

MINUTES OF THE NCL STP PROGRAMME DELIVERY BOARD
15:00-17:00 on Tuesday 8 August 2017
Room 11.10-11.11, 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	✓		
Will Huxter (WH)	Director of Strategy, NCL CCGs	✓		
Marcel Levi (ML)	SRO Planned Care, CEO UCLH	✓		
David Stout (DSt)	Senior Programme Director	✓		
Dawn Wakeling (DW)	SRO Estates Workstream; DASS Barnet Council			✓
Jo Sauvage (JS)	STP Co-Clinical Lead, Chair Islington CCG	✓		
Martin Pratt (MP)	Director of Children Services Representative, Camden 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	✓		
Simon Pleydell (SP)	Acting SRO Workforce Workstream; CEO Whittington Health	✓		
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	✓		
Tony Hoolaghan (TH)	SRO, Care Closer to Home, COO Islington and Haringey CCGs	✓		
Sarah Mansuralli (SM)	SRO, Urgent & Emergency Care, Local Executive Director, Camden CCG			✓

Attendees	Job Title	Reason for attendance
Kevin Monteith (KM)	Head of Programme Management	STP PMO
Sanjay Mackintosh (SM)	Social Care Lead, STP PMO	STP PMO
Gen Ileris	Comms and Engagement Lead, STP PMO	STP PMO
Ceri Jacob (CJ)	Director of Commissioning Operations, NHSE	Attendee
Ash More	Specialised Commissioning, NHSE	Attendee
Julia Tybura	Programme Director, Workforce	Attendee

No.	Agenda Item	Action owner
1.0	GENERAL BUSINESS	
1.1	Welcome and Apologies	
	Helen Pettersen (HP) welcomed everyone to the meeting. Introductions were made and apologies noted. The meeting was QUORATE.	
1.2	Review of minutes from the previous meeting	
	The minutes from the last meeting held on 11 July 2017 were reviewed and agreed subject to one amendment relating to maternity services.	
1.3	Review of action log	
	The actions from the last meeting held on 11 July 2017 were reviewed. It was noted that an update on action 3 relating to dependency mapping will be provided in the general STP update. All other actions were agreed as met or on the agenda.	
1.4	New Declarations of interest	
	There were no new declarations of interest.	
2.0	PLANNING	
2.1	General STP update Will Huxter (WH) provided a brief update on a number of programme developments since the last meeting. Key points from the update are summarised below: NHSE/I Assurance meeting on 27th July Focus of the meeting was about delivery and implementation with a focus on run rate and year-end position. Constructive meeting and CJ confirmed that going forward	

	<p>there would be bi-monthly meetings that will focus on delivery and a ‘deep dive’ into a particular area of the plan.</p> <p>STP plan submission feedback and rating WH explained the STP rating received (3 on a scale from 1 to 4, where 1 is best), which was a reflection of the transitional changes in CCG leadership and SROs, as well as the financial challenges in the plan.</p> <p>Workstream dependency mapping WH provided an update on the discussions held with workstreams on this and that future reports to the Board will provide better oversight of this going forward. WH also confirmed that there will be a workshop in September (date to be arranged) to focus on the key workstream dependencies that have most significance to delivery. It was noted that having good social care engagement and representation in this work was essential.</p> <p>Action 1 1. Dependency mapping workshop to be scheduled for September</p>	WH
2.2	<p>North London Councils Adult Social Care Programme Sanjay Mackintosh (SM) introduced this item with reference to his report, which provided details of the Adult Social Programme that the five Councils have agreed to fund. SM summarised the principles, scope, governance, resourcing and overall approach to the programme and explained that this follows on from the analysis provided by Ernst Young, which recommended four areas of focus and collaboration:</p> <ul style="list-style-type: none"> a) Streamlining health and care processes; b) Market management; c) Workforce; and d) Learning disabilities. <p>SM briefly explained the focus of each area, the operating principles and proposed governance. SM also updated the board on the recruitment of the team that would support this work and the programme timeline and milestones up to March 2018. SM drew the board’s attention to the proposed governance diagram at annex A, which set out the proposed leadership for each area of focus and in annex 2 the relationship and links to STP workstreams.</p> <p>Members of the board welcomed the report with particular comments made about the importance of connections with workforce planning and opportunities to co-produce pieces of work such as admission avoidance.</p> <p>There was some discussion about the scope of the work in relation to learning disabilities, which concluded that the scope would be limited to that set out in the paper at this stage. In summing up, HP thanked SM for the paper and emphasised the importance of the programme and opportunities to work closely with workstreams to reduce duplication and co-produce.</p> <p>The Programme Delivery Board NOTED the report and ENDORSED the approach set out in the paper.</p>	

<p>2.3</p>	<p>Proposed provider system productivity and service sustainability workstream</p> <p>David Stout (DSt) introduced this agenda item explaining the context in terms of the feedback received from NHSE/I on elements of the STP plan. Consequently, DSt explained the proposal to incorporate the work programme on system productivity and service sustainability into the overall STP, with this work being incorporated into the work programme of the existing strategy directors group. In summarising his paper, DSt drew the board’s attention to the scope of the work and opportunities that would be examined as part of the work programme. DSt explained that the work programme has five main components that were detailed in the paper:</p> <ol style="list-style-type: none"> a) Non-clinical support services; b) Clinical support services; c) Clinical services sustainability; d) Workforce; and e) Estates. <p>DSt explained that the focus would be on the first 3 areas as the latter two areas were established workstreams already. In the discussion that followed, a number of key points were made as summarised below;</p> <ul style="list-style-type: none"> • Next steps include quantifying the opportunities and looking at the evidence base from other areas and benefits achieved etc. taking into consideration the complexity of the North London operating context; • The evidence thus far suggests that the gains made by other areas are predominately non-clinical and back-office focused; • Access to diagnostics and clinical advice with reference to work done in Greater Manchester highlighted; • The level of ambition in the plan and relationship with QIPP needed to be understood; • The issue of clinical variation and opportunities as part of the Right Care and Get it Right First Time analysis; • With regards the Carter metrics, a point was made about the Whittington not fitting well with the Carter Model Hospital productivity measures; • Opportunity to look again at the planning assumptions for the needs of the population; • To challenge more about whether leaders are being tough enough in relation to service consolidation and back-office such as procurement and that the opportunities applied to primary care as well. <p>With regards the principles detailed in the paper, there was concern about the wording of bullet point 3: <i>“Any new action or intervention to reduce system cost should not adversely impact the financial position of any organisation within North London”</i>. Dst and TJ agreed that they would provide alternative wording, included here for completeness: <i>“In order to ensure that there is no disincentive for individual organisations to make system-wide improvements; mechanisms shall be put in place to mitigate any adverse financial impact of new actions and interventions on individual organisations, on a transitional basis as necessary.”</i></p>	
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	<p>The Programme Delivery Board AGREED that this work programme be incorporated into the overall STP and AGREED that David Stout should assume the SRO role on an interim basis.</p> <p>Action 2</p> <p>2. The Terms of Reference for the Strategy Directors Group to be circulated for approval subject to feedback.</p>	<p>DSt</p>
<p>3.0</p>	<p>DELIVERY AND ASSURANCE</p>	
<p>3.1</p>	<p>Workstream highlight reports and analysis</p> <p>WH introduced this suite of highlight reports with reference to the summary document provided. WH firstly updated the board on issues relating to resourcing and explained the steps he and colleagues have taken to realign capacity and resource to support each workstream. This included identified CCG leads for each workstream to improve communications, support implementation, and reduce duplication. Additionally, resource from the CSU was being redirected to focus on delivery of the plans with greatest financial and quality impact. WH also confirmed that future reports would also include a summary of mitigations alongside risks and issues highlighted. Drawing the board's attention to the themed summary report at page 33, HP then invited each SRO present to highlight any key issues they wanted to bring to the board's attention. Key points are summarised in turn below:</p> <p>Health and Care Closer to Home – Tony Hoolaghan, SRO</p> <ul style="list-style-type: none"> • Stocktake report (attached) following workshop. Complex programme that has slipped and delivery plan being refreshed and will be brought to the board for approval in September. Interim programme director, Helen Smart appointed and substantive appointment to be made on 24 August. Extent of the slippage will be clarified by the end of this week. Discussion about GP Federation input into the development of QISTs and concerns about standardisation of models etc. Local Authority engagement and involvement emphasised and critical to this work. <p>The Programme Delivery Board NOTED the stocktake report and APPROVED the recommendations therein.</p> <p>Planned Care – Marcel Levi, SRO</p> <ul style="list-style-type: none"> • Overall going well but some slippage with some elements of the plan. Query about the financial savings assumptions relating to MSK and modelling will be updated where slippage occurs. Growing confidence from senior clinicians that we are focusing on the right areas. Issues emerging regarding governance and decision making with dermatology given as an example - a proposition on this being developed. The issue of standardisation versus variation needs further debate with the importance of not ignoring the local delivery issues highlighted. <p>The Programme Delivery Board NOTED the update provided</p>	

Urgent Emergency Care – Simon Pleydell, Chair of UEC Board

- Resources now identified and work focused on front door streaming, admission avoidance and discharge to assess. All important in terms of readiness for winter pressures. Acknowledged that winter pressures likely to be high on the agenda this year. Unplanned delays in terms of investment now resolved but has caused a 2 month delay. Savings re-profiled as per exception report with a revised project plan for EOLC submitted for approval. The need for a hospital-based clinician (ED Consultant) to support delivery was stressed and needs to be resolved.

The Programme Delivery Board NOTED the UEC exception report and APPROVED the revised project plan for EOLC subject to it being approved by the UEC Board on 9 August.

Maternity – Rachel Lissauer, SRO

- Delivery on track but there is increasing disquiet and anxiety at a national level among midwives about continuity of care linked to Better Births service transformation. The local approach is adopt a try and test approach with a focus on testing, learning and evolving models. UCLP supporting with programme management and evaluation.

Prevention – Julie Billett, SRO

- Delivery on track against the scaled back plan. A workshop on workplace wellbeing held since last meeting. Work progressing on falls, smoking and dependency mapping.

Mental Health – Will Huxter

- Highlight report noted and in the absence of the SRO, WH confirmed the recruitment to the mental health programme manager position to replace Pippa who leaves in September. WH confirmed the MH Liaison workshop in October and acknowledged that the related commissioning issues needed to be discussed.

Workforce – Simon Pleydell, Interim SRO

- Focus on workstream interconnections continues. An assessment of current baseline vulnerabilities and the developmental work to then support delivery are key elements of the work required. Board informed of the invitation to the next JHOSC in September. Clear linkages with social care established. The recent announcement regarding 10,000 new mental health posts referenced. The fact that there are established structures in place to progress this work was noted as positive.

Digital – Will Huxter

- Highlight report noted and in absence of SRO WH confirmed SRO changes and that the work would prioritise and focus on enabling the delivery of the plans that would achieve the greatest financial savings. TJ informed the board that BEH and

	<p>UCLH had now signed ATOS and the issue of ETTF funding was not yet resolved and needed to be escalated.</p> <p>Action 3</p> <p>3. The Programme Delivery Board AGREED that the issue of ETTF funding should be escalated and resolved</p> <p>Cancer – Kathy Pritchard Jones – SRO</p> <ul style="list-style-type: none"> The risk and implications of not receiving confirmation of transformation funding was the key issue to report and is critical to the launch of projects in early diagnosis. Whilst currently on track against trajectories, work currently progressing is not sustainable unless funding comes through. There was some discussion about cancer pathways and the 62 day wait target in the context of patient choice and clearing a backlog at UCLH <p>The Estates and Children and Young People’s highlight reports were noted but not discussed, as they were not represented at the meeting.</p>	<p>HP/WH</p>
<p>3.2</p>	<p>Workstream financial impact report</p> <p>Tim Jaggard (TJ) introduced this report, which was the first monthly STP finance report providing detail on the month 3 finance and activity position for the STP. TJ explained the month 3 forecast outturn deficit of £62.5m, which was a £97m adverse variance to the control total. TJ confirmed that the Royal Free had not been successful in their negotiations regarding potential change to their control total and drew the board’s attention to the month 3 summary table at page 74 of the pack, emphasising the caveats in relation to some of the data at this stage. In summary, TJ highlighted that the financial position in 17/18 remains very high risk in terms of delivering the current workstream plans. It was acknowledged that work was continuing within the CCGs and providers to reduce the risk associated with QIPP/CIP delivery. MC expressed some concern about the control total narrative and the difficulties in explaining this to his local authority colleagues and politicians. CJ agreed to discuss this with her NHSI counterpart and report back accordingly. There was some discussion about whether control totals would be removed in 18/19, as it was understood that this was being discussed by NHSI.</p> <p>The Programme Delivery Board NOTED the month 3 finance report.</p>	
<p>3.3</p>	<p>18/19 Planning and contracting round</p> <p>Will Huxter introduced this brief report, which set out the proposed approach to the 18/19 planning round working towards contracts being signed by 22 December. WH explained that the FAM group has reviewed the proposed timeline and this will be developed further in the coming weeks and will also form part of the next Executive Leadership meeting on 5th September. SP requested that as part of this approach it would be important to review the commitments made last year in terms of the contracting process and behaviours. It was pointed out that the number of contract challenges had in fact increased and there was little evidence of behaviour changes.</p>	

	<p>The Programme Delivery Board ENDORSED the proposed approach set out in the paper and AGREED to review the commitments in terms of process and behaviour as part of this year's approach.</p> <p>Action 4 4. Review commitments and behaviours made last year as part of this year's approach to contracting</p>	WH
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 12th September 2017 3-5pm at 5 Pancras Square.	
CLOSE: The meeting closed at 5:00pm.		