NORTH LONDON PARTNERS in health and care

MINUTES OF THE NORTH LONDON STP HEALTH AND CARE CABINET

17:00-19:00 on WEDNESDAY 21 JUNE 2017
STEPHENSON HOUSE

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	✓		
Paul Hopper	Divisional 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 (Camden Council)			✓
Ray James	Director of Adult Social Services (Enfield Council)			✓
Carmel Littleton	Director of Children's' Services (Islington Council)			
Tony Theodoulou	Director of Children's' Services (Enfield 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			

Attendees	Role	Reason for attendance
Kevin Monteith	Head of Programme Management	STP PMO
Will Huxter	Director of Strategy	STP PMO
David Stout	Senior Programme Director	STP PMO
Gen Ileris	Communications and Engagement Lead	STP PMO
Caroline Stirling	Consultant in Palliative Medicine	Presenting item 3.1
Graham Foster	Prof Hepatology QMUL	Co-Presenting item 3.2
Doug Macdonald	North Central London ODN Chair and Consultant Physician - Gastroenterology and Hepatology, RFH	Co-Presenting item 3.2
Ricky Gondhia	Clinical Director, CLCHT	Deputising for Joanne Medhurst
Ash More	Public Health Specialist, Specialised Commissioning, NHS England	
Pritesh Bodalia	Principal Pharmacist, UCLH	Co-Presenting item 2.2

No.	Agenda Item	Action owner
1.0	**GENERAL BUSINESS**	
1.1	**Welcome and Introductions**	
	David Stout commenced the meeting on behalf of the Chair who was caught in traffic. David welcomed everyone to the meeting. Introductions were made and apologies noted. The meeting was QUORATE.	
1.2	**Review of minutes and actions from the previous meeting**	
	The minutes of the last meeting held on 17 May 2017 were agreed without amendment. There were no actions from the previous meeting.	
2.0	**STP PLANNING AND UPDATES**	
2.1	**Update on the Capped Expenditure Process (CEP)**	
	David Stout provided a further update for the Cabinet on CEP with reference to the most recent submission to NHSE. David summarised the key financial position set	

	against the surplus control total, which leaves a total financial gap of £163M, This is categorised under 3 headings as follows: • £61M declared non-compliance with control totals (RFH, NMUH & RNOH) • £52M unidentified savings in current plans and 'triangulation risk' • £51M risk of non-delivery of identified savings David explained that North London is one of 14 other footprints subject to the CEP process and one of 3 in London. The expectation from NHSE/NHSI is to have a balanced plan and discussions are ongoing with NHSE/I representatives about next steps and further options. In regards to the media coverage in the national press earlier in the day, Cabinet members enquired about the response to this and emphasised the importance of communicating locally with staff and the public. Gen Ileris explained what statements had been prepared in response for staff, governing bodies, and Healthwatch and that this would include assurance regarding future consultation etc. In terms of the role of the Cabinet, it was agreed that this assurance would be enhanced by stating that the Cabinet would not support changes that reduced quality and safety for patients.	
2.2	**Medicines optimisation scoping**	
	Pauline Taylor introduced this item and invited her colleague Pritesh Bodlia to co-present their scoping paper on medication optimisation with a focus on cost efficiencies. By way of background, Pritesh explained how this work linked with the initiatives of the NCL Medicines Optimisation Network and Committee, which leads this work across the footprint. In terms of context, Pritesh highlighted that Primary care spend on medicines in NCL is 42% below the England average per 1000 patients and 18% below average when weighted for age and sex. Consequently, the potential savings is lower than the national potential. Pritesh then summarised the cost efficiencies identified that can be delivered in 2017/18, highlighted where investment is required to support this and identified further potential efficiencies could be realised in 2018/19. The list of priorities and estimated efficiencies are detailed below: 1. Review of patients on treatment with high cost drugs – implementation of Blueteq 2. Biosimilars – optimising uptake; supporting providers to implement at pace 3. Cost effective prescribing choices; supporting CCGs to identify opportunities for implementing cost-effective prescribing and formulary recommendations 4. Inappropriate poly-pharmacy and reducing medicines waste 5. Food supplements, dressings and appliances 6. Review of ongoing use of low priority medicines 7. Hospital Pharmacy collaboration initiatives	

	The Cabinet discussed each priority briefly in turn and agreed with the priorities covered in the paper. There was some discussion about the interface and prescribing practices between primary and secondary care, the formularies used and the managing the expectations of patients in terms of what is available out of hospital. Reference was made to 'choosing wisely' recommendations and the implications of not having access to electronic prescribing were noted. It was acknowledged that to take the priorities forward at pace, some investment would be required.	
3.0	**STP DELIVERY AND ASSURANCE**	
3.1	**ReSPECT (Recommended Summary Plan for Emergency Care and Treatment Process**	
	In introducing this item, Jo Sauvage welcomed the initiative and as a GP explained how this process and framework would be helpful to use during consultations. Dr Caroline Stirling presented the process drawing from her prepared presentation which covered the following headings: • Background to developing the process and the links/learning from the DNACPR process emphasising that the focus is on agreeing and documenting treatment that will be given rather than not given; • The engagement/consultation and development of the process; • The supporting resources/documentation; • Implementation roadmap; • Next steps with implementation, training and digitisation including the pilot plans at Whittington and in 3 Nursing Homes; and • Challenges and next steps in taking forward in NCL. In the discussion that followed the Cabinet fully endorsed the process. A number of points were raised in relation to the challenges of implementation similar to the CPRDNA challenges, such as transferring data and communication and the lack of digital solutions to support this. Reference was made to 'Care My Way' in Islington And the possible links with this initiative. Taking it forward as part of a Quality Improvement methodology was suggested. In conclusion, the Cabinet ENDORSED the approach and agreed that **Dr Stirling should link with Katie Coleman regarding work in Islington and come back to the Cabinet later in the year to feedback from the pilot work.**	**KM**
3.2	**Hepatitis C in London**	
	Professor Graham Foster and Dr Doug Macdonald were welcomed and invited to present their item on Hepatitis C in London. Professor Foster firstly provided some background information about liver disease mortality showing that Hepatitis C is a major cause of liver mortality and that London is badly affected. Professor Foster then explained that people with Hepatitis C virus (HCV) can be cured by a course of tablets and that NHSE funds this treatment via the Operational Delivery Networks (ODNs). Professor Foster highlighted that whilst this was a positive development, but	

	there were a number of challenges that needed a local solution. The issues highlighted included: • Patients are less and less accessible • Many patients are in prisons, drug services, 'hard to access' areas • We are running out of 'easy' patients The importance of doing outreach to find and treat these patients was emphasised as essential. Reference to the UCLH Find and Treat service model was made as a good example of the type of approach that was needed. Dr Macdonald as the NCL ODN Chair then picked up the discussion focusing on the local options to try to realise the ambition of eliminating Hepatitis C. Dr Macdonald provided some further local demographic and prevalence information and summarised the care pathways highlighting that 1400 people had been cured in the last 18 months. He highlighted that there was high prevalence in the following high transmission settings • Sexual Health Clinics • Drug and Alcohol Services • Prisons • Homeless/Hostels Dr Macdonald finished by highlighting the opportunities for responding to this: • HIV/HBV/TB coinfection detection • Improved engagement with healthcare services • Embed community-based systems for earlier detection of liver disease • Cheaper than secondary care The Cabinet thanked Professor Foster and Dr Macdonald for their presentations and discussed what needed to be done locally to support this work. A key issue in relation to how services were commissioned and organised was discussed as well as the payments and central funding to support the treatment. Professor Foster suggested that he would like to see a community tariff developed for this treatment. **The Cabinet AGREED that as a system we should support this work and that Will Huxter and Dr Macdonald will liaise to further discuss and consider the commissioning issues.**	**WH/DM**
4.0	**Any Other Business**	
	The Cabinet briefly considered the Guardian's media coverage of the NCL STP, which was featured in that day's edition and were briefed on the communications plan in response, which would include staff and public statement. The role of the Cabinet in providing assurance that the Cabinet would support no plans if there was a negative impact on quality and safety was emphasised.	
4.1	**Confirmation of the next meeting**	
	19 July 2017 at Haringey Civic Centre	
CLOSE: The meeting closed at 7:00pm.		