

MINUTES OF THE NORTH LONDON STP HEALTH AND CARE CABINET

17:00-19:00 ON WEDNESDAY 06 December 2017

Whittington Education Centre, N19

Members	Role	Attended	Deputy sent	Apologies
Jo Sauvage	Co-Chair and Clinical Lead for STP	✓		
Richard Jennings	Co-Chair and Clinical Lead for STP	✓		
Aresh Hashemi-Nejad	Medical Director – RNOH NHS Trust			✓
Carmel Littleton	Director of Children's Services (Islington Council)			✓
Charles House	Specialised Services Lead for NCL	✓		
Claire Johnston	Capital Nurse/HEE Representative;			✓
David Hicks	(Interim) Medical Director – GOSH FT			✓
Debbie Frost	Clinical Chair, Barnet CCG			✓
Declan Flanagan	Medical Director – Moorfields Eye Hospital NHS FT			✓
Fiona Yung	Allied Health Professional lead			✓
Flo Panel-Coates	Nursing Representative; Chief Nurse - UCLH			✓
Geoff Bellingan	Medical Director – UCLH FT			✓
Helen Donovan	Nursing Representative; Registered Nurse & Barnet CCG Governing Body Member	✓		
Jonathan Bindman	Medical Director – BEH MH NHS Trust			✓
Julie Billett	Director of Public Health, Camden and Islington	✓		
Katie Coleman	Primary Care Lead for NCL	✓		
Kevin Cleary	Medical Director – North Mid			✓
Laura Leadsford	Allied Health Professional lead			✓
Mike Roberts	UCL Partners representative			✓
Mo Abedi	Clinical Chair Enfield CCG			✓
Neel Gupta	Clinical Chair Camden CCG			✓
Paul Hopper	Divisional Medical Director – CNWL NHS FT			✓
Pauline Taylor	Medicines / Pharmacy lead			✓
Peter Christian	Clinical Chair Haringey CCG			✓
Ray James	Director of Adult Social Services (Enfield Council)			✓
Ricky Gondhia	Clinical Director, CLCHT			✓
Rob Senior	Medical Director – Tavistock and Portman NHS FT			✓
Saania Bhatti	Deputy for Barnet CCG Clinical Chair; Barnet GP	✓		
Samit Shah	Urgent Care Lead for NCL			✓
Sanjiv Ahluwalia	Health Education England representative			✓

Sarah McClinton	Director of Adult Social Services (Camden Council)			✓
Stephen Powis	Medical Director – Royal Free London FT			✓
TBC	GP Federation lead for NCL			
Tony Theodoulou	Director of Children's' Services (Enfield Council)			✓
Vincent Kirchner	Medical Director – C&I NHS Foundation Trust			✓
Yogi Amin	STP OD lead	✓		

Attendees	Role	Reason for attendance
Will Huxter	NCL CCGs Director of Strategy	STP Lead
Gen Ileris	Head of Comms and Engagement	STP PMO
Suzi McCool	Programme Analyst	STP PMO
Richard Dale	Head of Programme Management	STP PMO
Dr Vin Diwakar	NHSE London Regional Medical Director	NHS England rep

No.	Agenda item	Action owner
1.	Welcome and apologies	
	Jo Sauvage welcomed the members to the meeting and noted the list of apologies.	
2.	Previous Minutes	
	The minutes of the previous meeting (held on 15 November 2017) were agreed.	
3.	Action Log	
	The action log from previous meeting was reviewed and agreed as complete.	
4.	STP Programme update	
	<p>Will Huxter, NCL CCGs Director of Strategy, updated the Cabinet on a number of key meetings that have taken place over the past month.</p> <p>a. Feedback from JHOSC meeting on 24 November</p> <ul style="list-style-type: none"> Members of the team attended the JHOSC to present plans to formally consult on the PoLCE proposal. The feedback was that the Committee was unsure whether consultation was required, given that the proposal is to follow clinical guidelines. The committee also questioned why was there not a joined-up NCL approach instead of Enfield proceeding before the other four boroughs. It was agreed that further feedback and a formal decision would be given at the January 2018 meeting. The committee was informed that the process of reviewing a London-wide policy for PoLCE has commenced. Donal Markey (Planned Care Programme Director) was confirmed as the sector lead for this work. 	

	<p>b. Feedback from Provider CEO meeting on 24 November</p> <ul style="list-style-type: none"> Sir David Sloman Chairs this monthly meeting. The focus was on doing things differently, together and faster – given that the sector has not achieved financial balance and we expect a return of the Capped Expenditure Process (CEP) (or something similar). No specific proposals were agreed as the group intends to look more closely at data in their December meeting (which was subsequently cancelled) and report back to the Cabinet at the next meeting. <p>c. Feedback from the NHSE Assurance meeting deep dive on mental health</p> <ul style="list-style-type: none"> Paul Jenkins and Jonathan Bindman were part of the team that presented the update to NHS England. Overall, the feedback was positive with out of area placements highlighted as an area for further development. Paul Jenkins is currently developing a document on widening the scope (including out of area placements) of the programme. Section 136 (MHA 2017) was not raised at the meeting. The PMO will circulate the slide pack to members. 	<p>Suzi McCool</p>
<p>5.</p>	<p>Refreshed Delivery Plans for 2018/19</p>	
	<p>Will Huxter presented a proposed timetable for the presentation of refreshed delivery plans to the Health and Care Cabinet. This included a staggered approach of two workstreams per meeting with SROs/Programme Leads presenting to the Cabinet to answer four key questions that will provide effective assurance and scrutiny of the plans</p> <p>The Cabinet agreed to the proposed timeline for the review of Programme Delivery Plans and the key questions.</p> <p>As one of the most pressing issues facing the Health and Care system, the Cabinet asked for sight of the workforce plan earlier than the PMO deadline for the enabler workstreams as March 2018. The PMO committed to providing a workforce workstream review/response of each delivery plan to accompany its presentation to the Cabinet. Part of the assurance process for the delivery plans is that each of the enabler workstreams will review, and challenge where necessary, before any agreement to support workstreams. Another factor in the timeline is the publication by NHS England of its workforce strategy in February.</p> <p>WH confirmed that this year's approach included a focus on aligning CCG QIPP plans with the finance and activity implications of the changes outlined in the delivery plan. This process, along with the decision to look at Primary care at scale across the patch, means the presentation of the Care Closer to Home delivery plan will be February 2018.</p> <p>The cabinet requested that co-production and clinical input be clearly defined within the plans.</p>	



6.	Winter planning for 2018/19	
	<p>The cabinet was asked to consider further options to shore up sector resilience this winter, particularly in terms of effective mutual support that is quick and easy to implement, should the pressures exceed predictions.</p> <p>Potential options</p> <ul style="list-style-type: none"> - No routine GP appointments, emergency only - 8am-8pm GP appointments to be promoted more - Divert under 30s to UTCs - Standardised scripts for GP voicemail to ensure consistent signposting in out-of-hours - Scaling up of 'step-down' wards/processes in order to reduce emergency admissions from care homes. There is solid evidence behind the benefits of this approach - Staff and system resilience to be considered - Need to promote the idea of asking for help and implementing solutions before things fall over - Haringey CCG Chair has lots of ideas for planning and prevention - The 'Plymouth Protocol' is under review by NHSE (London) with a view to developing a London-wide protocol - Use spare 'hub' sessions/appointments to enable telephone triage (or face to face where possible) for A&E - Promoting the 'Significant Seven' for Care Home staff <p>Barriers</p> <ul style="list-style-type: none"> - The regulatory system is not designed to encourage mutual support as there are implications for individual providers should the provision of mutual aid lead to decreased performance. Assurance is required from regulators - Portability of staff and risk sharing - Uncertainty of whether to move staff to patients or patients to staff 	
7.	Quality Improvement and Organisational Development	
	<p><u>Quality Improvement</u></p> <p>Katie Coleman introduced the work that has taken place to date within Quality Improvement (QI). Highlights include:</p> <ul style="list-style-type: none"> - QI sits within the Care Closer to Home workstream, as this is where QISTs sit. However, QI is defined as pathways that transverse the entire system – not primary care alone. To this end, the QI Network is up and running and held its first event mid-November. - The Islington QIST is officially up and running. - A standardised approach to QI training is being considered across the system and patch - QI to be incorporated as CPD at an organisational level - QI linked to revalidation for doctors and nurses 	

	<ul style="list-style-type: none"> - QI to be a feature of an NCL dashboard. E.g. a diabetes dashboard to begin with and develop a population health focus once the information becomes available. - A Mental Health representative is needed on the QI Network <p>Yogi Amin introduced the work on Organisational Development that he will be carrying out for the Care Closer to home and Urgent and Emergency Care workstreams.</p> <p>Organisational Development requires, in most cases, a change of culture in the workplace to view it as a cycle of continuous effort, testing and reviewing. There is a link to the revalidation framework.</p>	
8.	Update on PoLCE	
	<p>PoLCE work remains ongoing. Phase 1 is underway and is not controversial. We must await the outcome of the JHOSC meeting in January before next steps are confirmed.</p> <p>Phase 2 is in the early stages of development – it is looking at London-wide PoLCE policy and is being led by NHSE (London).</p> <p>Further timely updates will be brought to the Cabinet in due course.</p>	
9.	AOB and Date of next meeting	
	<p>There were no other items of other business discussed.</p> <p>The next meeting will be 17th January 2018 in the Clerkenwell Room, Islington CCG, 2nd Floor, Laycock PDC, Laycock Street, London N1 1TH</p>	
CLOSE: The meeting closed at 7:00pm.		