

MINUTES OF THE NORTH LONDON STP HEALTH AND CARE CABINET

17:15-19:00 ON WEDNESDAY 19 JULY 2017

ISLINGTON CCG OFFICES, LAYCOCK STREET

| 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 | ✓ | | |
| Neel Gupta | 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 | | | ✓ |
| Ricky Gondhia | Clinical Director, CLCHT | | | |
| 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 | ✓ | | |

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| 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 |
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| Kevin Monteith | Head of Programme Management | STP PMO |
| Helen Pettersen | Accountable Officer, NCL CCGs & STP Convenor | STP Convenor |
| Will Huxter | Director of Strategy | STP PMO |
| Gen Ileris | Communications and Engagement Lead | STP PMO |
| Helene Brown | Medical Director, North Central and East | NHSE representative |
| Fiona Yung | | For Laura Leadsford |
| Kathryn Collin | Children and Young People workstream Lead | Presenting item 3.1 |
| Rachel Lissauer Julie Juliff Ruwan Wimalasundera | Maternity workstream leads | Presenting item 3.2 |
| Natasha Curran Simon Knight | Complex Pain Service Leads | Presenting item 3.3 |

| No. | Agenda Item | Action owner |
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| 1.0 | GENERAL BUSINESS | |
| 1.1 | Welcome and Introductions | |
| | RJ 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 21 June 2017 were agreed without amendment. The actions from the previous meeting were reviewed and noted. With regards action 2 on hepatitis C, WH provided an update about the information received from Douglas Macdonald, that they will be meeting to discuss and will feedback in due course. | |
| 2.0 | STP PLANNING AND UPDATES | |
| 2.1 | Reflections from the meeting on 4th July with the CCG Leadership Team | |
| | Those members of the Cabinet present at the joint meeting shared their reflections about the meeting. Notes from the meeting will be circulated and HP summarised the key outputs from the meeting, which included taking forward the development of a QI methodology; picking up on social care representation; and developing a | |

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| | shared workplan. With regards the QI work, KC explained that she was following up with WH and would be taking this forward. | |
| 3.0 | STP DELIVERY AND ASSURANCE | |
| 3.1 | Children and Young People (CYP) Workstream Delivery Plan | |
| | <p>Kathryn Collin (KC) introduced this item and first provided some background with reference to the CYP network and the challenges of developing the workstream delivery plan without dedicated project management resource. KC summarised the 4 key strands and priorities of the CYP delivery plan (Asthma; Paediatric Surgery; Reducing A&E attendances/admission avoidance; and school readiness). KC explained the close working with Healthy London Partnership and provided brief updates on progress against each priority area. In the discussion that followed, GG enquired about the workstream risks in relation to resources to which HP explained about the review of resource and capacity that WH was undertaking across all the workstreams. RJ enquired about the asthma peer review that KC confirmed was a pan London process including both cross Trust and South London reviewers. Members of the Cabinet offered some feedback on the content of the delivery plan and drew attention to the following areas that could be strengthened:</p> <ul style="list-style-type: none"> • The importance of mapping the top 3-4 interdependencies • Obesity - prevention • Oral health – opportunities re low cost interventions • CAMHS/mental health – importance of having mental health a core element of all workstreams <p>The Cabinet thanked KC for her presentation and endorsed the workstream delivery plan They also acknowledged the important role that Jon Abbey had played in taking the SRO role and the importance of this in aligning health and social care in relation to this workstream.</p> <p>The Health and Care Cabinet ENDORSED the CYP workstream delivery plan.</p> | |
| 3.2 | Maternity Workstream Delivery Plan | |
| | <p>Rachel Lissaeur introduced this item and firstly explained the objectives of the workstream as an early adopter and links to the defined objectives of the national Better Births programme through a MOU with NHSE. The key objectives of this workstream were outlined as below:</p> <ul style="list-style-type: none"> • Provision of up to date relevant information for women, families and healthcare professionals – Aims to ensure choice is informed and to increase rates of midwife led births • Improve the experience of women accessing maternity services in NCL – Aims to increase patient experience as expressed through surveys and FFT • The provision of increased choice for births in a midwife led setting – NCL rates reflect those across the country. However, women state that many more would make this choice if asked. | |

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| | <ul style="list-style-type: none"> • Develop and test shared electronic patient records – required locally but also a national issue • Improve the safety of maternity care through shared learning and development – Reducing harm to mothers and their babies is a key element of all maternity service outcomes • Co-design and create new models of care to deliver continuity of carer – Greater continuity of carer has been shown to impact on safety, clinical outcomes and experience <p>Julie Juliff and colleague Ruwan Wimalasundera then presented the key strands of the overarching delivery plan and gave a progress report on each including some details on capacity and activity for each acute provider.</p> <p>The Cabinet discussed the importance of getting the narrative and engagement right in relation to this work and acknowledged the opportunities to reduce duplication and improve choice via the single point of access. The key interdependencies of digital and workforce were also considered. In terms of the role of the Cabinet, it was agreed that as well as giving endorsement to the plan, it would be important for the workstream to keep the Cabinet informed of key developments and progress.</p> <p>The Health and Care Cabinet ENDORSED the Maternity workstream delivery plan.</p> | |
| 3.3 | Complex Pain Service | |
| | <p>Natasha Curran (NC) and Simon Knight were welcomed to the meeting and presented the item on the Complex Pain Service, with reference to presentation slides and a background paper circulated with the meeting papers. NC explained the background to the service, the scale of the problem, the focus of their research in the last 18 months as well as some outcome data and patient experience feedback. NC then explained the funding of the service to date before asking the Cabinet to specifically endorse the clinical model and give permission or a steer on how to engage with commissioners about future funding of the service. The key points of discussion focused on the need to integrate with primary care and community services so that we can engage more as a system with the management of complex patients. The provision of advice and support to primary care clinicians was also emphasised. In terms of funding, there was some discussion about tariffs and invest to save options but in conclusion it was agreed that further discussions with Paul Sinden, NCL CCG Director of Acute Commissioning and Performance and Sarah Mansuralli, Camden CCG COO would be the appropriate next step. HP agreed to follow up with them on this.</p> <p>The Health and Care Cabinet AGREED that discussions about the future model and funding of the service should be directed via Paul Sinden and Sarah Mansuralli.</p> | <p>HP</p> |

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| 3.4 | Gram-negative blood stream infections | |
| | <p>Jo Sauvage introduced this item with reference to the letter received by provider trusts and CCGs requesting a system approach to developing an E.coli reduction and improvement plan by September 2017. It was acknowledged that the Cabinet needed to remain focused on strategy and assurance and avoid getting involved in operational matters. It was agreed that JS and RJ would request information via the respective nominated Directors of Infection Prevention and Control (DIPCs). HB suggested that a colleague at NHSE might be a helpful resource to link with and agreed to provide contact details.</p> | JS/RJ |
| 4.0 | Any Other Business | |
| | There were no items of other business discussed | |
| 4.1 | Confirmation of the next meeting | |
| | 20 September 2017 at Holbrook House | |
| CLOSE: The meeting closed at 7:00pm. | | |