the objective of the meeting. She reported the purpose of the meeting was for the group to run through the 21st October submission recognising that this was an updated version of the draft STP that was submitted in June. JM confirmed that the scope of the NEL STP should include local plans including the three local ACS plans. She noted that the meeting was an opportunity for all to take stock, reflect on local plans and prepare for the draft operating plan submissions in December. She thanked all for their support so far and welcomed further input and support from all partners towards the submission on Friday 21st October.

2. Minutes and matters arising

The minutes and summary of actions from the last meeting were approved.

RW noted that matters arising were on the agenda. Making reference to summary of actions on the minutes;

- Ref 1, NG to contact PwC to highlight the NEL requirements for Specialised Commissioning data analysis; NG confirmed that these requirements had been communicated to PwC
- Ref 2, development of governance arrangements for the allocation of the risk pool; NG noted the action was still in progress and will be picked up at the governance discussions by MG on the agenda.

Update on the 13th October stakeholder engagement event

NG gave a verbal update of the north east London STP engagement event that took place on the 13th October. Overall, the event went well with significant representation from the organisations in the north east London footprint. In total about 60 people attended the event including representatives from Trusts, CCGs, Local Authorities, Patients representatives, Providers, Healthwatch, Health Education England, etc.

The group had the opportunity to review and comment on the eight delivery plans of the NEL STP. The group was supportive of the overall direction of travel and provided useful comments which will be considered for the next submission of the NEL STP on Friday 21st October. The group looked beyond the immediate 21 October submission date and raised some concerns regarding how realistic the delivery plan is, the pace of delivery and what the STP will be held to account for in future years.

STP footprint call with Simon Stevens

A call took place on 7th October with Simon Stevens and leads from all STP footprints. NG represented the NEL footprint. Simon Stevens noted that clarity is required on how the submission would be shared more widely with the public. Simon Stevens confirmed that each STP footprint will need to develop a public facing version of their STP which clearly articulates the changes and their rationale.

Each STP area was asked to provide an update on their finance submission, governance and engagement plans. NEL received positive feedback from Simon Stevens on its approach to engagement.

CJ confirmed that the NHSE London team had undertaken a review of the NEL STP in advance of the 21 October submission, and had not raised any significant issues beyond the financial position.

2b. Finance: Finance and Activity feedback

The Finance Chapter and assurance note from F&A group papers were tabled at the meeting. The paper sets out the process that has been undertaken to compile the submission and the limited assurance that the F&A group is able to provide beyond a general statement that the numbers appear to be sound and reasonable. The submission is based on the Provider LTFMs and five year CCG operating plans.

The F&A group recommends that the STP Board endorses the finance template as part of the NEL STP submission and financial submission but brings attention to the risks, caveats and assumptions that are set out.

LB highlighted that achieving the agreed 16/17 financial position is a pre-requisite for a credible financial model.

LB noted that at the F&A meeting that took place earlier in the day, the primary focus was on the organisations with the most significant financial challenges (Barts Health and BHR CCGs). Barts Health presented their Financial Recovery Plan to NHSI and agreed how they will achieve their financial control total this year, through settling outstanding Q1 payments and then focusing on the Q4 activity assumptions.

PwC has undertaken a financial review of the BHR CCGs and produced a draft report, highlighting a significant variation from the forecast position. It has been agreed that the BHR CCGs' financial position will be contained in the control total subject to implementation of the financial recovery plan.

TH reported that the draft NEL STP finance submission was presented to the Audit Chairs, who were satisfied with the planning assumptions but were not able to comment on the deliverability of the plans.

Action: JO to circulate to all STP Board members the finance papers that were tabled in the meeting

Caveats highlighted by the Finance and Activity Group included:

- The format of the template and the process to be used to model the gap and the solutions are prescribed and do not reflect local modelled plans in detail.
- There is a potential triangulation gap between provider income expectations and commissioner cost.

- Out of area flows are assumed to be neutral, with the cost of activity delivered by in-area providers for out of area patients assumed to be offset by income from those commissioners.
- Specialised Commissioning is included only at a very high level, with the assumption that there is a funding gap of £36.3m in the do-nothing position.
- NEL has been notified that the STF in 2020/21 will be £136m and this figure will be available for investment in the eight priorities of the 5YFV.
- Capital requirements play an important part in the overall STP plans. It is therefore important both in terms of financial and quality benefits that the capital requirements flagged in the plan are forthcoming.
- Control totals have not yet been received for all organisations within the NEL STP footprint. The plan will be updated to reflect these when they are received. There is however a risk that the outstanding control totals may not be in line with the current assumptions and plans laid out in the October submission.
- The current working assumption in the submission is that the 1% currently held back by each of the CCGs is not available to be utilised.
- Due to the nature of the finance templates that form part of the overall STP submission it is not possible to give a range of figures. Those contained in the submission give our most likely position, however this is sensitive to changes/deviation from underlying assumptions.

TH highlighted that the most significant financial risk is the sensitivity of the model to population growth assumptions. Therefore even small changes in population growth will have a disproportionate impact on activity and costs.

TH highlighted that the financial gap in the 'do nothing' scenario has improved from £830M to £530M. This is partly a result of the fact that we have moved 6 months into the delivery plan.

RC asked whether the list of capital funding requirements in the finance submission could be shared. UD confirmed that this can be shared and summarised the capital requirements as follows:

- Overall capital requirement for NEL is approximately £500M, comprised of:
 - KGH ED - £63M
 - Whipps Cross redevelopment - £225M
 - Maternity - £30M
 - Primary Care facilities (ETTF bids)
 - IT capital requirements

CJ asked whether the Finance workstream had considered forecast activity. UD confirmed that the TST activity model had been expanded to cover the whole of the NEL footprint.

DM asked whether there is any additional funding available for Mental Health in the STF. UD confirmed it has been assumed that the MH funding will need to come from the existing STF. DM highlighted this will leave a funding gap. UD acknowledged this has been recognised as a cost pressure against the STF.

Action: UD and SG to meeting afterwards to discuss the ETTF bids

DECISION AGREED – The Programme Board noted the assurances, caveats, the risk and assumptions and endorsed the financial submission to NHS England by Friday 21 October.

3. Working session to review the draft 21 October NEL STP submission:

NG gave a brief update on the progress of the draft 21 October NEL STP submission, and confirmed that this would be comprised of:

- Refreshed version of the narrative document submitted in June
- A summary document outlining the progress that has been made against the key priority areas and the July feedback from NHSE and NHSI
- Eight delivery plans (for the key system level transformation areas)
- The finance template
- A draft Specialised Commissioning chapter developed by NHSE
- An engagement strategy
- A summary of the local engagement activity

Currently the PMO team is collating feedback and comments on the eight delivery plans which was circulated last week with a deadline for comments by close of business 17 October.

It was agreed that an updated version of the refreshed narrative document would be circulated to the Board on 19 October, in advance of the submission to NHS England / NHS Improvement on 21 October.

NHS England has requested that STPs are not published in the public domain for the time being and will provide guidance shortly regarding publication of STPs.

Following the 21 October submission (and subject to NHSE guidance) the NEL STP programme is planning to develop public facing versions of the following documents and share these through the NEL STP website:

- The STP narrative

- An explanatory slide pack
- Public facing versions of the delivery plans

Review of outstanding comments on 21 October NEL STP submission

MP highlighted that prevention ought to be a key part of all delivery plans e.g. Spec Comm. MP noted that there should be a consistent approach on how prevention is driven across CCGs, Trusts and Local Authorities.

Concerns were raised around the lack of mention of End of Life Care and Children's services in the delivery plans. NG assured the group that these areas are covered in the local delivery plans as described in the narrative document. However, the delivery plans focus on the overarching system level programmes. JM highlighted the need to balance what is in the STP against the existing local delivery plans, and acknowledged that the only way to get traction is through local delivery.

With respect to Specialised Commissioning, RP highlighted the need to ensure consistency agreed the NEL STP submission regarding the size of the financial gap for specialised services. This financial gap is currently incorrectly quoted in the STP as £134M, which is the size of the cumulative gap rather than the actual gap.

SG commented that self-care and patient empowerment are a key part of the primary care strategy but do not come through strongly enough in the delivery plans. SG agreed to provide some wording on these areas to incorporate in the Care Close to Home delivery plan.

AW highlighted the importance of translating the delivery plans into finance and activity plans. JM confirmed this is the focus for the operating planning process that will develop the 2 year operating plans by December.

LO commented on the importance of clarity on the prioritisation and sequencing of the delivery plans.

Action: SG to provide wording on self-care and patient empowerment for the Care Close to Home delivery plan

RW thanked all for their contribution so far and noted that further thoughts and feedback should be forwarded to OE/NG

RW asked all members of the STP Board if they were happy to proceed with the proposed approach for the completion of 21 October submission, All STP Board members confirmed their support for this approach

4. Discussion on proposed NEL STP governance arrangements

MG presented an update on the development of the draft NEL STP governance arrangements through the Governance Working Group that she has been chairing:

- On the 24th August the NEL STP Board approved the proposed deliberative approach to the development and implementation of the new governance arrangement for the NEL STP with wider system engagement which includes establishing a governance working group with representation from across the NEL system, to develop options and proposals for the new governance arrangements.
- A governance working group was set up and has met twice. This group has developed an initial draft Memorandum of Understanding between partner organisations and an initial draft shadow governance structure for review by the STP Programme Board.

RW commended the work that has been achieved by the Governance Working Group. MG proposed for continuity the work should be progressed by the independent chair.

Action: RW and MG to discuss the arrangements for leading of the Governance Working Group.

Following the review of the paper presented to the board, the following points were raised:

- RP commented that NHSE views itself as part of the NEL STP as a commissioner of specialised services, not just as a regulator, and should therefore be a voting member of the STP Board. MG highlighted the importance of keeping the STP Board as streamlined as possible to ensure it is effective.
- AW proposed that Trusts should be represented by their Chief Executives on the STP Board (rather than their Medical Directors)
- PH commented that GP Provider Federations should be represented in the governance framework
- The Clinical Senate should be renamed as the Professional Senate, and should include both Public Health and social care
- DM proposed that the STP Council should be renamed to the Community Council, and should have real influence on the NEL STP
- The Governance Working Group should consider how to get the representation for the STP Board and members of the Community Council (e.g. NEDs/lay member)
- The BHR CCGs should have the same options for membership of the STP Board as the other CCGs
- MP highlighted the need to consider how population health leadership is included in the governance arrangements, potentially through the Professional Senate

For the draft MoU there is the ambition to move to a partnership agreement, and a shadow governance structure to go live in April 2017. TH raised concerns on how the STP Board hold other parties to account without making it too bureaucratic

AW raised concerns regarding the SRO role and specifically the sustainability of having Chief Executives as SROs for the major delivery programmes. AW suggested considering how to use the talent pool at director level for this role.

5. Discussion on NEL STP Programme Board approval of 21 October submission

JM gave a brief update on the progress made so far on the submission and noted the timelines with key activities before the submission

- The NEL STP submitted on 21 October will still be draft and will therefore not need to be formally signed off by CCG Governing Bodies and Provider Trust Boards

The STP Board confirmed agreement with this approach

6. AOB:

- JM highlighted that following the 21 October submission, the NEL STP will be played through the meetings of the CCG Governing Bodies, Trust Boards, Local Authorities and HWBBs. The NEL STP programme team will support organisations with this process as required.
- The next programme board meeting is scheduled for 23rd November 2016 at Newham CCG, Unex Building, Stratford.



Summary of Actions:

Ref	Action	Owner	Due Date	Status
01	Finance papers: JO to circulate to all STP Board members the finance papers that were tabled in the meeting	JO	18/10/16	CLOSED
02	NEL STP Finance submission: UD and SG to have a meeting afterwards to touch base on the ETTF.	SG/UD	20/10/2016	
03	Care Close to Home Delivery Plan: SG to provide wording on self-care and patient empowerment for the Care Close to Home delivery plan	SG	18/10/16	
04	Governance Working Group: RW and MG to discuss the arrangements for leading of the Governance Working Group	MG/RW	20/10/2016	

Summary of key decisions:

01	Discussion on NEL STP Programme Board approval of 21 October submission – The submission was agreed by the board with the caveat that recommendations from feedback received were incorporated in the document
02	NEL STP Finance Submission: The Programme Board noted the assurances, caveats, the risk and assumptions and endorsed the financial submission to NHS England for Friday 21 st October