

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

23<sup>rd</sup> August, 15:30pm to 17:00pm

Newham CCG, Unex Tower, Meeting room F021/24

**Present:**

**Rob Whiteman**

**Jane Milligan**

**John Brouder**

**Tracey Fletcher**

**Conor Burke**

**Sam Everington**

**Laura Sharpe**

**Alwen Williams**

**Mohit Venkataram**

**Navina Evans**

**Danny Batten**

**Selina Douglas**

**Nigel Woodcock**

**Terry Huff**

**Steve Rubery**

**Fiona Peskett**

**Mike Roberts**

**David Maher**

**Andrew Blake-Herbert**

**Representing:**

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

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

Chief Executive, North East London NHS Foundation Trust

Chief Executive, Homerton University Hospital NHS Foundation Trust

Chief Officer, Barking, Havering & Redbridge Clinical Commissioning Groups

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

GP Confederation representative, City & Hackney Group

Chief Executive, Barts Health NHS Trust

GP Confederation, Waltham Forest East London

Chief Executive, East London NHS Foundation Trust

Head of Assurance, North Central and East London Assurance Team

Deputy Chief Officer for Newham Clinical Commissioning Group

Director of Provider Collaborations, ELHCP

Chief Officer, Waltham Forest Clinical Commissioning Group

Sector Director (London) North and East London CSU

Deputy Director of Strategy, Barking, Havering and Redbridge University Hospitals NHS Trust

Clinical Academic Lead for Population Health and Programme Director for Education

Deputy Chief Officer and Programme Director for NHS City and Hackney Clinical Commissioning Group

Local Authority Chief Executive Representative for City and Hackney

**Additional Attendees Present Representing:**

<b>Meradin Peachey</b>	Director of Public Health, Newham – ELHCP Public Health Lead
<b>Henry Black</b>	ELHCP Chief Finance Officer
<b>Katie Brennan</b>	Deputy Director of Financial Strategy for Tower Hamlets Clinical Commissioning Group
<b>Ian Jackson</b>	Head of Delivery (North East London) Specialised Commissioning, NHS England (London Region)
<b>James Cain</b>	Head of Workforce Transformation, Health Education England
<b>Nigel Woodcock</b>	ELHCP Director of Provider Collaboration
<b>Ian Tompkins</b>	ELHCP Director of Communications and Engagement
<b>Deodita Fernandes</b>	ELHCP Senior Programme Manager
<b>Nazia Afzal</b>	ELHCP Programme Administrator (Note Taker)

**Apologies:**

<b>Matthew Hopkins</b>	Chief Executive, Barking, Havering, Redbridge University Hospital NHS Trust
<b>Steve Gilvin</b>	Chief Officer, Newham Clinical Commissioning Group
<b>Arun Sharma</b>	GP Confederation Representative, Barking, Havering & Redbridge
<b>Atul Aggarwal</b>	Chair, Havering Clinical Commissioning Group
<b>Jeff Buggle</b>	Director of Finance, Barking, Havering, Redbridge University Hospitals NHS Trust
<b>Kim Bromley-Derry</b>	Chief Executive, London Borough of Newham
<b>Waseem Mohi</b>	Chair, Barking and Dagenham Clinical Commissioning Group
<b>Tim Shields</b>	Chief Executive, London Borough of Hackney
<b>Nichola Gardner</b>	ELHCP Programme Director
<b>Ceri Jacobs</b>	Director of Commissioning Operations North Central and East London, NHS England
<b>Vincent Perry</b>	Deputy Medical Director for NELFT
<b>Andrew Blake Herbert</b>	Chief Executive, London Borough of Havering
<b>Graine Siggins</b>	Director of Adult Social Care, London Borough of Newham
<b>Cathy Turland</b>	Healthwatch Observer
<b>Faizal Mangera</b>	NHSI Representative (Regulator)
<b>Victoria Woodhatch</b>	NHSI Representative (Regulator)
<b>Anne Rainsberry</b>	Regional Director, NHS England
<b>Paul Haigh</b>	Chief Officer, Clinical Commissioning Group for City and Hackney
<b>Clare Highton</b>	Chair, Clinical Commissioning Group for City and Hackney

Item no.	Name	
1	<b>Welcome, introductions and apologies for absence</b>	
	1.1	<b>Welcome and introductions</b> Rob Whiteman, the chair welcomed members to the meeting and led a round of introductions.
	1.1.2	<b>Apologies for absence</b> Apologies were given for: <ul style="list-style-type: none"> <li>• Matthew Hopkins, Chief Executive, Barking, Havering, Redbridge University Hospitals NHS Trust</li> <li>• Steve Gilvin, Chief Officer, Newham Clinical Commissioning Group</li> <li>• Arun Sharma, GP Confederation Representative, Barking, Havering &amp; Redbridge</li> <li>• Atul Aggarwal, Chair, Havering Clinical Commissioning Group</li> <li>• Jeff Buggle, Director of Finance, Barking, Havering, Redbridge University Hospitals NHS Trust</li> <li>• Kim Bromley-Derry, Chief Executive, London Borough of Newham</li> <li>• Waseem Mohi, Chair, Barking and Dagenham Clinical Commissioning Group</li> <li>• Tim Shields, Chief Executive, London Borough of Hackney</li> <li>• Nichola Gardner, ELHCP Programme Director</li> <li>• Ceri Jacobs, Director of Commissioning Operations North Central and East London, NHS England</li> <li>• Vincent Perry, Deputy Medical director for NELFT</li> <li>• Andrew Blake Herbert, Chief Executive, London Borough of Havering</li> <li>• Grainne Siggins, Director Adult Social Care, London Borough of Newham</li> <li>• Cathy Turland, Healthwatch Observer</li> <li>• Faizal Mangera, NHSI Representative (Regulator)</li> <li>• Victoria Woodhatch, NHS Improvement</li> <li>• Anne Rainsberry, Regional Director, NHS England</li> <li>• Paul Haigh, Chief Officer, Clinical Commissioning Group for City and Hackney</li> <li>• Clare Highton, Chair, Clinical Commissioning Group for City and Hackney</li> <li>• Anne Canning, Chair, Clinical Commissioning Group for City and Hackney</li> <li>• Jason Seez, Director of Strategy, Barking, Havering, Redbridge University Hospital NHS Trust</li> </ul>
2	<b>Minutes and matters arising</b>	
	2.1	<b>Minutes of the meeting 26 July 2017</b>  Minutes of the last meeting were discussed and collectively agreed to be signed off.

		<p><b>Matters arising:</b></p> <p>There were no matters arising</p>
3	<p><b>Strategy Debate : Consultation on payment development and drivers for change</b></p>	
	3.1	<p>Henry Black referred to the presentation which provided an update on the ELHCP payment development work and drivers for change. Henry Black mentioned that the purpose of the presentation was to consult with all partners and stakeholders to gather all views and build a case for change on how to move on from the payment approach that was currently used to one that was more coherent and supported delivery of patient and system outcomes. Input from the ELHCP Board was requested on the payment consultation process, and what further work was needed to support and complement transformation and payment development in East London. The consultation paper, published 11 July:</p> <ul style="list-style-type: none"> <li>• provided an overview of different payment approaches and notes how payment development has been used in other areas to support improved patient care and development of Accountable Care Systems;</li> <li>• noted challenges, system objective and the wider context the health and care system is working in;</li> <li>• outlined pros and cons of current payment system and offers examples of service models, system organisation and pace of change; and</li> <li>• highlighted other work and process that are needed to complement successful payment development.</li> </ul> <p>The initial consultation and engagement period began on 11 July 2017 and would close on 29 September 2017. Six workshops were being held during the consultation period to get feedback from a wide range of stakeholders (patients, public and carers; clinical, care professional and front line staff; contracting professionals; senior executives and directors of health and care organisations in East London). The consultation document invited written responses from all organisations in the ELHCP as well as clinicians, other health and care professionals, front line staff, finance managers, councils, patients and the public.</p> <p>Henry Black posed a series of questions to the Board members, calling for an open and interactive discussion from all in relation to progressing the payment development work.</p> <p><b>Action: 3.1 Deodita to circulate the questions and the revised presentation to the Board members.</b></p> <p>The questions raised by Henry to the group were as follows –</p> <ol style="list-style-type: none"> <li>1. Did the ELHCP board agree with the list of enablers identified?</li> <li>2. Were there any other enablers the ELHCP wish to add?</li> </ol>

	<p>3.2</p>	<p>3. Was there substantive work underway in other forms across ELHCP?</p> <p>4. How and when should ELHCP commission and take forward work that was not underway?</p> <p>5. Were there any critical governance considerations and how they should be brought together?</p> <p>In response to the series of questions, the following discussion took place at the Board meeting:</p> <p>John Brouder mentioned that all organisations should have the same record. That Henry Black should consider a five year forward plan.</p> <p>Mike Roberts mentioned that the development of the payment plan needed a solution to identify a service change and wrap the enablers (model) around the service.</p> <p>Meradin Peachey mentioned that an incentive plan that covered whole-systems incentives needed to be considered that would change the behaviour of individuals. Meradin highlighted that the incentives for quality of care, incentives for population health etc. needed to be developed to support this.</p> <p>Sam Everington mentioned that the core orientation of the system needed to be aligned to the population it served - this included how ELHCP set system priorities, service design, organisational co-ordination and payment.</p> <p>Sam Everington also mentioned the need to engage with the workforce and clinical staff to understand what motivated them in their role and to mobilise them to be innovative and patient focused. Sam Everington used an example of Primary Care Transformation in Tower Hamlets and the outpatients project that members were working on to bring about service change. He also noted the need for culture change in the sector to encourage, and allow, patients and carers to take a more active role in supporting their own care and wellbeing (e.g. allowing them access to their notes and patient records).</p> <p>Rob Whiteman asked for further evidence of payment practices from other areas (NHS and international examples). He also requested that further work was required to explore the implication of new payment approaches on how risk could shift across the system, and how to develop transitional approaches that eased the move from one payment system to another.</p> <p>Terry Huff noted that it was important to understand the different appetites, and ability to manage risk, that each provider in the system had. This could vary according to size, available resource, etc.</p>
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<b>Communications update</b>		
<p><b>4</b></p> <p><b>4.1</b></p> <p><b>4.2</b></p>		<p><b>Update on community group, Health and Housing forum and other communications and engagement activity:</b></p> <p>Ian Tompkins, ELHCP Director of Communications and Engagement had provided an update on the following:</p> <p><b>Community Group</b></p> <p>Ian Tompkins stated that as a follow on from the first get together of potential members of Community Group on 4 July 2017, a smaller number met on 2 August 2017 to further discuss the proposed purpose of the Group and the role it might play in the wider Partnership governance structure. A variety of views and ideas were exchanged and the original draft terms of reference were had been sent to the attendees for further comment. The main concern that was expressed was around the size of the Group and the range of different interests involved, making it difficult to be effective. The original proposal was now being reconsidered in the light of this and a further report and recommendation would be submitted to the Board in due course.</p> <p><b>Health and Housing</b></p> <p>The Health and Housing conference was scheduled to be held at the London East Conference Centre in Dagenham East on 18 October 2017 at 12:00 – 16:30.</p> <p>‘Save the Date’ invites had been sent out to the leaders of the main Partnership organisations and to housing associations; private sector landlords and representatives from the voluntary/charity sector (i.e. Shelter) and other stakeholders.</p> <p>Two keynote speakers had been confirmed. The agenda would include breakout sessions and an expo of related health and housing projects.</p>

	<p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.6</p> <p>4.7</p>	<p>Further details about the event, including the full programme, would be circulated shortly.</p> <p><b>Communications and Engagement Strategy and Plan</b></p> <p>The original version of the Communications and Engagement Strategy Plan was presented to the Board in March 2017. This plan was currently under review and would be updated and circulated to members at either the September or October Board meeting.</p> <p><b>Healthwatch</b></p> <p>Rob Whiteman and Jane Milligan met with representatives from the Healthwatch organisations on 26 July 2017 to discuss increased engagement and support in the Partnerships activities. It was agreed to hold regular meetings with the same group of representatives going forward. It was also agreed to map out current engagement approaches and interfaces in ELCHP-wide programme areas such as urgent and emergency care and maternity and how Healthwatch could make use of some of the data that the Partnership had been pulling together in connection with its work.</p> <p><b>Briefing Room and Website</b></p> <p>Further information materials had been added to the Briefing Room, including sub-titles of the main introductory video to the Partnership, “We Can All Do Our Bit”. A log-in system for the briefing room would be in place by the end of August 2017.</p> <p>The website was being expanded to include a video materials section.</p> <p><b>NHS Campaign Groups</b></p> <p>Representatives of Hackney Keep our NHS Public, Newham Save our NHS, Redbridge Save King George’s Hospital, Tower Hamlets Keep our NHS public and Waltham Forest Save our NHS had agreed to meet Rob Whiteman and Jane Milligan for an update on the Partnership. In response to the meeting request, all groups highlighted a number of concerns, including single accountable officer proposal, the make-up of the Partnership Board and its governance, the projected control budget for the Partnership and the projected population figures the Partnership is working to. The meeting was being arranged to take place in September 2017.</p> <p><b>Workstream Support</b></p> <p>The communications and engagement team, along with their colleagues in the Partnership organisations were involved in supporting the main work streams, such as prevention, maternity, digital and urgent and emergency care (including the roll out of the new 111 service).</p>
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<b>5</b>	<b>Updates for information and questions only</b>	
<b>5.1</b>	<b>Programme update:</b>	<p>Jane Milligan updated the group that the delivery plan for Digital workstream would be submitted over the next couple of months to NHS England. The Maternity Delivery Plan was scheduled to be submitted on 31 October 2017 which would include a request for funding from the Transformation Funding pot. The Urgent and Emergency Dive Deep with NHS England/NHS Improvement was scheduled to be held in October and the Mental Health was planned to be held in November.</p> <p>Work was ongoing on a different operating model to focus on key areas which would be completed over the next few weeks.</p> <p>The Children and Young People programme at HLP was working with the STP to run a workshop on Children Asthma. Further engagement with relevant stakeholders would take place over the next few weeks. Jane highlighted that this was an opportunity to jointly re-design this work across the footprint.</p> <p>The Clinical Senate leads were continuing to meet on a monthly basis using a new approach. Further engagement with clinical networks would continue with a focus on evidence-based data and information to drive service improvements.</p> <p>There was some work happening at London level on Accountable Care Systems which would be shared with the STP footprints.</p>
<b>6</b>	<b>Any Other Business</b>	
<b>6.1</b>	Ian Jackson suggested that a paper be brought to a future Board meeting around making London an HIV fast track city.	
<b>6.2</b>	James Cain mentioned that £100k has been identified through a collaboration between HEE and UCLP to support the smoking cessation training initiatives, as set out in the prevention work-stream.	
<b>7.0</b>	<b>Date of next meeting</b>	
<b>7.1</b>	The date and time for the next meeting was scheduled to be held on 25 October 2017 from 3.30 – 5.00 pm at Unex Tower.	

<b>Summary of Actions:</b>			<b>Status</b>
<b>3.1</b>	<b>Revised Payment presentation and questions</b>	<b>To be sent to the Board members post the meeting</b>	<b>Complete</b>