

Meeting:	NCL STP Clinical Cabinet
Date, time and location:	Wednesday 11 January 2017 Room 6, Stephenson House
Joint Chairs:	Jo Sauvage and Richard Jennings

Members present	Initials	Role	STP Organisation
Jo Sauvage	JS	CCG Chair	Islington CCG
Richard Jennings	RJ	Medical Director	Whittington Health NHS Trust
Katie Coleman	KC	Clinical Vice Chair	Islington CCG
Julie Billett	JB	Director of Public Health	Camden & Islington
Claire Johnston	CJ	Director of Nursing	C&I NHS Foundation Trust
Sam Shah	SS	Clinical Lead – NHS 111 Governance	NHS England
Helen Donovan	HD	Executive Nurse Lead	Barnet CCG
Vincent Kirchner	VK	Medical Director	C&I NHS Foundation Trust
Geoff Bellingan	GB	Medical Director	ULCH NHS Foundation Trust
Cathy Cale	CC	Medical Director	NMUH NHS Trust
Peter Christian	PC	CCG Chair	Haringey CCG
Saania Bhatti	SB	General Practitioner	Barnet CCG
Caz Sayer	CS	CCG Chair	Camden CCG
Alpesh Patel	AP	GP Member and Clinical Vice Chair	Enfield CCG
Gill Gaskin	GG	Medical Director	UCLH NHS Foundation Trust
Mike Roberts	MR	Clinical Academic Lead, Population Health Programme	UCLPartners
Sanjiv Ahluwalia	SA	Postgraduate Dean/LWAB Co-Chair	Health Education England

In attendance	Initials	Role	STP Organisation
Kevin Monteith	KM	Head of Programme Management	NCL STP PMO
David Stout	DS	Senior Programme Director	NCL STP PMO
Gen Ileris	GI	Communications Lead	NCL STP PMO
Sarah Price	SP	Chief Officer & SRO for Maternity	Haringey CCG
Julie Juliff	JJ	Maternity Commissioning Lead	Haringey CCG
Donald Peebles	DP	Professor of Fetal Medicine	UCLH

Apologies	Role	STP Organisation
Flo Panel-Coates	Chief Nurse	UCLH NHS Foundation Trust
Debbie Frost	CCG Chair	Barnet CCG
Pramod Prabhakaran	Medical Director	CNWL
Mary Sexton	Executive Director of Nursing	BEH MH NHS Trust
Jonathan Bindman	Medical Director	BEH MH NHS Trust

Agenda items discussed

1.0 Welcome and introductions

RJ welcomed people to the meeting and introductions were made.

2.0 Review of minutes and actions from the previous meeting

The minutes of the last meeting held on 14 December were agreed as an accurate record of the meeting subject to one minor amendment.. The actions from the last meeting were reviewed and agreed as met.

3.0 Nurse Leadership Event

Claire Johnston (CJ) introduced this item and summarised the key themes that emerged from the day. It was noted that it was a well-attended event with great energy and vibrant discussion. A brief written summary will be circulated for information which captured 6 actions as next steps. JS thanked CJ and others for taking the initiative and referenced a discussion from the CCG Board Meeting earlier that discussed the important issue of the capacity and role of community based nurses. This led to a further discussion about the vital role the nursing workforce will have in delivering the service transformation required over the next few years. Further points discussed included:

- How best to engage and link with other AHPs
- Links with the work Mark Spencer is leading on
- Concerns about the drop in the number of nurses coming through
- The need to better define and understand the competencies required of the workforce for out of hospital care

4.0 Maternity – Better Births

Sarah Price (SP) SRO for this work introduced this item and invited Prof Donald Peebles to present the work that was underway locally as part of the National maternity transformation programme to deliver the key findings of “Better Births”. Prof Peebles explained that this is a 2 year programme and that the NCL Maternity Network is one of seven successful applicants to be an “Early Adopter Site that will map to and report to STP. After setting out the national context, Prof Peebles covered the following areas:

- Delivering the vision of community based maternity care
- Training requirements
- The plan for a single point of access
- The role of technology
- Key areas of focus for the STP

During the discussion it was highlighted that over 50% of women in NCL book directly and not via their GP. This led to a discussion about the single point of access and the development new semi-autonomous teams and linked with the CHINs - It was felt that there was an opportunity to move to this model fairly quickly. In terms of having a mobile workforce, the issue of indemnity was raised that would require consideration and in summing up JS considered that the single point of access should be a priority.

5.0 Specialised Commissioning Proposals

Gill Gaskin (GG) introduced this item and explained the specialised commissioning structure and engagement. GG summarised the NCL

representation at the first meeting of 4 London workstreams as follows:

- Paediatrics (N London) – Gill Gaskin UCLH
- Renal (NWL + NCL + NEL; expectation that each STP will lead on one area) – Peter Ridley RFL
- Cardiovascular (NCL and NEL) – Peter Ridley RFL
- Specialist Cancer (2 London Vanguards + Alliance) – Kathy Pritchard-Jones & Nick Kirby UCLH – Vanguard clinical and management leads

As this work develops Gill explained that the next steps will include:

- establishing NCL working groups with appropriate membership across care pathways and that there was a lot of work to integrate within the STPs and workstreams

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- prioritising and launching additional specialised workstreams for NCL within STP (eg drugs, specialised imaging)
- as part of this, understanding what a PWC analysis of specialised spending variation across London (work in progress) may be telling us
- understanding what is being tackled by other groups / initiatives or driven by contract /NHSI initiatives (eg Medicines Optimisation)

GG will keep the Cabinet informed as this work progresses.

6.0 Transformation Fund Bids

David Stout (DS) summarised the opportunity to bid for Transformation Funding and the approach for doing so which was agreed by the Transformation Group. The four areas include Cancer; Mental Health; Learning Disabilities; and Diabetes. The leads for co-ordinating the bids and sign-off were highlighted and it was acknowledged that there would be some oversight provided by the co-chairs of the Clinical Cabinet. The Diabetes bid was discussed briefly in terms of how this linked with London-wide initiatives and QIST. A point was made about the MH Liaison element and the fact that the UEC Board appeared not to be sighted on this particular bid.

It was noted that all the bids would be copied to JS and RJ for their information and joint oversight on behalf of the Clinical Cabinet.

7.0 Clinical Cabinet away Day

The aims and objectives of the Clinical Cabinet Away Day were briefly discussed and members were invited to contribute their ideas about what should be covered on the day. A number of points were made including:

- To understand the STP Implementation Strategy
- What is the Clinical Cabinet really going to do in 2017?
- What are the difficult choices that have to be made?
- What should be done locally, NCL or wider?
- How will the Cabinet help and support staff in teams to deliver change?
- What is the Cabinet's role in setting direction?
- How can the Cabinet use its influence to make the STP the key vehicle for transformation?
- What are the issues of clinical significance that need to be brought to the Cabinet?

The issue of facilitation was discussed and it was recommended that both JS and RJ would be able to participate more fully if they had a facilitator for the day. It was agreed that a suitable facilitator would be sought acknowledging that it was now at very short notice.

8.0 AOB

There were no other items of other business discussed.

Next meeting

The next Clinical Cabinet meeting is on 1 February 2017 Room 6, Whittington Education Centre, Magdala Avenue, London N19 5NF from 5pm-7pm