

APPROVED MINUTES OF THE NORTH LONDON STP HEALTH AND CARE CABINET

17:00-19:00 on Wednesday 17th October 2018

Room 1.15 Euston Tower, 286 Euston Road, London NW1 3DP

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	Medical Director UCLH	✓		
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			✓

Dinesh Sinha	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			✓
Kevan Ritchie	Camden CCG	✓		

Attendees	Role	Reason for attendance
Richard Dale	STP Director Programme Delivery	Regular Attendee
Will Huxter	NCL CCGs Director of Strategy	Regular Attendee
Teresa Callum	STP Project lead – Urology	Presenting
Gillian Smith	STP Clinical lead – Urology	Presenting
Alex Faulkes	Programme Director UEC workstream	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> – Now completed with training to take place in November 2018. • <u>Action 8 (CYP delivery plan - meeting to review 62-day target performance)</u> – to be booked. 	
4.	Declarations of Interest	

	No interests were declared in relation to items on the agenda.	
5.	Health and Care Closer to Home Updates	
	<p>Katie Coleman outlined the work taking place in Health and Care Close to home to develop NCL wide approach to outcomes and how this links to local priorities.</p> <p>The workstream has been working through CCG teams to draw together a common set of outcomes that fit within the CHINS model focusing on the core elements of what will need to be delivered.</p> <p>RD commented that this is linked with the ongoing work to develop programme wide outcomes – which Julie Billett and public health colleagues are involved in support. This work is in progress and linked to planning for 2019/20.</p> <p>The board noted the important shift towards outcomes and linking this to population need. The board discussed the need to ensure that they as a board start to look at the system outcomes alongside programme level updates.</p>	
6.	A&E winter plans	
	<p>Alex Faulkes provided a detailed update on the work across NCL on winter planning for 2019/20.</p> <p>Key points were as follows:</p> <ul style="list-style-type: none"> • Having reviewed the existing governance arrangements as well as the work of all UEC programmes across NCL, it has been recognised that there is a clear need to ensure congruency between the work of A&E Delivery Boards (AEDB), NCL STP UEC workstreams and National UEC priorities. • To this end, an alignment exercise has been undertaken between the three streams to ensure that all plans are consistent, complement and support each other and that any duplication of work is removed. • The alignment exercise has informed and supported the development of system AEDB recovery plans and the UEC Programme Delivery Board (PDB) work-plan for 2018/19 and beyond. • The programme has also recognised the need to address current 'live' challenges and in particular identified patients with mental health needs attending A&E and A&E workforce as immediate priority areas that are adversely impacting performance. • The UEC programme board agreed the need to ensure sustainable and equitable GP provision across the NCL UEC system, identifying a requirement for a consistent approach to pay rates as well as the need to optimise health and social care workforce and the interface between the two. 	



	<ul style="list-style-type: none"> • Whilst work is underway to address these issues within UEC, it is important that the existing work of Mental Health and Workforce STP programmes sufficiently supports these initiatives as well as the wider NCL winter UEC operational plans in order ensure the full benefits of the STP can be realised. <p>The Cabinet discussed the update in detail. Key points raised included:</p> <ul style="list-style-type: none"> • There was a query around how much these plans get to the bottom of the issues the services are facing in terms of demand from the public. The board discussed the need for solutions that understood demand effectively as well as being realistic about the influence the health service could have on underlying demand. • The cabinet noted the interdependency with mental health and social care and reiterated the need for these to take a pathway approach rather than organisational focus. • The cabinet discussed the aspects linked to workforce and the need to explore some of the workforce drivers relating to staffing issues in A&E departments and GP streaming and hubs. <p>The Cabinet NOTED the update</p>	
7.	Planned Care updates:	
	<p><u>7.1 Update on Urology</u></p> <p>Teresa Callum and Gillian Smith presented a detailed update on the work that has taken place to put in place standardised urology pathways across primary and secondary care across North Central London.</p> <p>TC and GS set out that the new pathways were having an impact across CCGs. Most evident in Barnet where the pathway had been launched earlier. Data is currently showing a reduction of 10% in referrals for these pathways in Barnet.</p> <p>GS set out the lessons learnt about bringing together secondary and primary care clinicians regarding evidence based practice and simple but usable tools for clinical use.</p> <p>The Cabinet noted the success and thanks Gillian and Teresa for their hard work.</p> <p>The cabinet asked that this be joined up to local incentives and work on education for urology and screening.</p> <p>GS and TC confirmed that it was linked into the local work and this would help inform the ongoing work on embedding the pathways.</p> <p><u>7.2 Update on Implementation of Advice and guidance and Teledermatology</u></p>	



	<p>RD provided an update on these two areas as the cabinet had previously asked to be kept informed of progress.</p> <p>CAG</p> <p>The roll out of the NCL Clinical Advice and Guidance (CAG) service was now live across the acute trusts in North Central London across 17 specialities. There were approximately 900 queries per month. A live dashboard with practice and speciality level data was being made available to trusts and CCGs to work with areas needing support to increase usage.</p> <p>A clinician to clinician event had been booked for December the 8th to gather feedback and make improvements to the next steps of the programme.</p> <p>Telederm</p> <p>Plans are for service to go live at trusts December 2018. UCLH have agreed and working on implementation plan, agreement pending at RF and WH. Work underway purchase and training for primary care in parallel.</p> <p>The Cabinet NOTED the update and progress</p>	
8.	POLCE policy	
	<p>As Donal Markey was unable to attend RD provided an update:</p> <ul style="list-style-type: none"> • Following evidence reviews, work by the steering group and comment by the Cabinet, the proposed policy had been circulated to medical directors of all acute trusts for review and comment. • This review period had just finished and follow up meetings with trusts arranged to discuss feedback as required. <p>The cabinet discussed the need for this to be an iterative process and that ensure it linked to the national and London work.</p> <p>These areas would be considered for a later update, scheduled for April 2019.</p> <p>The cabinet welcomed the update and progress.</p>	
9.	Proposed Changes to Programme Governace	
	<p>WH outlined the proposed changes to programme governance:</p> <p>Key points included:</p>	



	<ul style="list-style-type: none"> • There is consensus that we need to review STP governance to ensure that it is fit for purpose now and into the future. • The current arrangements (with minor amendments) have been in place for 18 months plus, and there is an opportunity to make these more effective and less duplicative. <p>The propose changes related to the health and care cabinet were as follows:</p> <ul style="list-style-type: none"> • Move to quarterly • Move focus to identification of opportunities (Strategic) • Forward plan focussed on driving implementation of agreed opportunities, following challenge and endorsement • Strengthen links between HCC, Directors of Finance, Directors of Strategy and Provider CEOs: Provider and CCG Finance leads, plus another Trust DoF to be identified, to hold monthly agenda planning calls with Chairs of HCC, Exec lead for CEOs' meeting, and CCGs' Director of Strategy • Review membership to ensure appropriate local authority and primary care provider representation • Need to look at how best to engage MDs and clinical body of Trusts. Explore potential for CEO and MD and CNO to attend per Trust. <p>The cabinet debated the need for more frequent meetings than quarterly and agreed that meeting every two months would be a better resolution.</p> <p>It was noted by the cabinet that representation across boroughs and organisations and staff groups meant that sometimes multiple representatives were required which meant the membership was larger. It was agreed that the group would consider membership in an ongoing way to ensure the right people in the room for the work of the cabinet.</p> <p>The cabinet approved the proposed changes – but with the cabinet meeting every two months rather than quarterly.</p>	
10.	AOB and date of next meeting	
10.1	<p>Date of the next meeting</p> <p>JS and the cabinet thanks RJ for his contribution as co-chair of the cabinet and wished him well in his new role.</p> <p>JS confirmed that they would be asking for expressions of interest from people for the role of co-chair and she would write to the cabinet with more details.</p> <p>The date of the next meeting was confirmed as 12 December.</p>	
CLOSE: The meeting closed at 7:00pm.		

