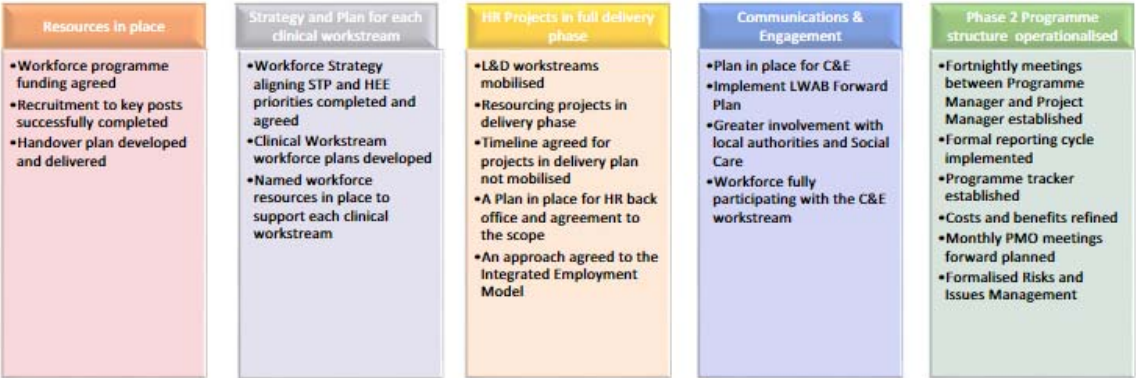


**MINUTES OF THE NCL STP HEALTH AND CARE CABINET MEETING**  
**17:00-19:00 on Wednesday 5 April 2017**  
**Meeting Room 6, Whittington Education Centre**

Members	Role	Attended	Deputy sent	Apologies
Jo Sauvage	Co-Chair and Clinical Lead for STP; Clinical Chair Islington CCG			✓
Richard Jennings	Co-Chair and Clinical Lead for STP	✓		
Dr Caz Sayer	Clinical Chair Camden CCG			✓
Saania Bhatti	Deputy for Barnet CCG Clinical Chair; Barnet GP			✓
Mo Abedi	Clinical Chair Enfield CCG			✓
Peter Christian	Clinical Chair Haringey CCG	✓		
Jonathan Bindman	Medical Director – BEH MH NHS Trust	✓		
Vincent Kirchner	Medical Director – C&I NHS Foundation Trust	✓		
Pramod Prabhakaran	Medical Director – CNWL NHS FT			✓
David Hicks	(Interim) Medical Director – GOSH FT			✓
Geoff Bellingan	Medical Director – UCLH FT			✓
Cathy Cale	Medical Director – North Mid	✓		
Stephen Powis	Medical Director – Royal Free London FT	✓		
Joanne Medhurst	Medical Director – Central London CH NHS Trust			✓
Declan Flanagan	Medical Director – Moorfields Eye Hospital NHS FT			✓
Aresh Hashemi-Nejad	Medical Director – RNOH NHS Trust			✓
Rob Senior	Medical Director – Tavistock and Portman NHS FT	✓		
Flo Panel-Coates	Nursing Representative; Chief Nurse - UCLH	✓		
Helen Donovan	Nursing Representative; Registered Nurse & Barnet CCG Governing Body Member	✓		
Claire Johnston	Capital Nurse/HEE Representative;	✓		
Sarah McClinton	Director of Adult Social Services	✓		
Carmel Littleton	Director of Children's Services (Islington Council)			✓
Julie Billett	Director of Public Health, Camden and Islington			✓
Pauline Taylor	Medicines / Pharmacy lead	✓		
Katie Coleman	Primary Care Lead for NCL	✓		
Gill Gaskin	Specialised Services Lead for NCL	✓		
Samit Shah	Urgent Care Lead for NCL	✓		
Laura Leadsford	Allied Health Professional lead			✓
TBC	GP Federation lead for NCL			
Mike Roberts	UCL Partners representative			✓
Sanjiv Ahluwalia	Health Education England representative	✓		

In attendance	Role	STP organisation
David Stout	STP Programme Director	STP PMO
Kevin Monteith	Head of the PMO	STP PMO
Gen Ileris	Communications and Engagement Lead	STP PMO
Maria Kane	SRO for Workforce workstream	BEH
Charles Allen	Workforce Management consultancy Lead	-

No.	Item	Action by
1.	<p><b>Welcome and introductions</b></p> <p>Richard Jennings welcomed everyone to the meeting. Introductions were made and apologies noted. The meeting was quorate.</p>	
2.	<p><b>Review of minutes and actions from the previous meeting</b></p> <p>The minutes from the previous meeting were <b>APPROVED</b> without amendment. The actions from the previous meeting were reviewed and agreed as met. It was agreed that the amber action regarding the review of successful schemes in other STP areas would be addressed through the discussion of another item on the agenda relating to the London Clinical Senate.</p>	
3.	<p><b>Review of the Workforce Delivery Plan</b></p> <p>Maria Kane introduced this item with reference to the updated LWAB highlight report and invited Charles Allen (CA) to summarise the report. CA drew out key areas of progress from the report highlighting the following areas from phase 1 of the programme;</p> <ul style="list-style-type: none"> <li>• The workstream governance as an enabling programme and the relationships with the other workstreams, including an update about specific workshops that have been held and priorities that have been identified;</li> <li>• Progress and plans relating to: integrated employment and mobility; resourcing; learning and development; and the HR back office review as recommended from work undertaken in the productivity workstream.</li> </ul> <p>CA then explained the <b>plans for phase 2 of the programme between April-July 2017</b>, which are included below for completeness.</p>  <p>The image shows five vertical boxes, each with a colored header and a list of bullet points:</p> <ul style="list-style-type: none"> <li><b>Resources in place</b> (orange header): <ul style="list-style-type: none"> <li>• Workforce programme funding agreed</li> <li>• Recruitment to key posts successfully completed</li> <li>• Handover plan developed and delivered</li> </ul> </li> <li><b>Strategy and Plan for each clinical workstream</b> (grey header): <ul style="list-style-type: none"> <li>• Workforce Strategy aligning STP and HEE priorities completed and agreed</li> <li>• Clinical Workstream workforce plans developed</li> <li>• Named workforce resources in place to support each clinical workstream</li> </ul> </li> <li><b>HR Projects in full delivery phase</b> (yellow header): <ul style="list-style-type: none"> <li>• L&amp;D workstreams mobilised</li> <li>• Resourcing projects in delivery phase</li> <li>• Timeline agreed for projects in delivery plan not mobilised</li> <li>• A Plan in place for HR back office and agreement to the scope</li> <li>• An approach agreed to the Integrated Employment Model</li> </ul> </li> <li><b>Communications &amp; Engagement</b> (blue header): <ul style="list-style-type: none"> <li>• Plan in place for C&amp;E</li> <li>• Implement LWAB Forward Plan</li> <li>• Greater involvement with local authorities and Social Care</li> <li>• Workforce fully participating with the C&amp;E workstream</li> </ul> </li> <li><b>Phase 2 Programme structure operationalised</b> (green header): <ul style="list-style-type: none"> <li>• Fortnightly meetings between Programme Manager and Project Manager established</li> <li>• Formal reporting cycle implemented</li> <li>• Programme tracker established</li> <li>• Costs and benefits refined</li> <li>• Monthly PMO meetings forward planned</li> <li>• Formalised Risks and Issues Management</li> </ul> </li> </ul> <p>As a linked programme of work, Claire Johnston (CJ) was then invited to summarise the aims of the Capital Nurse programme. CJ also updated the meeting about the development programme and related work-based projects, for which information and further details would be circulated in the next week. It was confirmed that this would also include places in social care.</p> <p>The HCC discussed the workforce update report in detail during which the following points were covered:</p> <ul style="list-style-type: none"> <li>• Accelerating the ‘employment passport’ for the cancer vanguard and rotating staff from urgent care to primary care;</li> <li>• The challenges in primary care, such as supporting and retaining GPs; practice nurses; health visitors; and the introduction of associate physicians;</li> <li>• The challenges in relation to embedding CHINS and QISTs, the modelling and design work required and the relationship with the local authority workforce;</li> </ul> <p>RJ asked the Cabinet to consider if the workstream had the right priorities set out in their plan. This led to a further discussion about ‘quick wins’. During this discussion the following areas were highlighted:</p>	

	<ul style="list-style-type: none"> <li>• Work on resourcing, standardisation and a shared bank viewed as important;</li> <li>• The portability of staff also very important as well as efficiencies in mandatory training;</li> <li>• The role of social care and new roles;</li> <li>• Are the public ready for new roles and a more non-professional workforce and are the doctors ready to let go of risk?</li> <li>• Important to get the pathways right first and then plan the workforce accordingly;</li> </ul> <p>The HCC thanked Maria and Charles for their progress report and gave their support to the next phase of the programme as detailed above.</p>	
4.	<p><b>Review of the STP Communications and Engagement Plan</b></p> <p>Gen Ileris (GI) introduced this item and provided an overview of the communications and engagement activity over the last couple of months including the establishment of the Communications and Engagement Steering Group, chaired by Paul Jenkins, Chief Executive of the Tavistock and Portman NHS Foundation Trust.</p> <p>Drawing from the report provided for the meeting, GI highlighted the following areas of work;</p> <ul style="list-style-type: none"> <li>• The rewrite of the strategic narrative document and public summary in plain English</li> <li>• The drafting of a communications and engagement strategy;</li> <li>• The development of a website and an outline of the content planned</li> <li>• The work undertaken and process to review and re-brand the STP to North London Partners in health and care; and</li> <li>• Engagement activity with JHOSC meetings and HWBBs etc.</li> </ul> <p>Members of the Cabinet thanks GI for her report and welcomed the many developments and plans set out in her report. Some members enquired about the re-branding and name change to North London from NCL that led to a lengthy discussion about the rationale, process followed and merits of the change. Whilst some members expressed some unease and surprise about the change, there was an acknowledgement that this was not a clinical matter, and that there was a process followed which the Programme Delivery and Transformation Boards endorsed, with consultation led by the Communications and Engagement Steering Group.</p>	
5.	<p><b>London Clinical Senate</b></p> <p>RJ introduced this item with reference to a recent letter received from the Chair of the London Clinical Senate setting out a range of support offers from the Senate to STPs. RJ went through the 5 areas of support in turn and then invited comments and views to help inform his response to the letter. There was a widely held view that the offer could provide a real opportunity to increase cross-STP learning (as set out in part of the offer in item number 3 in the letter), hosting pan-London events and understanding the commonalities. It was also suggested that it might be particularly helpful if one of these events were to focus on Social Care.</p> <p>There was also a recognition of the Senate’s specific formal role as detailed in item number 4 of the letter in relation to providing independent advice to NHS England in relation to significant service redesign proposals. A point was raised about a potential conflict between this existing role and that of independent peer review offer detailed in number 1.</p> <p>Finally, members also suggested that it would be helpful to understand the interface between the work of the Senate, in relation to STPs, and that of the Healthy London Partnership.</p> <p><b>ACTION</b></p> <ol style="list-style-type: none"> <li>1. <b>RJ thanked Cabinet members for their feedback and agreed to respond to the letter on behalf of the Cabinet.</b></li> </ol>	RJ
6.	<p><b>Quality Impact Assessment Tool</b></p> <p>CJ introduced this item reminding the Cabinet that at a previous meeting it was proposed that a</p>	

	<p>suitable quality impact assessment tool be developed for use by workstreams to help with the application of a consistent approach to the Cabinet’s consideration and judgement of the quality impact and risks for each clinical delivery plan.</p> <p>CJ explained how the draft tool had been prepared to date and drew the meetings attention to the draft tool that proposed for adoption.</p> <p>RJ asked if members liked the approach in principle. Those present were supportive of the approach and focused their discussion on the practical application of the tool. In summary, the following points were made:</p> <ul style="list-style-type: none"> <li>• Workstreams should complete and the HCC should review and sign-off;</li> <li>• Agreed that the tool needed some final edits with an eye to preventing duplication with other assessment tools such as risk and equality impact;</li> <li>• The tool was currently very health focused and the social care element not right; and</li> <li>• Need to consider any unintended consequences and knock on effects such as skill mix and economic impact.</li> </ul> <p>In terms of next steps, the following was agreed:</p> <p><b>ACTION</b></p> <p><b>2. Flo-Panel Coates, Claire Johnston and Sarah McClinton to take off-line and tweak the tool to finalise and seek approval of final tool and process via Richard Jennings and Jo Sauvage.</b></p>	FPC/CJ/SM
7.	<p><b>Any other business</b></p> <p>David Stout informed the meeting about a recent letter received from NHSE relating to the Capped Expenditure Process and the outlined the proposition for dealing with the requirements set out in the letter.</p>	
8.	<p><b>Details of next meeting</b></p> <p>17 May (5pm-7pm); Holbrook House, Cockfosters Road, Barnet, London EN4 0DR</p>	
9	<p><b>The meeting was CLOSED at 7pm</b></p>	