

APPROVED MINUTES OF THE NORTH LONDON STP HEALTH & CARE CABINET

17:00-19:00 on Wednesday 19th September 2018
Committee Rms 1&2, Haringey Civic Centre, London N22 8LE

Members	Role	Attended	Deputy sent	Apologies
Jo Sauvage	Co-Chair and Clinical Lead for STP	✓		
Richard Jennings	Co-Chair and Clinical Lead for STP	✓		
Achim Schwenk	Acting Medical Director – NMUH	✓		
Adrian Richardson	GP Federation lead for NCL	✓		
Alpesh Patel	GP Federation lead for NCL			✓
Aresh Hashemi-Nejad	Medical Director – RNOH NHS Trust			✓
Carmel Littleton	Director of Children's Services (Islington Council)			✓
Cathy Kelly (CK)	Chief Clinical Information Officer, UCLH	✓		
Charles House	Specialised Services Lead for NCL	✓		
Chris Streather	CMO – Royal Free London FT			✓
Claire Johnston	Capital Nurse/HEE Representative;	✓		
Matthew Shaw	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			✓
Helene Brown	Medical Director, NHS England			✓
Helen Donovan	Nursing workforce lead nurse, Barnet CCG and Professional Lead for Public Health Nursing, RCN			✓
Helen Pettersen	Accountable Officer, NCL CCGs	✓		
Jane Hawdon	Responsible Officer, RFL	✓		
Jonathan Bindman	Medical Director – BEH MH NHS Trust	✓		
Julie Billett	Director of Public Health, Camden and Islington		✓	
Tamara Djuretic	Director of Public Health	✓		
Jayne Skippen	Divisional Associate Director of Quality			✓
Karim Dar	Clinical Director, Camden – CNWL NHS FT			✓
Kate Hall	UCL Partners representative			✓
Katie Coleman	Primary Care Lead for NCL			✓
Laura Leadsford	Allied Health Professional lead	✓		
Mo Abedi	Clinical Chair Enfield CCG			✓
Neel Gupta	Clinical Chair Camden CCG	✓		
Pauline Taylor	Medicines / Pharmacy lead	✓		
Peter Christian	Clinical Chair Haringey CCG	✓		
Preeti Sud	UCL Partners representative			✓
Richard Elphick	Programme Lead Adult Social Care NCL	✓		
Ricky Gondhia	Clinical Director, CLCHT			✓

Rob Senior	Medical Director – Tavistock and Portman NHS FT			✓
Saania Bhatti	Deputy for Barnet CCG Clinical Chair; Barnet GP			✓
Sanjiv Ahluwalia	Health Education England representative	✓		
Sarah McClinton	Director of Adult Social Services (Camden Council)	✓		
Shakil Alam	Primary Care Clinical lead, UEC workstream			✓
Bindi Nagra	Director of Adult Social Services (Enfield Council)			✓
Tony Theodoulou	Director of Children's Services (Enfield Council)			✓
Vin Diwakar	Medical Director, NHS England (London)			✓
Vincent Kirchner	Medical Director – C&I NHS Foundation Trust	✓		
Will Huxter	Director of Strategy, NCL CCGs			✓
Yogi Amin	STP Organisational Development lead			✓

Attendees	Role	Reason for attendance
Jonathan Fisher	STP Programme Manager	Minutes
Richard Dale	STP Director Programme Management	Regular Attendee
Sarah McIlwaine	STP Programme Director – Health and Care Closer to Home	Presenting
Jessica Sheringham	Guest presenter (CLAHRC)	Presenting
Fiona Aspinall	Guest presenter (CLAHRC)	Presenting

No.	Agenda item	Owner
1.	Welcome and apologies	
	RJ welcomed everyone to the meeting. Introductions were made and apologies noted. The meeting was QUORATE .	
2.	Minutes of the previous meeting	
	The minutes from the previous meeting were APPROVED without amendment.	
3.	Action log	
	The Health and Care Cabinet reviewed the action log. The following verbal updates were provided against outstanding actions: <ul style="list-style-type: none"> • <u>Action 6 (names of organisations' operational leads for implementation of the Choice Policy)</u> – Not yet completed. Members are to send details to debraglastonbury@nhs.net [cc lisa.burgess6@nhs.net] as soon as possible; • <u>Action 7 (CYP delivery plan – offline discussion of issues related to the repatriation of long-term ventilation patients)</u> – in hand; • <u>Action 8 (CYP delivery plan - meeting to review 62-day target performance)</u> – not yet completed. 	

4.	Declarations of Interest	
	No interests were declared in relation to items on the agenda.	
5.	North Thames Collaboration for Leadership in Applied Health Research (CLAHRC) update	
	<p>Fiona Aspinal (FA) and Jessica Sheringham (FS) gave a presentation on the role of 'Collaborations for Leadership in Applied Health Research' (CLAHRCs)¹ and the research support services they are able to provide. The Cabinet thanked FA and FS for their presentation and held a detailed discussion on how the North Thames CLAHRC's expertise could be harnessed to help support the delivery of the STP.</p> <p>The key points from the discussion were as follows:</p> <ul style="list-style-type: none"> • In response to a comment that it would be useful to know what existing studies were underway and whether there were opportunities to participate in these, FA and FS responded that a list of current projects was available on the CLAHRC website and that NHS colleagues could contact either of them if they were interested in participating in one or more of these; • There was a detailed discussion around how to ensure a more systematic approach to working in partnership with the CLAHRC. Suggested approaches included: <ul style="list-style-type: none"> ○ Whenever the Cabinet receives a workstream update or plan to consider, it should query whether the work in question could benefit from involvement of the CLARCH; ○ The CLAHRC could be involved in supporting the review of plans (i.e. opportunities for research) as part of the next annual planning process; ○ CLAHRC support could be focused on collective research interests such as integrating care pathways, merging health and social care, reviewing new models of care etc; ○ The CLAHRC could be involved in reviewing organisational improvement plans; ○ The CLAHRC could be involved in the utilisation of 'big data' available through the Population Health Management system, once implemented; • FA added to the above that the CLAHRC was currently in the process of contacting a number of STPs to talk about their respective priorities and agreed to share any themes that came out of this process with the Cabinet; • JS highlighted that the CLAHRC would be holding an awareness-raising event on 22 October and agreed to circulate an invite to this event to members via the STP PMO; <p>The Cabinet subsequently AGREED to hold a follow up session (once the CLAHRC had become an ARC) to brainstorm what areas of support should be prioritised. In preparation for this, it was agreed that workstream clinical leads would be asked to develop a list of key research themes for each of their workstreams.</p> <p>Actions:</p>	

¹ (These were soon to be changed to 'Applied Research Collaborations' (ARCs))



	<p>1) JS/FA are to share with the Cabinet details of any themes that come out of an ongoing review of other STPs' research priorities;</p> <p>2) JS/FA are to circulate an invite to an upcoming CLAHRC via the STP PMO;</p> <p>3) STP workstream clinical leads are to identify key research themes for their workstreams and a follow up Health and Care Cabinet is to be arranged to discuss and prioritise these once the CLAHRC has become an ARC.</p>	<p>JS/FA</p> <p>JS/FA STP PMO</p>
6.	Social Care Update	
	<p>Richard Elphick (RE) provided a detailed update on progress being made within the Social Care workstream. The update focused on:</p> <p><u>The Social Care Market and Commissioning</u></p> <p>Key points were as follows:</p> <ul style="list-style-type: none"> • NCL had fewer nursing beds than other areas of London and had lost of beds since 2015; • There was however no evidence of price driving suppliers out of the market (NCL Councils and CCGs were paying more than other areas). The workstream was undertaking work around sustainable pricing and was seeking to coordinate this with CCGs; • As a system NCL had developed alternatives to care homes and this had slowed care home admissions. Nevertheless, there was a supply gap for nursing care and the workstream was starting work to address this including developing new supply, collaborating around estates strategies, seeking to re-designate residential to nursing beds and exploring block contracts for the public sector to access a higher proportion of supply. <p><u>Quality and interfaces with wider services:</u></p> <p>Key points were as follows:</p> <ul style="list-style-type: none"> • The workstream was supporting independent sector providers to improve quality, including sharing quality indicators, reporting between Councils and collaborating with the STP workforce workstream (e.g. Capital Nurse, commissioning health skills training in key areas and developing a sub-regional recruitment portal and recruitment campaign); • The Enhanced Health in Care Homes Framework was highlighted as an evidence based set of standards for support to care homes that had improved the quality of health and wellbeing outcomes for residents and in some areas had demonstrated a significant reduction in hospital admissions and length of stay from care homes. RE noted that Aimee Fairbairns (as lead for quality in care homes) had circulated a benchmarking tool for quality, commissioning and providers and was developing a care homes quality approach that Councils wanted to join up with. The Cabinet noted its support for the use of the framework. <p>The Cabinet discussed the update in detail. Key points raised included:</p>	



	<ul style="list-style-type: none"> • There was a query around the impact of high central London property prices on the development of new Care Homes in Camden and Islington. RE noted that this was an issue which made building of new care homes in the area difficult and that estates planning would need to take this into account; • It was noted that there was some parallel work going on under the Continuing Healthcare review which needed to be connected into the workstream to ensure that consistency; • In relation to nursing shortages, there was a suggestion that there should be more of a focus on portability of employment, for example, retired nurses supporting care homes on a part time basis; • There was a detailed discussion around winter planning and the role of working effectively with care homes. It was suggested that some benchmarking needed to be undertaken to understand what was being done and what more could be done to support care homes through winter. This could also link into the longer term work being undertaken by Aimee Fairburns. <p>The Cabinet NOTED the update.</p> <p>Action:</p> <p>4) Richard Elphick / Alex Faulkes to undertake some benchmarking to understand what was being done and what more could be done to support care homes through winter. This could also link into the longer term work being undertaken by Aimee Fairburns.</p>	<p>RE/Ales Faulkes (UEC Programme Director)</p> <p>RE/AF</p>
7.	ICS prototype day	
	HP briefed the Cabinet on the format and purpose of an upcoming 'ICS prototype' meeting.	
8.	Urology update	
	This item was deferred to the next meeting as the presenter had been unable to attend.	
9.	Refreshing the NCL Strategy for General Practice	
	<p>The Cabinet provided detailed feedback on a draft NCL Strategy for General practice.</p> <p>The detailed discussion and feedback would be captured and responded to as part of the strategy version control/development documents.</p> <p>Actions were agreed as follows:</p> <p>Actions:</p> <p>5) Any further comments should be emailed to sarah.mcilwaine@nhs.net by the end of the week ending 26 October 2018;</p> <p>6) Sarah McIlwaine would develop and circulate a 'strategy on a page' for members to cascade further to colleagues;</p>	<p>All members</p> <p>SM</p>



10.	AOB and date of next meeting	
10.1	<p>Any other business</p> <p>The Cabinet were advised that the launch event for the NCL Choice Policy had been delayed and that further information on the revised date would be sent out in due course.</p> <p>Action: 7) A revised date for the NCL Choice Policy launch event will be circulated once agreed.</p>	STP PMO
10.2	<p>Date of the next meeting</p> <p>The date of the next meeting was confirmed as 17 October.</p>	
CLOSE: The meeting closed at 7:00pm.		

