

MINUTES OF THE NORTH LONDON STP HEALTH AND CARE CABINET

17:00-19:00 ON Wednesday 18th April 2018

Holbrook House, EN4 0DR

Members	Role	Attended	Deputy sent	Apologies sent
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			✓
Charles House	Specialised Services Lead for NCL	✓		
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			✓
Chris Streather	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			✓
Laura Leadsford	Allied Health Professional lead			✓
Fiona Yung	Allied Health Professional lead			✓

Mike Roberts	UCL Partners representative			✓
Sanjiv Ahluwalia	Health Education England representative			✓
Debbie Frost	Clinical Chair, Barnet CCG		✓	
Yogi Amin	UCLP QI lead			✓
Helene Brown	NHS England	✓		
Rachel Roberts	Head of Primary Care, Education and Development, Health Education	✓		

Attendees	Role	Reason for attendance
Katy Bluston	GP clinical lead – Clinical Advice and Navigation	Item 7.0
Becky Kingsnorth	Assistant Director for Primary Care Islington Clinical Commissioning Group	Item 7.0
Guy Dentith	Deputy Finance Director, UCLH	Item 5.0
Helen Pettersen	NCL CCGs Accountable Officer	Attendee
Will Huxter	NCL Director of Strategy	Attendee
Richard Dale	Head of Programme Management	Attendee

No.	Agenda Item	Action owner
1.0	Welcome	
	<p>HP welcomed everyone to the meeting. Introductions were made and apologies noted. The meeting was not fully quorate.</p> <p>HP changed the running order of the agenda to accommodate presenter's arrival times.</p> <p>JS and RJ took over the chair at the end of item 4.</p>	
2.0	Review of minutes and actions from the previous meeting	
	<p>The minutes of the last meeting held on 18 April 2018 needed the following amendments to the attendee list:</p> <ul style="list-style-type: none"> • Helen Donovan was present • Rachel Roberts had not been <p>The action log was reviewed and actions noted as in progress.</p>	
3.0	Ensuring meaningful engagement of local people and clinical and care staff in the design and delivery of the STP	
	Richard Dale presented a paper outlining the refreshed approach to engagement across the STP programme. The paper outlined the importance of proactive	

	<p>engagement with both residents and frontline staff in developing and delivering plans. The cabinet discussed the role of the cabinet and the members in ensuring robust engagement of local people and clinical and care staff in the design and delivery of the STP.</p> <p>HB offered to work with GP revalidation appraisers who can include messages within these sessions as a way of reaching frontline GPs.</p> <p>CS informed the board of the work taking place in the Royal Free to involve patients in the Clinical Pathway Group. He outlined a model approach that had resulted in meaningful engagement and been replicable across the many pathways.</p> <p>The board noted that engagement with residents has been more successful on specific changes. Work to engage patients on broader strategic issues has not been as successful and more effort was needed on these themes.</p> <p>HB offered to put CS in touch with NHS E patient network contacts to support engagement on broader/strategic health programmes.</p> <p>The board noted the need to maximise current networks across organisations.</p> <p>RR outlined the potential to better link with Community Voluntary Organisations. Not only in engagement but across service delivery to link more closely with residents.</p> <p>The board noted that there would subsequently be a stakeholder engagement plan developed that enables us to effectively harness the ideas, insights and feedback of key stakeholder groups; and to create a broad-based movement for change that supports delivery of the STP.</p> <p>Action: Health and Care Cabinet to review clinical engagement plan once complete</p>	RD
4.0 Update on Orthopaedic Review		
	<p>Will Huxter outlined the work that had begun to undertake a review of orthopaedic services across NCL. The review was being undertaken in conjunction with the GIRFT team and would look at the clinical variation across sites. This work was underway and would report back to the cabinet once initial review had been completed.</p> <p>Will outlined that a new programme director, Anna Stewart was due to start at the beginning of May who would be taking this work forward.</p>	

	<p>The cabinet noted the review was underway and wanted to receive an update at the conclusion of this phase of work.</p> <p>Action: Anna Stewart to provide update at conclusion of phase of work</p>	AS
5.0 Out of Hours Medical Rotas Review		
	<p>Guy Dentith and Charles House presented a paper that outlined the consolidated rota data across the STP, for both consultants and junior doctors at acute trusts. This is the first time that this data has been collated across the STP with a view to generating a proposal for how NCL can most effectively and efficiently run medical rotas across the sector.</p> <p>It was noted that in other STP areas similar work had led to financial benefits as well as service resilience benefits.</p> <p>The cabinet welcomed the detailed data and noted the variation in how rotas were scheduled. There was agreement that this was something that should be pursued further.</p> <p>The cabinet discussed the potential areas opportunity which should be pursued, concluding that there would need to be a mix of areas take into account; those that were easiest to take forward; those with the biggest performance and quality benefits and those with biggest financial benefits. Some may fall into more than one category, but it would be good to look at a mix of the three.</p> <p>The cabinet proposed that some areas to initially look at further, would be (but not limited to):</p> <ul style="list-style-type: none"> • Critical care • A&E <p>The cabinet discussed the need to build on and learn from good practice such as the shared acute oncology rota across NCL.</p> <p>RR outlined the need to also consider how new roles such as physicians associates would play into the potential for new rotas.</p> <p>The cabinet agreed there was a need to work closely with the workforce workstream and HR departments to take into account work on portability as well as new types of roles.</p>	
6.0 Clinical review of STP interventions		

	<p>Richard Dale presented a discussion paper outlining the current clinical review process being undertaken as part of the 2018/19 contractual discussions.</p> <p>The paper outlined the work undertaken to develop STP interventions, the principles being followed in the contractual process and the high level view of the priority schemes being discussed.</p> <p>The cabinet reviewed the principles being followed in the contracting round, previously endorsed by the cabinet and re-endorsed these as valid. Noting that more could be done to make the principles more accessible and less technical.</p> <p>The cabinet reviewed the questions being used as part of the clinical review process to guide conversations.</p> <p>HD offered to share the questions developed by the RCN on reviewing service change to feed into ongoing processes around service change.</p> <p>Action: HD to share RCN service review guidance</p> <p>The cabinet agreed that the five questions proposed in the paper were a helpful framing tool to pull out areas of agreement and areas of not agreement within a proposal.</p> <p>RD outlined that as part of the process there were a set of schemes shared across the four acute trusts that would become the priority areas for delivery.</p> <p>The board noted that they recognised these and that these would form the priority for delivery in 2018/19.</p> <p>The cabinet discussed in detail how to work effectively to drive delivery, manage risk and acknowledged the different incentives within the current payments system.</p> <p>The cabinet agreed that a specific session to reflect and learn from the contractual process would be helpful. This should involve non-clinical colleagues who had been part of the process.</p> <p>Action: plan a reflection session on the clinical review process once complete</p>	<p>HD</p> <p>WH</p>
7.0 Clinical Advice and Navigation		
	<p>Katy Bluston presented an update on Clinical Advice and Navigation.</p> <p>This outlined the progress with implementing Clinical Advice and Guidance (CAN),</p>	

<p>which is one of the priority work-streams for implementation with the North Central London STP Planned Care Programme in 2018/19.</p> <p>The paper outlined the progress, implementation plan and next steps for the work.</p> <p>The board welcomed the paper and thanked Katy and the team for their hard work.</p> <p>The board discussed the importance of communications in the programme and ensuring use across both primary care and secondary care and the need to understand barriers to uptake.</p> <p>The board discussed the need to develop clear patient stories for to describe the benefits of the new system to drive clinical use.</p> <p>KB outlined that the steering group would be using a detailed dashboard to measure not only uptake but the speed of response across the specialties implementing the system.</p> <p>The board discussed the possibility of the advice and guidance system being shared across NCL – especially for smaller specialties, or sub specialties. However, this would need to take into account the benefits of continuity of care.</p> <p>KT noted that this was one of the considerations that the steering group would be looking at throughout implementation.</p> <p>The board noted that there was a need to ensure that the system incentivised use at scale.</p> <p>The board noted the progress and the potential for this work to delivery major change across NCL and requested a further update once uptake data was available.</p>	
<p>6.0 AOB and date of next meeting</p>	
<p>The next meeting will be 16 May 2018 Islington CCG, Laycock street, Clerkenwell room</p>	
<p>CLOSE: The meeting closed at 7:00pm.</p>	

