

MINUTES OF THE NORTH LONDON STP HEALTH AND CARE CABINET

17:00-19:00 ON WEDNESDAY 18 OCTOBER 2017

STEPHENSON HOUSE, CAMDEN CCG OFFICES

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			✓
Kevin Cleary	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			✓
Charles House	Specialised Services Lead for NCL	✓		
Samit Shah	Urgent Care Lead for NCL			✓
Laura Leadsford	Allied Health Professional lead	✓		
Fiona Yung	Allied Health Professional lead	✓		
TBC	GP Federation lead for NCL			
Mike Roberts	UCL Partners representative		✓	
Sanjiv Ahluwalia	Health Education England representative	✓		
Debbie Frost	Clinical Chair, Barnet CCG			✓
Yogi Amin		✓		

Attendees	Role	Reason for attendance
Helen Pettersen	NCL CCGs Accountable Officer	STP Convenor
Will Huxter	NCL CCGs Director of Strategy	STP Lead
Kevin Monteith	Head of Programme Management	STP PMO
David Stout	Senior Programme Director	STP PMO
Helene Brown	Medical Director, North Central and East	NHSE representative
Jenny Mooney	Representing Mike Roberts, UCLP	

No.	Agenda Item	Action owner
1.0	GENERAL BUSINESS	
1.1	Welcome and Introductions	
	JS welcomed everyone to the meeting. Introductions were made and apologies noted. JS explained the changes to the agenda and running order due to some speakers being ill and not able to attend. The meeting was QUORATE.	
1.2	Review of minutes and actions from the previous meeting	
	The minutes of the last meeting held on 20 September 2017 were agreed subject to an agreed amendment relating to the PoLCE item. The actions from the previous meeting were reviewed, noted, and agreed as met.	
2.0	CLINICAL LEADERSHIP	
2.1	Reducing unwarranted clinical variation	
	Professor Steve Powis (SP) introduced this item with reference to a set of slides that were tabled for information. SP explained the origins of the programme at the RFH which started in 2015 when the RFH was selected to be an Acute Care Collaboration Vanguard, which led to the RFH Group. SP then explained the relationship with Intermountain Healthcare based in Utah in the US and summarised the model of delivery and benefits. SP emphasised the Intermountain culture of delivering high	

	<p>quality healthcare at low cost and how this required changes to operating models and a focus on management training on improvement methodology. SP then gave a few examples of modelling carried out which demonstrated significant variation in treatment options and then explained the new structures and clinical leadership put in place as part of the RFH Group Structure, emphasising the new Clinical Practice Groups (CPGs). SP then gave some examples of digitised clinical pathways and highlighted the importance of clinical leadership development and the training programme put in place at the RFH to support this work over the next two years. A key focus would also be paperless Chase Farm hospital opening. SP explained that whilst there was some healthy scepticism about the programme, there was huge clinical enthusiasm.</p> <p>In the discussion that followed this presentation, the following themes were covered by the Cabinet:</p> <ul style="list-style-type: none"> • As a health and social care system, how can the STP learn from the RF experience and maximise opportunities endorsing this approach; • Opportunities to track patients better between primary and secondary care; • Plans to develop a Cerner patient portal so that patients can participate in their care and have a seamless digital experience; • NHS not generally good at standardisation and whilst very good at writing guidelines it is implementation that needs improvement; • Acknowledgement that a different set of leadership skills is required; • Using outcome data better helps to influence clinicians and encourages innovation; • SP explained the resource requirements of a small core team with other roles being reengineered; • The Cabinet were challenged to consider what others can do to reduce unwarranted variation; • The implications for post graduate medical training was highlighted as profound; and • The commissioning of primary care services was highlighted as a key opportunity and priority for the year ahead. <p>In summing up JS noted the general enthusiasm for this approach and that a focus on primary care was a key priority that should come back to a future Cabinet meeting in 3 months time.</p>	
3.0 STP PLANNING		
3.1	<p>STP Programme update Will Huxter(WH) provided a brief update covering the following issues:</p> <ul style="list-style-type: none"> • The positive meeting of the Advisory Board which had good attendance and engagement with some very helpful advice provided on communications and engagement etc; 	

	<ul style="list-style-type: none"> • Programme Delivery Board deep-dive on UEC and an update on the revised format for future PDB meetings - moving to bi-monthly workstream delivery reporting; and • A brief update on the recent NHSE Assurance Meeting. <p>JS also provided some feedback from a recent STP clinical leaders event that she and a few colleagues attended. JS explained some of the key outputs from this including that there were many offers of help on offer from a range of bodies and that this should be accepted, where it adds value to the programme. General feeling that it was a good networking opportunity with an opportunity to influence future agendas.</p>	
4.0 STP DELIVERY AND ASSURANCE		
4.1 Adult Elective Orthopaedic Services		
	<p>Professor Fares Hadad (FH) introduced this item accompanied by Rob Hurd (RH). FH explained that there was huge variation and increasing demand for these services and that there was a number of challenges including fragility in the system. The ambition was to streamline to fewer treatment centres, to co-locate where possible and achieve greater productivity, education and research. FH explained that the CEOs in the sector were supportive and he was now asking the Cabinet for a mandate to progress this work and to engage with patients, the wider public and staff. There was an acknowledgement that whilst this had the potential to be quite political, and with reference to a discussion at the recent Advisory Board, political leaders advised that the public hated waste and emphasised the need for strong clinical leadership, evidence base and consistent narrative for such changes.</p> <p>RH encouraged the Cabinet to embrace this opportunity and confirmed pilot resources had been secured to support the programme, undertake proper due diligence and formal consultation processes. Cabinet members supported the principle that pathways could happen at scale and with such unwanted variation; there was a compelling case and narrative for change.</p> <p>The Health and Care Cabinet ENDORSED the approach in relation to Adult Orthopaedic Services</p>	
4.2 UEC Front Door Streaming report		
	<p>JS introduced this brief item that had been circulated largely for information pending a full discussion at a future meeting. JS highlighted the October standard for front door streaming and redirection and drew attention to the local position and roadmap to March 2018. JS informed the Cabinet about the workshop in November and requested colleagues from Acute hospitals to consider what clinical leadership support they could offer to support this work.</p> <p>Charles House volunteered to offer support and leadership and was happy to assist with the workshop in November with JS.</p>	

	The Health and Care Cabinet NOTED the paper on UEC front door streaming.	
5.0	Any Other Business	
	There were no items of other business discussed	
5.1	Confirmation of the next meeting	
	15 November 2017 at Haringey Civic Centre	
CLOSE: The meeting closed at 7:00pm.		