

MINUTES OF THE NCL STP PROGRAMME DELIVERY BOARD
15:00-17:00 on Tuesday 13 June 2017
Room 10.10-10.12, 5 Pancras Square, London, N1C 4AG

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

	Medical Director, Whittington Health NHS Trust			
Simon Goodwin (SG)	Chief Financial Officer, North Central London CCGs			✓
Sir David Sloman (DSI)	Vice Chair and SRO Lead for Providers and CEO Royal Free London NHS Foundation Trust			✓
Tim Jaggard (TJ)	SRO Productivity Workstream; Finance Director UCLH	✓		
Will Huxter (WH)	Director of Strategy, NCL CCGs	✓		

Attendees	Job Title	Reason for attendance
Suzi McCool	Programme Analyst, STP PMO	Minutes
Sanjay Mackintosh	Social Care Lead, STP PMO	PMO Support
Gen Ileris	Comms and Engagement Lead, STP PMO	PMO Support
Ceri Jacob	Director of Commissioning Operations, NHSE	Attendee
Ash More	Specialised Commissioning, NHSE	Attendee

No.	Agenda Item	Action owner
1.0	GENERAL BUSINESS	
1.1	Welcome and Apologies	
	David Stout welcomed everyone to the meeting and introductions were made. The list of apologies was noted. The meeting was QUORATE. However, a number of SROs had sent apologies with no deputy present. DS reminded members that in the case of an apology a suitable deputy should be sent to the meeting to enable updates to be presented and questions from members to be answered.	
1.2	Review of minutes from the previous meeting	
	The minutes from the last meeting held on 09 May 2017 were reviewed and agreed without amendment.	
1.3	Review of action log	
	The actions from the last meeting held on 09 May 2017 were reviewed. Work remains ongoing to close the action items on Cancer and Mental Health. These will be carried forward for an update at the next meeting on 11 July 2017.	
1.4	Matters Arising	
	Budget approval required: David Stout asked the Board to agree to a 3-month extension of the contract for Jonathan Wise (STP Finance Lead) to secure him until the end of September. DS clarified that this was within budget. The Board approved the contract extension.	

1.5	Declarations of interest	
	There were no declarations of interest.	
2.0	PLANNING	
2.1	<p>Update on the Capped Expenditure Process</p> <p>David Stout (DSt) provided a summary of action that had taken place since the update at the meeting on 09 May. The corresponding paper provided details of the fourth submission that was sent to NHS England and NHS Improvement on 7 June following the national CEP review meeting on 30 May.</p> <p>It was confirmed that the firm instruction from the NHSE/I national teams is for the gap to be closed in the current financial year. Work is ongoing to detail the impact (both financial and other) of the proposals contained in the submission. The deadline for the completion of this work is 30 June.</p>	
	<p>DSt and Tim Jaggard (TJ) confirmed the remaining gap of £163m and detailed the three elements that make it:</p> <ul style="list-style-type: none"> • variance from control totals - £61m • delivery risk in current plans - £50m • unidentified CIP/QIPP and triangulation risk - £52m <p>Given the requirement to close the gap in 2017/18, and the fact that the team believes that realistically we will be left with a minimum of a £61m gap the submission gives some indication of the scale of the 'difficult choices' which may be required in order to close the financial gap. Given the scale of the gap, the impact would be significant for quality of service and therefore we have not put these forward a plan which we could support. This position was endorsed by the Board.</p> <p>Members of the Board acknowledged that the timing of the process during purdah had made active engagement of partners difficult. The Board agreed that the approach going forward remains to be open and honest about the financial position and the options.</p> <p>The Board discussed developing a two-year option to meet control totals. However, it was acknowledged there would need to be a clear plan, narrative and evidence that a two-year solution would be successful.</p> <p>It was confirmed that the Royal Free London NHS Foundation Trust was in separate negotiations with NHS Improvement regarding a four-year timeframe to reach their control total. It was noted that if such a timetable was agreed that it would still leave deficits at an STP level over the next two years.</p> <p>Ceri Jacob (CJ) offered to connect TJ with leads in other footprints to enable further sharing on options to close the gap.</p>	

2.2	<p>SRO Changes and role description</p> <p>David Stout highlighted that a number of SROs are due to leave in the coming months and asked the Board to approve the SRO role description, which to date had not been in place. The Board agreed the role description but asked for a timeline to be produced to enable expressions of interest to be sent and received in plenty of time.</p> <p>Action 1: SRO expressions of interest to be sought with a clear timetable.</p> <p>The Board acknowledged a collective concern that sourcing capacity amongst senior leaders to take on the role of SROs (as well as other roles within the STP) is a challenge.</p> <p>Action 2: A discussion regarding the input to the Specialised Commissioning Planning Board to be held outside of the meeting and progress reported to the 11 July meeting.</p>	<p>David Stout</p> <p>David Stout</p>
3.0	DELIVERY AND ASSURANCE	
3.1	<p>Workstream highlight reports</p> <p>No representatives from the Cancer, Urgent and Emergency Care, Children and Young People and Care Closer to Home workstreams were present at the meeting. The request was repeated to ensure deputies are present in the case of an SRO apology.</p> <p>The SROs present at the meeting provided an update on progress within their workstream and any issues that required the input of the Programme Delivery Board.</p> <p>a. Health and Care Closer to Home</p> <ul style="list-style-type: none"> • Rachel Lissauer, having attended the workstream Board meeting the previous week, was able to update on this item in the absence of the SRO. The Board was receiving bids for CHIN investment. There is some variation in the local designs but the Board is mindful to ensure there is some minimum consistency. • It was noted that there has been some minor slippage in implementation Haringey. • It was requested that future reports contain an overview of the workstream as well as detail on the boroughs. <p>b. Planned Care</p> <ul style="list-style-type: none"> • Caroline Clarke (CC) informed the group there is good clinical engagement with the workstream and that Rob Hurd, CEO of the RNOH, has agreed to lead on the Orthopaedics pathway redesign work. Work is continuing to progress on Clinical Advice and Navigation. • Challenges remain in terms of resources and analytics. 	

<ul style="list-style-type: none"> An exception report on POLCEs was discussed. CC highlighted options for the roll-out of the evidence based medicine policy being consulted on in Enfield across the rest of NCL. Jo Sauvage confirmed that the Health &Care Cabinet supported a single set of standards across NCL will deliver. Ceri Jacobs stated that the Enfield approach had been well-tested with patients and clinicians and was being looked at by other STPs within London. Ray James stated that Enfield Council would be likely to be more supportive happy if others both in NCL and London adopted a consistent approach at the same time, rather than one borough at a time – which could be seen by the public to disadvantage a particular community. It was agreed that the language should change from POLCEs to evidence-based medicine. It was agreed that the newly formed Joint Committee of CCGs is the right place to agree implementation approach <p>Action 3: A proposal on a single list of evidence-based medicines for North London to be taken forward through the NCL CCGs Joint Committee</p> <p>c. Digital</p> <ul style="list-style-type: none"> Neil Griffiths informed the group that short-term funding for the workstream had been agreed and they are focusing on bidding for further investment. The new governance structure is working well. Engagement with key workstreams to map interdependencies is progressing. Work on digital care records has begun. There was a request for other workstreams to assist the Digital in preparing bids and specific business cases that will enable the corresponding workstream. The Board agreed that it was important to ensure that workstream did not make any assumptions about what the Digital workstream could provide (in terms of both solutions and funding) without discussion or there is a real risk to delivery of plans. <p>d. Estates</p> <ul style="list-style-type: none"> Dawn Wakeling informed the group that the following the election result, there was expectation that there would be some clarity regarding the status of the Naylor Review. The CEP has led to increased emphasis on work on the collective estate. Tim Jaggard confirmed that conversations on PFI are ongoing at a national level., However, he cautioned that the Treasury is unlikely to agree to a return to public ownership. <p>e. Mental Health</p> <ul style="list-style-type: none"> Paul Jenkins confirmed that the initial scoping work on out-of-area placements for the CEP submission concluded that this would benefit Haringey, and a single Trust, only. Nevertheless, there are some benefits to 	<p>Will Huxter</p>
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	<p>be gained and work will continue on gather a more detailed view for the end of June CEP submission.</p> <ul style="list-style-type: none"> • Unfortunately, the Tier 4 CAMHS application was unsuccessful. The team will seek feedback on the application and try again at the next opportunity – which may include a joint submission with the NEL STP. • Two bids for mental health liaison had been successful. However, a more joined-up discussion is needed to secure further national funding. Paul will convene a meeting and feed back to the PDB in due course. • Following the election, the workstream is looking towards the commencement of engagement events. It was noted that Gen Ileris is collating an overview of STP engagement activities using the details in the Highlight reports. <p>f. Workforce</p> <ul style="list-style-type: none"> • Maria Kane confirmed that the Primary Care workforce lead, who will work closely with relevant workstreams, is now in post. A priority will be to focus on the <i>key</i> workforce projects – of which there are over 200 in NCL. • The workstream’s focus will be the enabling work to support new models of care and HR and Organisational Development. • Work is progressing in Mental Health and a ‘clearing’ house has been set up led by the HRD at the Whittington to manage redeployment of staff within the system. • It was suggested that FAM and the Workforce workstream revisit back office/productivity but jointly this time. <p>g. Maternity</p> <ul style="list-style-type: none"> • Rachel Lissaeur confirmed that a programme manager has been appointed by UCLP and will start work on 06 July. • The workstream will be engaging with the CHIN design groups to ensure continuity of care for maternity services is part of the local offer. • They will also be engaging with the Digital workstream to create options/enablers for a mobile midwifery workforce. <p>h. Prevention</p> <ul style="list-style-type: none"> • Healthy London Partnership is assisting with Mental Health training as part of the healthy work places initiative. • On a related note, NCL has secured £800k of STF funding to deliver improvements in diabetes services, including prevention. <p>i. Urgent and Emergency Care</p> <ul style="list-style-type: none"> • It was noted that there has been slippage in elements of the plan in relation to admissions avoidance. The Board noted that slippages will likely impact on the expected benefits of the plan and that this should be modelled and mitigations developed. • It was also noted that there were concerns about capacity to deliver. 	
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	<ul style="list-style-type: none"> Sanjay Mackintosh confirmed that he is working with Jenni Frost to review and test the assumptions made about social care within the UEC plan. <p>j. Cancer It was noted that Alliance funding to assist with meeting the 62-day target, which has not been met, is linked to achieving that target.</p> <p>Additional reports DSt updated the group to say that the Finance and Activity Modelling group would begin to produce a report finance and activity from the July meeting onward. This report will also project the impact of slippage against the plan.</p> <p>Action 4: FAM report to be reviewed at the July PDB.</p> <p>In addition, to the FAM report, a report on how the STP plan is delivering the non-financial benefits outlined in the Five Year Forward View will be produced. This will be sent to the PDB when the information is available – which is anticipated to be July or August.</p> <p>Action 5: FYFV benefits realisation report to be reviewed at the July/August PDB.</p> <p>Resources to support the STP Ceri Jacobs confirmed that there is regional support available to the STP from a variety of sources (i.e. Healthy London Partnership, Deloitte, Health Education England etc) and will send the information through to Will Huxter to enable the STP to submit specific resource requests.</p> <p>Resources within the STP Will Huxter confirmed that one of his priorities will be to review capacity and resources at a CCG level and ensuring that the right staff are in place to support the STP. This will be completed by the end of June. Helen Pettersen has been clear that delivery of the STP is a priority and needs to become business as usual.</p>	David Stout
3.2	<p>High level risk log There was insufficient time to discuss the RAID log in detail. The Board agreed with David Stout’s suggestion that the format of the Highlight and Risk reports and the meeting be reviewed for the next meeting to enable better scrutiny of progress and discussion of any escalated issues.</p> <p>It was suggested that the PDB should review the risks that remained high after workstream mitigation and that highlight reports should flag only significant issues. Interdependencies and impacts of slippage need to feature in the reports.</p> <p>Action 6: Format of Highlight Reports and RAID log to be reviewed for 11 July meeting.</p>	David Stout
4.0	Any Other Business	

	There were no items of any other business discussed. The next meeting of the Programme Delivery Board was confirmed as 11th July 2017 3-5pm at 5 Pancras Square Room 11.11-11.12.	
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CLOSE: The meeting closed at 5:00pm.		
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