

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

27th September, 16:00pm to 17:30pm

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

Present:

Rob Whiteman
Jane Milligan
Matthew Hopkins

John Brouder
Tracy Fletcher
Sam Everington

Simon Hall
Clare Highton

Ralph Coulbeck
Faizal Mangera
Kim Bromley-Derry
Vincent Perry
Chris Banks

David Maher
Elizabeth Hardy

Representing:

Chair, East London Health and Care Partnership (ELHCP) Board
Executive Lead, East London Health and Care Partnership (ELHCP)
Chief Executive, Barking, Havering, Redbridge University Hospital
NHS Trust
Chief Executive, North East London NHS Foundation Trust
Chief Executive, Homerton University Hospital NHS Foundation Trust
Co-chair, Clinical Senate and Chair, Tower Hamlets Clinical
Commissioning Group
Acting Chief Officer, Tower Hamlets Clinical Commissioning Group
Co-chair, Clinical Senate and Chair, City & Hackney Clinical
Commissioning Group
Director of Strategy, Barts Health NHS Trust
NHS Improvement
Chief Executive, London Borough of Newham
Mental Health Sector Clinician
GP Confederation Representative, Waltham Forest and East London
(WEL)
Deputy Chief Officer, City & Hackney Clinical Commissioning Group
GP Confederation Representative, WEL

Additional attendees present

Representing:

Meradin Peachey Director of Public Health, Newham – ELHCP Public Health Lead
Henry Black ELHCP Chief Finance Officer
Ian Jackson Head of Delivery (North East London) Specialised Commissioning, NHS
England (London Region)
James Cain Head of Workforce Transformation, Health Education England
Lizzie Smith Regional lead, Health Education England
Theo de Pencier Non-Executive Director, London Ambulance Service

Nichola Gardner

ELHCP Programme Director

Steve Rubery

Sector Director (North London), NEL Commissioning Support Unit

Nigel Woodcock

ELHCP Director of Provider Collaboration

Ian Tompkins

ELHCP Director of Communications and Engagement

Emma Nichols

ELHCP Senior Programme Manager

Joy Ogbonna

ELHCP PMO Programme Support Officer

Item no.	Name	
1	Welcome, introductions and apologies for absence	
	1.1	<p>Welcome and introductions</p> <p>Rob Whiteman, the chair welcomed members to the meeting and led a round of introductions. He introduced Theo de Pencier, Non-Executive Director of London Ambulance Service (LAS). Theo de Pencier introduced himself and provided an overview of LAS current organisational developments, highlighting a number of challenges including internal restructuring, but also significant improvement to achieving targets. LAS is keen to work in partnership with ELHCP and the Board welcomes this approach.</p>
	1.1.2	<p>Apologies for absence</p> <p>Apologies were given for:</p> <ul style="list-style-type: none"> • Ceri Jacob, Director of Commissioning Operations North Central and East London, NHS England • Conor Burke, Chief Officer, Barking, Havering & Redbridge Clinical Commissioning Groups • Grainne Siggins, Director Adult Social Care, London Borough of Newham • Alwen Williams, Chief Executive, Barts Health NHS Trust • Paul Haigh, Chief Officer, City & Hackney Clinical Commissioning Group • Andrew Blake Herbert, Chief Executive, London Borough of Havering • Steve Gilvin, Chief Officer, Newham Clinical Commissioning Group • Atul Aggarwal Chair, Havering Clinical Commissioning Group • Danny Batten, Head of Assurance, North Central and East London Assurance Team • 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 • Cathy Turland, Health Watch Observer • Laura Sharpe, GP Confederation representative, City & Hackney Group • Navina Evans, Chief Executive, East London NHS Foundation Trust
2	Minutes and matters arising	
	2.1	<p>Minutes of the meeting 23 August 2017</p> <p>Minutes of the last meeting were discussed and collectively agreed as accurate. All outstanding actions have been closed.</p> <p>Matters arising were noted as covered within the agenda.</p>
3	Strategy Debate : Workforce	
		<p>Tracey Fletcher, Chair of the Local Workforce Action Board (LWAB) introduced the workforce strategy discussion and paper. There was a recognition that workforce was a strategic and operational priority for both commissioners and providers in East London, and there was a collective need to work collaboratively to address the issues.</p>

James Cain from HEE gave the workforce presentation. The purpose was to seek input on a number of key issues; particularly relating to the proposed development of the new workforce service models.

Jane Milligan added context from the recent National STP Leads meeting held on 26 September 2017. A request for STPs to propose areas of workforce which could be managed or delivered differently to NHS England was made at the meeting.

James Cain added the Community Education Provider Network (CEPN) transformation, which is funded by HEE, is focused on six key areas such as retention, carers, new roles, apprenticeships, Primary and secondary care interactions and clinical skills. The CEPNs have been asked to develop 2017/18 operating plans to outline their full intentions to connect into the local primary care agendas, which is to be approved by the relevant Accountable Officers.

The ask from ELHCP workforce workstream to the Board is given below:

- 1) How can we truly create a workforce which can be deployed across Accountable Care Systems?
- 2) HEE will make available further funding to support delivery of the workforce implications of new service models. Therefore what was the Board's consensus on those priorities and how would they be worked up?
- 3) The individuals who would provide the workforce of the future were currently working within the NHS but might require re-skilling and redeployment across other services and settings of care. How could the STP develop the workforce to fit the new care models being proposed (in terms of both numbers and skills of individuals)?
- 4) Data being published shortly suggested social care recruitment and retention challenges were akin to those of the NHS. How could health and social care providers and commissioners better respond together?

Sam Everington noted that there was inequality in the delivery of quality health care across East London and recommended there is the need for better collaboration amongst partners to help the STP to progress the workforce programme. Clinical education needs to focus on recruiting local people, supported by local training places and opportunities, as they are more likely to remain resident in East London in the longer term. He highlighted the need to introduce joint clinical appointments and provide more direction to medical schools for the types of skills which are required within the NHS.

It was suggested that there should be an East London NHS locum agency/bank, as there are too many barriers currently to the existing Trust banks working together

For Primary Care SE also commented that Dr Anwar Khan, Chair for Waltham Forest CCG was on a visit medical schools in Bulgaria, where there are over five hundred British students training for financial reasons. These students might wish to work in East London upon completion of their course if the opportunity was promoted early.

SE gave an example of the typical GP training scheme where students are currently distributed geographically wherever placements are available based on their ranking in the outcome from their exam rather than their personal choices and needs. LS confirmed some exception can be applied after selection if a junior doctor could show good grounds to stay in the same place. The group advised that it would wish the STP to create an offer where both organisations and students can choose the most appropriate placements.

ACTION: Correspondence to be sent to the Chief Executive of Health Education

England from the Clinical Chairs expressing their concerns about the existing GP training scheme and proposing greater flexibility.

A further recommendation from the Board was to build a relationship with training and leadership development organisations/faculties, such as the Staff College. Leadership training was required for all staff members, not a few senior staff. The STP needed to identify what was required within the East London footprint to enable a long term cultural shift, and to understand the academic achievement needed is to support the system requirements.

Kim Bromley-Derry questioned the return on investment for the list of activities and developments set out in the workforce presentation, noting this was a long list of priorities that required focusing on where real impact could be evidenced.

Jane Milligan noted the need to invest in non-traditional roles and training, as it will not be possible to address the workforce gap through traditional roles and training. This should include peer support, self-management, care navigators, health trainers etc. This approach may open up avenues into employment for unemployed people locally. There should be a potential to review investment as part of Accountable Care system (ACS) development which provided an opportunity at the different spatial levels.

Clare Highton noted that GP trainees must be given the choice of where they train, as this is anecdotally reported as a major reason why GP trainees drop out of their training. Exit interviews should be undertaken to evidence this trend. Additionally there is a need to review the housing needs of staff and why people relocate to other geographical areas. CH further emphasized that more support needs to be given to the mental well-being of staff and training/support in managing patients in stressful situations.

The Board commented on benefit gains from having supervision for mental health students from physical health, primary care and prevention and vice versa. There is a wide evidence base that patients are becoming increasingly complex, therefore the skill base of the workforce needs to encompass both mental, physical and social competencies.

David Maher highlighted another area of focus was supporting universities. Higher education providers are assets to develop the workforce. He suggested plugging into the University of East London to support redesigning their courses for medical professions.

Matthew Hopkins raised the need to retain existing staff, particularly during restructures through redeployment schemes. For the East London geographical footprint there are opportunities within the gift of providers to improve loyalty and retention of staff with a more secure environment. He asked the Board if there is an appetite to explore providing an offer of guaranteed redeployment across the Partnership. This could also be extended to social care.

John Brouder emphasised that ELHCP partner organisations need to develop the workforce model to fit the new care models.

An example of good practice locally is the talent pipeline scheme at ELFT, developed by Johnathan Warren with local universities. London are already looking at such programmes.

		<p>James Cain responded to the above issues by informing the Board that the workforce proposals include outcome measures. He also suggested that the STP could explore the idea of a clearing house; career clinics and series of web resources to tackle retention issues. North Central, NHS England and NHS Improvement are all interested in supporting retention challenges on the front line.</p> <p>For rotations, he noted that HEE invested last year in a series of educational rotations and were looking to do more in that area. For Health Based Places of Safety he noted there was a programme called “Breaking down barriers” which looked to skill up physical health staff in mental health skills and visa-versa.</p> <p>For displaced staff, both providers and commissioners could have a system to alert each other to know where there were issues and opportunities to help retain staff. The partnership could also involve other providers outside of ELHCP to retain staff</p> <p>Tracey Fletcher noted housing would become a huge factor in staffing and retention. Ian Tompkins highlighted to the group that a Health and Housing event was scheduled to be held on 18 October, which aimed to address some of the areas and concerns noted above. He had also been in touch with the Vice Chancellor for the University of East London, who had confirmed that there were nursing programmes commencing at the start of 2018.</p> <p>Tracey Fletcher also noted the need to work with the regulators to ensure that new roles align with the safer staffing regime.</p> <p>She confirmed that the Human Resource Directors are working on schemes to reduce turnover.</p> <p>The East London Health and Care Partnership Board noted the Workforce update.</p>
4.		<p>Communications update</p>
	4.1	<p>Update on Health and Housing event:</p> <p>Ian Tompkins gave an update on the Health and Housing event which is arranged for 18 October 2017 at London East Business Park Conference centre, Rainham, Dagenham East. There has been a high response rate to-date from the target audience of clinical staff. A draft agenda has been circulated to all. The aim of the event is to bring together the range of stakeholders in East London with an interest in health, social care housing and accommodation and economic regeneration across East London.</p> <p>IT noted that some topics for discussions at the event are 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. At the event there will be a market place that will showcase projects taking place in the area.</p> <p>Communications update:</p> <p>The East London Health and Care Partnership briefing room is online, which can be used as a platform by all organisations for sharing information.</p> <p>The East London Health and Care Partnership Board noted the communications update.</p>

5.	Updates for information and questions only	
	5.1	<p>Programme Update: The programme report paper outlines the overall status of the programme is rated green. All comments and feedback from the Board should be sent to the ELHCP PMO.</p> <p>The East London Health and Care Partnership Board noted the programme update paper.</p> <p>Clinical Senate report: Claire Highton gave a verbal update of the Clinical Senate meeting that was held on 13 September.</p> <p>Clare highlighted the following information:</p> <ul style="list-style-type: none"> • The ELHCP Clinical Senate recommended there needs to be a better understanding of the primary care and community interface in order to be able to deal with challenges that East London currently faced. • The ELHCP Clinical Senate recommended that there needs to be integrated outcomes to monitor mental health patients in the community, ensuring patients had access to the right services, mobilised by a Single Point of Access (SPA) • The ELHCP Clinical Senate highlighted the need for more work and more investment in prevention, community care and housing, noting the positive impact this would have for mental health patients. • There is a need to reconsider the rotation of nurses to enable new transfer of skill sets and learning. Isabel Hodgkinson noted the need to review and address the challenges in relation to the number of Key Performance Indicators (KPIs) and their impact on contracts and outcomes. • It was recommended by the Senate to review the training models for clinicians to improve quality outcomes of services provided with limited resources. A greater understanding was required to better understand the benefits of variation and equity of access. • There was a need for further work to understand how new models of care for mental health could be delivered and it was highlighted that working together collaboratively and in a holistic way would lead to transformation of services. <p>The East London Health and Care Partnership Board noted the Clinical Senate report.</p>
6.0	Any Other Business	
	6.1	No further business was raised at the meeting.
7.0	Date of next meeting	
	7.1	The date and time for the next meeting is 25 October 2017 from 4.00pm to 5.30pm in the Conference room, Stratford Town Hall.

Summary of Actions:			Status
1	Workforce	ACTION: Correspondence to be sent to the Chief Executive of Health Education England from the Clinical Chairs expressing their concerns with the GP training scheme. – Sam Everington/Clare Highton	CLOSED