



APPROVED MINUTES OF THE NCL STP PROGRAMME DELIVERY BOARD
15:00-17:00 on Tuesday 13 March 2018
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	✓		
Charlotte Pomery (CP)	SRO Children and Young People Workstream; Assistant Director for Commissioning (Haringey Council)	✓		
Dawn Wakeling (DW)	Director Social Services Representative ; Strategic Director, Adults, Communities and Health, Barnet Council	✓		
Jo Sauvage (JS)	STP Co-Clinical Lead; Chair Islington CCG	✓		
Julie Billett (JB)	SRO Prevention Workstream; Director of Public Health, Camden and Islington			✓
Kathy Pritchard-Jones (KPJ)	SRO Cancer Workstream; CMO UCLH Cancer Collaborative			✓
Marcel Levi (ML)	SRO Planned Care Workstream; Chief Executive, UCLH	✓		
Martin Pratt (MP)	Executive Director support People, Camden Council			✓
Mike Cooke (MC)	Vice Chair and SRO Lead for Local Authorities; CEO Camden Council	✓		
Paul Jenkins (PJ)	SRO Mental Health Workstream; CEO T&P FT	✓		
Paul Trevethick (PT)	GP Federation Representative			✓
Rachel Lissauer (RL)	SRO Maternity Workstream; Director, Wellbeing Partnership	✓		
Richard Jennings (RJ)	STP Co-Clinical Lead; Co-SRO Planned Care Workstream; Medical Director, Whittington Health NHS Trust	✓		
Sarah Mansuralli (SM)	SRO Urgent & Emergency Care Workstream; Chief Operating Officer, Camden CCG	✓		
Simon Goodwin (SG)	Chief Financial Officer, North Central London CCGs	✓		
Siobhan Harrington (SH)	SRO Workforce Workstream; CEO Whittington Health	✓		
Sir David Sloman (DS)	SRO Digital Workstream; Vice Chair and SRO Lead for Providers; CEO Royal Free London NHS Foundation Trust			✓
Tim Jaggard (TJ)	SRO Productivity Workstream; Finance Director UCLH	✓		
Tony Hoolaghan (TH)	SRO Care Closer to Home Workstream; COO Islington and Haringey CCGs	✓		



Will Huxter (WH)	Director of Strategy, NCL CCGs	✓		
Charlie Davie (CD)	Managing Director, UCL Partners	✓		
Gary Sired (GS)	STP Deputy Director of Finance	✓		

Attendees	Job Title	Reason for attendance
Richard Dale	Head of Programme Management, PMO	Attendee/PMO support
Jonathan Fisher	Programme Manager (STP PMO)	Minutes
Sanjay Mackintosh	PMO Social Care Programme Lead	Regular Attendee
Sharon Cavanagh		Deputy for K. Pritchard-Jones
Claire Stevens		Deputy for K. Pritchard-Jones
Donal Markey	Programme Director, Planned Care	Presenting

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 previous meeting (held on 13 February 2018) were reviewed and APPROVED without amendment.	
1.3	Review of action log	
	The Programme Delivery Board (PDB) REVIEWED the action log and noted in particular the updates against each outstanding action. In relation to action 10 (paper outlining the benefits of the two Digital priority projects), the PDB were informed that the required ETTF funding had been approved a few days prior to the meeting.	
1.4	New Declarations of Interest	
	The following declarations were made: <ul style="list-style-type: none"> Jo Sauvage (JS) declared a potential conflict in relation to the item on Estates Capital Prioritisation, given her affiliation with the City Road Partnership, which was on the prioritised list; 	



	<ul style="list-style-type: none"> Mike Cooke (MC) declared that he was the Chair of BEAT (a national charity for people with eating disorders), noting that the charity provided services that were commissioned by CCGs across the UK. 	
1.5	Feedback from 'Integration in NCL' meeting held on 8 March, 2018 and next steps	
	<p>HP invited the delivery board to provide feedback on the 'integration in NCL' meeting held on 8 March 2018. Through the discussion that followed, the PDB highlighted 'ensuring an equal partnership with social care colleagues around CHINs', 'ensuring a continued focus on system transformation', 'avoiding a tendency toward transactional relationships between partner organisations', 'listening and learning from residents', and 'ensuring more of a focus on prevention' as key take-home messages from the day.</p> <p>There was general agreement amongst PDB members that the meeting had been useful as a means to develop a collective vision and build relationships and trust and it was suggested that follow-up meetings would be welcomed (e.g. to discuss specific areas for collaborative and integrated working). It was further suggested that efforts should be made to ensure that the commitment of system leaders to more integrated working is made more visible to all staff working across the system, so that thinking collaboratively across organisational boundaries becomes the new norm rather than something that only happens at executive level.</p> <p>Following the above discussion, Will Huxter (WH) provided a summary of proposals of what should be done next, based on a write-up from the event. It was agreed that WH would circulate the document to PDB members, who would then provide feedback and highlight any further ideas for next steps.</p> <p>Actions</p> <p>1) WH is to circulate the write-up from the 'Integration in NCL' meeting to members of the PDB who will then provide feedback and highlight any further ideas for next steps.</p>	<p>WH</p> <p>WH</p>
2.0	2017/18 Delivery	
2.1	Workstream Highlight Reports	
	<p>Following an explanation of the new reporting format by Richard Dale (RD), HP invited workstream SROs to present their workstream reports and highlight any particular areas requiring PDB input and/or action. The following section provides a summary of the key discussion points for each workstream:</p> <p><u>Health and Care Closer to Home - Tony Hoolaghan (TH):</u></p> <ul style="list-style-type: none"> TH reminded the PDB that there had been some delays to implementation of CHINs and QISTs due to there being different understandings (within and across delivery teams) of what these were. He noted that the workstream had been working hard to build a common understanding and to remobilise delivery. An 	



	<p>action was agreed for TH to circulate a slide which provided further detail on each the CHINs and QISTs in each of the 5 boroughs;</p> <ul style="list-style-type: none"> • TH noted that another important priority was the development of a primary care strategy, in partnership with stakeholders. Jo Sauvage (JS) commented that the Health and Care Cabinet (which she co-Chaired) would welcome an update on the development of the strategy, including in particular any emerging priorities concerning the primary care workforce; • TH noted that a 'deep dive' was underway in relation to out of hours access, but that there was still much to be done to progress this, including visibility of hours across practices. • There was a brief discussion around the reported 'amber' capacity rating for the Quality Improvement priority. It was noted that a number of Primary Care Leads had been trained in QI and it was suggested that TH should harness that resource. <p><u>Planned Care - Marcel Levi (ML) & Richard Jennings (RJ)</u></p> <ul style="list-style-type: none"> • ML noted that, on the whole, delivery was progressing well, particularly in regards to Clinical Advice and Navigation (<i>discussed later on the agenda</i>); • It was noted that the lead for the PoLCE priority was leaving the programme. An action was agreed for Will Huxter to address this vacancy; • The PDB was notified of an important achievement, i.e. a common NCL specification had been agreed for tele-dermatology. <p><u>Urgent and Emergency Care – Sarah Mansuralli (SM)</u></p> <ul style="list-style-type: none"> • The PDB was briefed on a success relating to the roll-out of Direct Booking; • SM highlighted that the last phase of life priority project was at risk of falling behind schedule due to delays in getting the business case approved; • SM highlighted that there were also delays to the 'admission avoidance' priority project due to changes to the workforce supporting project implementation. She noted that the clinical lead was working with others to redefine the project scope so as to only focus on areas that will benefit all of NCL as opposed to initiatives that should be delivered locally through the relevant A&E board; • SM noted that interviews for a clinical lead would be concluded by the end of the month and that a substantive appointment had been made to the Programme Director role. She added that she was in discussion with WH about what additional resources could be provided to support the workstream. <p><u>Children and Young People – Charlotte Pomery (CP)</u></p> <ul style="list-style-type: none"> • CP noted that a new Programme Director (Sam Rostom) had started in post. She highlighted that Sam's immediate focus would be the establishment of a workstream board (as opposed to a network) and identifying workstream priorities, ensuring a particular focus on prevention. 	<p>TH</p> <p>TH / Katie Coleman</p> <p>TH</p> <p>WH</p>
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	<p><u>Mental Health – Paul Jenkins (PJ)</u></p> <ul style="list-style-type: none"> • PJ highlighted that there were ongoing issues with agreeing the investment required to drive the A&E liaison priority project forward. He noted that the workstream would be working over 2018/19 to resolve these issues and that this would enable more substantive progress over 2019/20; • In relation to the Acute Care Pathway, PJ advised that Barnet Enfield and Haringey NHS Trust (BEH) and Camden and Islington NHS Foundation Trust (C&I) were working together on acute care management, focussing on key problem areas. At present, these included the treatment of people with no fixed abode and of those with no access to public funds, and unblocking of bed capacity so as to minimise costly out of area placements. Following a query from Richard Jennings, it was suggested that it might be useful to consider how to bring a wider group together, including local authority colleagues, to consider how to ensure a more holistic approach to caring for people of no fixed abode could be best taken forward; • PJ highlighted a recent successful clinical workshop concerning the local commissioning of tier 4 CAMHs. <p><u>Provider Productivity – Tim Jaggard (TJ)</u></p> <ul style="list-style-type: none"> • TJ highlighted that finance support had been recruited to help identify areas for potential savings; • TJ noted that the Strategy Directors’ Meeting had recently identified ‘procurement’ as a key area of focus. In response to a query from TJ as to whether local authority colleagues had had any success in collaborating on pricing across boundaries, Mike Cooke noted that a partnership between Newham and Havering had been relatively successful in this area and suggested that TJ make contact with those councils to discuss their approach and experience. Dawn Wakeling (DW) provided an additional example of the West London Alliance which had carried out commissioning across boroughs and she agreed to send contact details for the West London Alliance to TJ following the meeting; • A potential overlap was noted between the Provider Productivity project relating to bank staff and work being undertaken by the workforce workstream around temporary staffing. It was agreed that TJ and Siobhan Harrington would discuss this outside the meeting and ensure a consistent and joined-up approach. <p><u>Cancer – Claire Stevens (CS)</u></p> <ul style="list-style-type: none"> • CS advised the PDB that the Cancer workstream had been successful in its bid for transformation funding. Eighty five percent of the amount requested had been approved and the remaining amount would be released in May, provided that the workstream was compliant with key performance standards in the middle of the year (<i>not being compliant was highlighted as a potential risk</i>); 	<p>PJ</p> <p>TJ DW TJ</p>
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	<ul style="list-style-type: none"> CS highlighted a perceived challenge around changing staff mind-sets such that 'organisational loyalties' evolve into 'STP loyalties'. The board agreed this needed to be part of a continued effort to bring together organisations and staff to achieved shared goals. SC highlighted the work that had been successful around diagnostic hub in East London and proposed this may also have value in NCL. It was agreed that a paper on the diagnostic hub initiative should be submitted to a future PDB. <p><u>Maternity - Rachel Lissauer (RJ)</u></p> <ul style="list-style-type: none"> RL highlighted that that since the report had been submitted, the workstream had had positive feedback on its delivery plan from the NHSE London regional team, scoring 'green' on all but three of the eleven assessment criteria. Of the three areas in which the plan did not score green, only one (Finance) was due to something the workstream could be doing differently. The remaining two (halving the number of still births and personalised care planning) scored 'red' because there was no agreed target / approach to comply with as yet; RL highlighted that the first continuity of care hub was on track to be opened in Camden and Islington in April 2018; RL highlighted a risk around resourcing, noting that Maternity was still awaiting confirmation that the project team would be funded beyond March 2018. <p><u>Social Care – Dawn Wakeling (DW)</u></p> <ul style="list-style-type: none"> DW briefed the PDB on a recent discussion with Kay Mathews (COO for Barnet CCG) on how the social care workstream aligns with continuing healthcare; DW noted that there was good engagement between CCGs and local authorities around purchasing and pricing of nursing care; DW reminded the PDB that it was Sanjay Mackintosh's (SM) last programme board and that recruitment for his replacement would be concluded shortly. The PDB thanked SM for his invaluable contribution to the STP. <p><u>Workforce - Siobhan Harrington (SH)</u></p> <ul style="list-style-type: none"> SH highlighted that the workforce workstream's fourth priority project (Social & Primary care/Community/Place based) was the same as the social care workstream's first priority project (Independent Care Sector Workforce); In relation to winter readiness, there was a discussion around the complexity of staffing within primary care and how winter readiness needed to look beyond acute hospital settings. <p><u>Estates – Simon Goodwin (SG)</u></p> <ul style="list-style-type: none"> <i>An update on this workstream was provided as part of the discussion on Estates Capital Prioritisation and so was not discussed further at this point</i> 	<p>KPJ</p>
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	<p><u>Digital – Simon Goodwin (SG)</u></p> <ul style="list-style-type: none"> • SG provided an update on the Health Information Exchange priority project, noting that each of the 5 CCGs had agreed to adopt CERNER as the common platform. He further noted that the required £9m in ETTF funding had been approved and it was planned that the contract with CERNER would be signed by the end of March; • It was noted that there were a number of upcoming STP-wide launch events for the platform and that it was critical that as many end-users and non-technical stakeholders attended this as possible. It was agreed that the materials from these events should be circulated to PDB members once completed; • It was further noted that there was a need for the Digital workstream to keep other workstreams informed about what functionality was available through the platform and when various features would be going live. This was to enable other workstreams to ensure that their delivery plans were realistic where there were interdependencies, and also to ensure that other workstreams were not separately procuring digital solutions which could be delivered by the platform. <p>The delivery board NOTED the updates from the various workstreams</p> <p>Actions:</p> <ol style="list-style-type: none"> 2) TH to circulate a slide which provides detail on each of the 5 CHINs and QISTs; 3) An update on the development of the strategy, including in particular any emerging priorities concerning the primary care workforce, is to be taken to the Health and Care Cabinet; 4) TH is to consider how to utilise QI-trained Primary Care Leads in helping to deliver the Quality Improvement priority project; 5) WH to address the programme lead vacancy within the PoLCE project; 6) PJ to consider how to bring a wider group together, including local authority colleagues, to address the holistic needs of people of no fixed abode; 7) TJ make contact with Newham and Havering councils to discuss their approach and experience in relation to cross-border procurement; 8) DW to send contact details for the WLA to TJ following the meeting; 9) TJ and SH to discuss the overlap between the Provider Productivity bank staff project and the work being undertaken by Workforce around temporary staffing to ensure a consistent and joined-up approach; 10) A paper on the diagnostic hub initiative should be submitted to a future PDB 11) The written summary from the HIE events should be circulated to PDB members once completed; 12) The Digital workstream is to keep other workstreams informed about what functionality was available through the HIE platform and when various features would be going live; 	<p>Geraldine Wingfield-Hill Geraldine Wingfield-Hill</p> <p>TH TH</p> <p>TH</p> <p>WH PJ</p> <p>TJ</p> <p>DW TJ/SH</p> <p>KPJ Geraldine Wingfield-Hill GW-H</p>
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<p>2.2</p>	<p>STP Month 10 financial report</p> <p>Simon Goodwin provided a brief summary of the key messages from the report.</p> <p>In relation to 2017/18, SG highlighted that CCGs and providers were currently heading towards missing their control totals by £20m and £26m respectively.</p> <p>In response to the above, the board debated the impact of using profits from capital sales to offset revenue deficits – and the need to identify sustainable ways to address the underlying revenue position.</p> <p>Tim Jaggard agreed that it would be helpful for the board to have a longer term view of the underlying revenue position.</p> <p>Paul Jenkins commented that having a clear, up to date view of the underlying position would also enable system leaders to be more effective and responsive in ensuring that the work being delivered through the STP was having the required impact.</p> <p>In relation to 2018/19 SG advised the PDB that the system was ‘not yet where it needed to be’ in terms of signing contracts for 2018/19 and that contracting needed to be concluded by the end of the following week otherwise this would go to arbitration. He noted that even if the contracting issues were resolved, this would still result in financial difficulties for a number of CCGs and providers and risks across the system.</p> <p>In response to a query from HP, MC noted that local authorities continued to face significant pressures particularly in relation to children’s services and adult social care. He noted that the ability of councils to increase their council tax had helped to some degree but that Local Authorities needed to couple this with significant transformation and an increased focus on prevention if services were to remain sustainable.</p> <p>The PDB NOTED the key messages from the report</p>	
<p>2.3</p>	<p>Implementing Clinical Advice and Guidance at scale</p> <p>Donal Markey and Marcel Levi gave a detailed update on the Clinical Advice and Navigation priority project, noting that a specification had been agreed for the services and that the project was now entering tariff negotiations.</p> <p>There was an agreement of the need to implement rapidly and at scale – and that there was a need to be collectively ambitious.</p> <p>It was noted that ensuring good relationships across organisational interfaces would be the key to ensuring the effectiveness of this intervention.</p>	



