

MINUTES OF THE NCL STP PROGRAMME DELIVERY BOARD

15:00-18:00 on Tuesday 9 May 2017

Room 6LM1, 6th Floor, Stephenson House, 75 Hampstead Road, London, NW1 2PL

Members	Role and job title	Attended	Deputy sent	Apologies
Helen Pettersen (HP)	STP Convenor (Chair) and SRO Lead for CCGs	✓		
Sir David Sloman (DSI)	Vice Chair and SRO Lead for Providers and CEO Royal Free London NHS Foundation Trust	✓		
Mike Cooke (MC)	Vice Chair and SRO Lead for Local Authorities; CEO Camden Council	✓		
David Stout (DSt)	STP Senior Programme Director	✓		
Jo Sauvage (JS)	STP Co-Clinical Lead, Chair Islington CCG	✓		
Alison Blair (AB)	SRO Urgent and Emergency Care Workstream and SRO Health and Care Closer to Home Workstream			✓
Richard Jennings (RJ)	STP Co-Clinical Lead Co-SRO Planned Care Workstream Medical Director, Whittington Health NHS Trust	✓		
Caroline Clarke (CC)	Co-SRO Planned Care Workstream Chief Finance Officer, Deputy CEO Royal Free			✓
Jon Abbey (JA)	SRO Children and Young People Workstream and Director Children's Services Representative; Director Adult & Children Services Haringey Council	✓		
Neil Griffiths (NG)	SRO Digital Workstream; Deputy CEO UCLH	✓		
Dawn Wakeling (DW)	SRO Estates Workstream; DASS Barnet Council	✓		
Paul Jenkins (PJ)	SRO Mental Health Workstream; CEO T&P FT	✓		
Tim Jaggard (TJ)	SRO Productivity Workstream; Finance Director UCLH	✓		
Maria Kane (MK)	SRO Workforce Workstream; CEO BEH NHS Trust	✓		
Kathy Pritchard-Jones (KPJ)	SRO Cancer Workstream; CMO UCLH Cancer Collaborative		✓	
Rachel Lissauer (RL)	SRO Maternity Workstream; Acting Director of Commissioning, Haringey CCG	✓		
Julie Billett (JB)	SRO Prevention Workstream; Director of Public Health, Camden and Islington	✓		
Ray James (RJ)	Director Social Services Representative; Director Health, Housing & Adult Social Care (Enfield)			✓
Jonathan Wise (JW)	STP Finance Lead	✓		
Paul Trevethick	GP Federation Representative	✓		

Attendees	Job Title	Reason for attendance
Kevin Monteith	Head of Programme Management, STP PMO	STP PMO/Minutes
Nick Kirby	Divisional Manager – UCLH Cancer Collaborative	Representing Kathy Pritchard-Jones
Will Huxter	Director of Strategy, NCL CCGs	Member designate
Sarah Dougan	Deputy Director (Camden), Camden & Islington Public Health, Chief Analytical Officer (Islington)	For item 2.4 only
Jonathan Fisher	Programme Manager	STP PMO Support
Sanjay Mackintosh	STP PMO Social Care Lead	STP PMO Support/presenting item 2.3
Gen Ileris	STP PMO Communication and Engagement Lead	STP PMO Support
Ceri Jacob	NHSE	Attendee
Emma Stirling	NHS Management Trainee	Observer
Richard Dale and Sarah Murray	NELCSU Healthcare Consulting	Observers

No.	Agenda Item	Owner
1.0	GENERAL BUSINESS	
1.1	<p>Welcome and Apologies Helen Pettersen welcomed everyone to the meeting and introductions were made. Apologies were noted. The meeting was QUORATE.</p>	
1.2	<p>Review of minutes from the previous meeting The minutes from the last meeting held on 17 March 2017 were reviewed and agreed without amendment.</p>	
1.3	<p>Review of action log The actions from the last meeting were reviewed and agreed as met.</p>	
1.4	<p>Declarations of interest There were no declarations of interest.</p>	
2.0	PLANNING	
2.1	<p>Update on the Capped Expenditure Process David Stout (DSt) introduced this item and summarised the national process and the local approach that has been followed since the leadership summit on 24 April. This included a review of the outputs from the summit by the Finance and Activity Modelling group and the subsequent submission to NHS England on 5 May. DS drew the meetings attention to the elements of the submission and proposed next steps in terms of progressing the identified priorities. Tim Jaggard summarised the financial elements of the submission and confirmed the overall gap. DSt then focused attention on slides 13 to 15 of the submission, which provided detail of an opportunity analysis against the 10-point efficiency headings in the FYFV, a priority list of opportunities identified at the leadership summit, and an initial financial impact assessment. It was acknowledged that the financial impact was speculative at this stage and required further scoping over the next month. Lastly, DSt referred to slide 16, which highlighted some of the potential 'difficult choices' that may require further consideration in order to further close the financial gap. In the discussion that followed, Ceri Jacob (CJ) summarised what was known about the national review process and advised that the transparent approach regarding the financial challenges and associated risk was the right approach. It was agreed that the financial modelling work for 18/19 was important for the national review meeting, and it was agreed that understanding where North London sat in the national context would be helpful. Finally, with regards the priority areas, DSt confirmed next steps in terms of scoping and identified the leads identified as follows:</p> <ul style="list-style-type: none"> • Medicines optimisation – Dr Gill Gaskin • Mental Health out of area placements – Paul Jenkins • Continuing Healthcare – Kay Matthews TBC • Estates – David Sloman (linking in with Dawn Wakeling) • Corporate services – Paul Sinden <p>Action 1. Liaise with identified leads to scope priority areas for 1st week in June</p>	David Stout
2.2	<p>Detailed 2017/18 Workstream Delivery Plans (part 2) David Stout introduced this suite of reports which provided: 1) an update on the deployment of management capacity for 3 workstreams (HCC2H, Planned Care and UEC); 2) Updated plans for Mental Health and Prevention; and 3) Summary delivery plan reports for Cancer, Maternity, Children and Young People, Digital, Estates and Workforce.</p>	

Management capacity

DSt summarised the initial proposals submitted and highlighted the resource that was being committed from the central programme budget, as well as the remaining gaps. Helen Pettersen emphasised that there was no further budget available and that the focus had to be on refocusing existing resource and utilising CSU resource in the short term.

The issue of clinical leadership time remained an issue and it was acknowledged that this needed to be better managed. The issue of backfilling clinical time was an ongoing issue and the importance of having protected time was acknowledged. For GP Federations, Paul Trevelick highlighted that not all Federations could contribute in the same way. Helen Pettersen confirmed that again this would need to be addressed by re-purposing existing clinical leadership posts rather than funding additional capacity.

Jo Sauvage agreed to take a lead in reviewing clinical leadership outside of the Delivery Board and that David Stout would liaise with the CSU re their capacity in the short term. Following a further brief discussion about Trauma and Orthopaedics, the CEO leadership and utilisation of GIRFT funding was also supported.

Updated delivery plans

a) Prevention

Julie Billett (JB) introduced this revised delivery plan highlighting the intention to deliver as much as possible within existing resources. Three particular areas of focus were highlighted (smoking cessation; falls and alcohol). The Delivery Board agreed the revised plan.

b) Mental Health

Paul Jenkins (PJ) introduced this report referring to the gap in mental health funding and consequences of this. Of the 3 proposals in the pack and in the context of the previous CEP discussion PJ focused on the proposal that was aligned with the CEP process (Acute Care Pathway - Out of Area Placements). The Delivery Board discussed what further action was required in order to progress this proposal and agreed that further discussions with the CCG MH Commissioners and Financial leads was important so that it was clear what the benefits where risk sat etc. It was agreed that when the additional scoping work and engagement was finished that this would require commissioner sign-off with final Delivery Board sign-off via Helen Pettersen and Jonathan Wise.

Action

- 2. Further scoping and engagement with commissioning and financial leads to secure commissioner support and sign-off.**

Paul Jenkins

Summary Delivery Plan reports

DS introduced these summary reports and invited respective SROs to comment and highlight any specific issues to bring to the Delivery Board's attention.

a. Cancer

Nick Kirby summarised the Alliance bid approval process and current status and that 12 of the 14 interventions were approved. Discussion focused on the financial opportunities and response to the Rightcare challenge. It was agreed that this would be a likely area of challenge at the forthcoming national review process and that preparation was required for this. It was pointed out that the CSU could assist in accessing relevant data for this work and that there were people within the CCGs already looking at this also who should be linked into this work. The Delivery Board approved the updated Cancer Delivery Plan and agreed that further preparatory work was required regarding financial savings.

Action

Tim Jaggard
& Nick Kirby

3. Work to be undertaken to understand the financial opportunity for the Cancer pathway/interventions across North London in preparation for the London and National review meetings

b. Maternity

Rachel Lissaeur confirmed this a new workstream linked to the Better Births national funding, it was acknowledged that this was still work in progress with further scoping work required. The delivery plan activity has 13 key initiatives grouped into 4 work packages. A risk regarding capacity was flagged and a key issue around workforce was highlighted in relation to portability and 'employment passports'. The Delivery Board approved the first iteration of the Maternity Delivery Plan.

c. Children and Young People

Jon Abbey introduced as a new workstream and highlighted progress to date. The workstream board has now met 3 times and is well linked in with a number of the other workstreams. Also linking with HLP regarding resources/funding. The issue of identifying clinical leadership time was also raised as a particular challenge. The Delivery Board approved the first iteration of the Children and Young People's Delivery Plan.

d. Digital

Neil Griffiths introduced this updated delivery plan confirming that the Digital Board had its first meeting and focused on what could be achieved with the resources available. In terms of resources to support the programme, Neil confirmed that the programme manager & role would be advertised and that there was an offer of some support from NHS Digital. Support from the CSU was also acknowledged. The Delivery Board approved the updated Digital Delivery Plan.

e. Estates

Dawn Wakeling introduced the updated Estates plan and firstly provided an update on devolution engagement, the Naylor review and links with STPs and the work of the London Estates Board. Dawn also updated on Capital funding arrangements and implications for primary care estate. There was a brief discussion about the importance of the Carter tests and that this now needed to be refreshed to take in Local Authority estate. The estates overarching strategic narrative was important in setting out as a system - 1) what estate we have; and 2) what we want to do. There was a challenge in terms of the status of this work and the focus of the last 12 months. It was acknowledged that the acute hospital estate and the Carter tests had not been fully explored and that the Naylor report would give this a fresh impetus. Linked to the CEP process action on estates, it was agreed that David Sloman, Dawn Wakeling and Tim Jaggard would begin to scope this work. . The Delivery Board approved the updated Estates Delivery Plan.

f. Workforce

Maria Kane introduced the updated Workforce Delivery Plan highlighting the focus on enabling work to support new models of care and work on recruitment/resourcing. Maria highlighted that the workstream needed further support on financial modelling and with the review of mandatory training. Lastly, Maria highlighted that there were many initiatives going on referring to HLP and HEE. Jo Sauvage commented on key people cross-fertilising and sharing the learning across other STPs such as NEL. The Delivery Board approved the updated Workforce Delivery Plan.

<p>2.3</p>	<p>Report on the impact of plans on the Social Care System</p> <p>Sanjay Mackintosh (SM) introduced this item explaining that the five local authorities within the North London STP footprint had commissioned this Report. SM explained the particular focus of the report, which included an assessment of the likely impact of the STP assumptions on the local authorities and the identification of the opportunities for joint working both as Councils and with NHS organisations. SM drew the meetings attention to the summary slides in the meeting pack which summarised the key findings and recommendations to the five local authorities covering the following 4 areas:</p> <ul style="list-style-type: none"> • Interfaces between the NHS and social care – streamlining processes around admission avoidance and discharge from hospital; • Market management – developing a sustainable market for nursing care and homecare; • Workforce – focusing on developing the skills and capacity in nursing care and homecare; and • Learning disabilities – examining innovative models to reduce the whole life cost of people with learning disabilities. <p>In terms of the information presented, SM drew attention to slide 6 of the pack in relation to DTOC that highlighted a cause being more about finding a suitable placement rather than waiting for an assessment. With regards market management, the waits for bedded care versus home care was highlighted.</p> <p>In the discussion that followed, the following points were raised:</p> <ul style="list-style-type: none"> • Links with other workstreams – opportunity to look at transforming care and CC2H. Good emphasis on the role of carers • Level of home care migrant workers was striking. High degree of staff anxiety about this re Brexit. High numbers of migrant workers employed in Barnet and Camden. • Next steps – meeting with DASSs and others to agree how to take forward under the Council leadership structures and resource going forward and to agree Cross borough elements of the work. Fit with STP structures such as LWAB and UEC and CC2H. Other work in Children’s services will be considered under umbrella of CYP workstream. 	
<p>2.4</p>	<p>Data and analytics discussion paper</p> <p>Sarah Dougan (SD) attended the meeting to introduce this item. SD began by highlighting the opportunities and potential to improve how data is used and analysed across the footprint, and that there was a significant opportunity to use the resource and expertise more efficiently. SD reported progress with this to date and highlighted three proposed areas of focus for 17/18:</p> <ul style="list-style-type: none"> • The creation of a basic NCL-wide ‘population health analytics ‘ solution to assist with the strategic planning and identification of new care models and opportunities to improve operational delivery; • The continued development of plans for a population health analytics and direct care digital solution (a ‘big data platform’ part of local digital roadmap); and • A more sophisticated demand and capacity modelling approach to support winter planning to include out of hospital capacity. <p>The Delivery Board hugely welcomed and supported these proposals and in terms of some of the challenges that needed to be overcome such as data governance it was suggested that SD should work closely with the CSU on this, and also to link with Paul Banister at NHS Digital. Ceri Jacob also suggested that Jane Barnacle at NHSE would be a helpful link.</p>	
<p>3.0</p>	<p>DELIVERY AND ASSURANCE</p>	
<p>3.1</p>	<p>Workstream highlight reports and summary of most significant risks</p> <p>David Stout (DSt) introduced the first set of workstream highlight reports which going forward would be a key focus for the Delivery Board meetings in terms of effectively monitoring implementation. DSt</p>	

	<p>explained the format and that it had been developed in consultation with workstream leads and was being aligned with NHS England’s draft template for STP reporting. In summary, DSt drew attention to the following points:</p> <ul style="list-style-type: none"> • Completion is variable at this stage and more work was being done to address this particularly in relation to milestones and KPIs; • The Cancer report was that used for the Vanguard reporting to avoid duplication of effort; • Going forward, overarching programme risks may need to better captured; • Financial impact monitoring was being developed in parallel through FAM and will be added to these reports next time; and • Suggested that we review the format and approach in a couple of months. <p>The Delivery Board received the first set of highlight reports and agreed to monitor and keep under review in the coming months.</p>	
<p>3.2</p>	<p>Programme budget</p> <p>David Stout introduced this report, which had been prepared for an Islington CCG Finance & Strategy Committee meeting seeking authorisation to formally establish the STP programme budget to be hosted by Islington CCG. DSt summarised the key elements of the 17/18 budget which included a total contribution from CCGs of £1.500m and a £120k contribution from Providers. DSt explained the commitments against this budget to date and the proposed role for Islington CCG in managing and administering the budget and associated STP employment, hence the requirement for this to be approved formally by their Audit Committee.</p> <p>The Delivery Board noted the current Programme Budget for 17/18 and the proposal for this to be held by Islington CCG (subject to their Finance & Strategy Committee Approval). Finally, the Delivery Board agreed the initial deployment of the 17/18 budget of £1,375m as set out in the supporting paper.</p>	
<p>3.3</p>	<p>STP implementation – ‘Fastest First’ principle</p> <p>David Stout introduced this brief item, which came out of a conversation with provider strategy directors and which proposes a set of ‘fastest first’ principles in relation to the implementation of some elements of transformational change. The Delivery Board agreed with the principles set out in the paper and the rationale behind this. A number points were raised for consideration as this approach developed:</p> <ul style="list-style-type: none"> • The need to ensure that local approaches fit within the overarching strategic structure; • Organisational Development work needed to incorporate this approach into the plans as they develop; • Workstreams needed to report back on these specific issues as they develop; and • The principle of subsidiarity and was very important in this context and should be reflected. <p>Action: Finalise the document in light of comments and circulate the document</p>	<p>David Stout</p>
<p>4.0</p>	<p>Any Other Business</p> <p>There were no items of any other business discussed. The next meeting of the Programme Delivery Board was confirmed for 13 June from 3:00-5:00pm at 5 Pancras Square, rooms 10.11 and 10.12.</p>	
<p>CLOSE: The meeting was closed at 5:25pm</p>		