North Central London Sustainability and Transformation Plan

Meeting:	NCL STP HEALTH AND CARE CABINET
Date, time and location:	Wednesday 8 March 2017 Haringey Civic Centre
Chair:	Jo Sauvage

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
Sam Shah	SS	Regional Clinical Lead, IUC	NHS England
Claire Johnston	CJ	Director , Capital Nurse, NCL	HEE/Capital Nurse
Peter Christian	PC	CCG Chair	Haringey CCG
Jonathan Bindman	JB	Medical Director	BEH MHT
Mo Abedi	MA	CCG Chair	Enfield CCG
Saania Bhatti	SB	General Practitioner	Barnet CCG
Flo Panel-Coates	FPC	Chief Nurse	UCLH NHS Foundation Trust
Joanne Medhurst	JM	Medical Director	CLCHT
Caz Sayer	CS	Chair	Camden CCG
Pauline Taylor	PT	Head of Medicines Management	Haringey CCG
Julie Billett	JB	Director of Public Health	Camden & Islington
Laura Leadsford	LL	Allied Health Professions Representative	Allied Health Professions

In attendance	Initials	Role	STP Organisation
Liz McAndrew	LM	Programme Manager – UEC Workstream	
Suzanne Novak	SN	Programme Director – Care Closer to Home Workstream	
Jonathan Wise	JW	Finance Lead	NCL STP PMO
Alison Blair	AB	Chief Officer	Islington CCG
Caroline Sterling	CS	Palliative Care Consultant	UCLH
Matthew Clarke	MC	Chair of Camden A&E Delivery Board	
Suzi McCool	SM	PMO Programme Analyst	NCL STP PMO
Gen Ileris	GI	STP Communications and Engagement lead	NCL STP PMO

Apologies	Role	STP Organisation
Helen Donovan	Executive Nurse Lead	Barnet CCG
Geoff Bellingan	Medical Director	UCLH
Cathy Cale	Medical Director	NMUH NHS Trust
Mike Roberts	Clinical Academic Lead, Population Health Programme	UCLPartners
Vincent Kirchner	Medical Director	C&I NHS Foundation Trust
Gill Gaskin	Medical Director	UCLH NHS Foundation Trust

1. Welcome and introductions

JS welcomed people to the meeting, apologies were noted and introductions were made. A warm welcome was extended to two new members: Laura Leadsford, Director of Therapy Services who joins the group as AHP representative and Pauline Taylor, Head of Medicines Management at Haringey CCG who joins the group as Pharmacy representative.

2. Review of minutes and actions from the previous meeting

The minutes of the last meeting held on 15 February 2017 were agreed as an accurate record of the meeting and were approved without amendment. The actions from the last meeting for review/update as follows:

- The Terms of Reference were agreed and will be submitted to the Programme Delivery Board for approval on 17 March.
- Work is ongoing to review the Quality Impact Assessment tool to be adopted for the STP. The results of a SWOT analysis will be sent to the HCC. The group was in agreement that the Co-Chairs can make a decision on the tool to be adopted without the need for a discussion at the Cabinet.
- The action to invite the workstreams to present at the Health and Care Cabinet is complete.

3. Review of Urgent Emergency Care Delivery Plan

The Delivery Plan for the Urgent and Emergency Care workstream was circulated in advance of the meeting. The members were presented with the workstream priorities before a Q&A session took place. The feedback to the Programme Delivery Group is as follows:

Admission avoidance:

- The interdependency with the Care Closer to Home workstream is crucial because patients cannot be treated safely within Primary or Community care settings without the required capacity in place or patients will return to Emergency Care settings. It was noted that working relationships with the Care Closer to Home workstream is in place and developing through continuous dialogue. Further primary care input into the design phase is crucial.
- It will be important to have clear governance arrangements for the community based services. This should also include identifying clinical leadership so that the accountable medical officer throughout the process is clear so that patient safety is maintained. It was noted that this would be addressed in the design phase. This will also require working closely with the Care Closer to Home workstream in the design and resourcing of the CHINs.
- Co-design: the UEC design board includes GP, HealthWatch and Local Authority representation and the Cabinet was pleased to hear it is aiming to attract more GP representation. In addition, co-design with patients will begin shortly. The system must be designed with patients to ensure they support and can navigate the system.

End of Life Care:

- It is a compelling model that has been successful in Islington. However, there is a risk that the work is reliant on an unstable domiciliary care market and should work with Local Authorities when making any assumptions that underpin the work and the benefits. The Cabinet noted that analysis on this had already commenced and will feed into the workstream when complete.
- The impact on Primary Care needs to be modelled.
- The success of the initiative will depend on data sharing. The model adopted in Islington was held up as an example of best practice.
- Buy-in from the acute providers is needed in terms of palliative care. Quicker discharge and a reduction in bed days are crucial to patient experience/outcomes, as well as for the wider system. Acute providers will need more support when discharging a patient in the last phase of life and a change in staff skill mix should support this. The Cabinet heard that discussion with the Workforce workstream has begun.

Overall feedback:

- There was overall support for the priorities identified. However, the Cabinet is clear that integrated system-wide working is needed to ensure the workstream is resourced and supported to achieve its aims.
- Quality assurance will be needed throughout the design stages of the work and a review at the end of year one will provide a sense check and inform priorities / direction for the next years.
- The workstream is making good progress but the main and high level risk at this stage is a loss of momentum with the imminent loss of the Programme Director.

4. Review of Health & Care Closer to Home Delivery Plan

The Delivery Plan for the Health & Care Closer to Home workstream was circulated in advance of the meeting. The members were presented with the workstream priorities before a Q&A session took place. The feedback to the Programme Delivery Group is as follows:

- The three main components of the plan that were presented were all supported as priorities:
    - Improved access
    - Care closer to home integrated networks (CHINs)
    - Quality improvement support teams
- It was noted that the evidence supporting these initiatives had already been presented at two previous cabinet meetings.
- The Care Closer to Home workstream will prevent patients from attending A&E in the first place and ease pressure on this part of the system but it should not been seen as a means of reversing the current trend in A&E utilisation. However, this shift is likely to add pressure on an under resourced Primary and Community Care community and engagement with these systems is key. Pharmacy leaders need to be engaged as an important and under-utilised section of the system.

- The ability to share access to clinical records across organisations was highlighted as an important enabler. Similarly important is the ability to analyse population health data. Where possible work, such as the analysis elements of QIST, should be enabled at footprint level rather than at local level to make the most of efficiencies of scale as well as help to reduce variation across the system and improve quality.
- Recruiting to the additional workforce in a community setting at the scale planned would be crucial and there are risks that this may not be possible at the speed intended. This would be a rate limiting factor on success and should be reflected in the plan's risk register.
- It was noted that the intention is to have a consistent framework for CHINs but to allow local flexibility to develop the model at borough/CCG level. This was supported, but the need to ensure consistent standards, particularly re patient outcomes with a rise in quality and a reduction in variation, was emphasised
- It will be important to be able to have clear governance arrangements for CHINs so that accountability for delivery and achievement of the expected impact is clear. It was recognised however that trying to define this at the outset might deter expressions of interest and building momentum so will need to be planned carefully in the design phase
- The impact on acute activity modelled for 2017/18 was ambitious but plausible. The impact in future years was viewed as much more speculative and therefore it would be difficult to be confident until the results of implementation in 2017/18 had been assessed. Similarly, the risk profile for the plan will change over time.
- There was overall support for the priorities identified. However, the Cabinet is clear that integrated system-wide working is needed to ensure the workstream is resourced and supported to achieve its aims.
- As with the UEC workstream there is a high level risk at this stage of a loss of momentum with the imminent loss of the Programme Director.

5. AOB

There were no other items of other business discussed. The Chair thanked the presenters and members for their time and efforts.

Next meeting

The next Clinical Cabinet meeting is on 15 March 2017 from 17:00-19:00 in Room 6LM1, 6th Floor, Stephenson House, 75 Hampstead Road, London. NW1 2PL