



APPROVED MINUTES OF THE NCL STP PROGRAMME DELIVERY BOARD

15:00-17:00 on Tuesday 10 July 2018

Room 11.10-11.12, 5 Pancras Square, London, N1C 4AG

Members	PDB role / job title	Attended	Deputy	Apologies
Helen Pettersen (HP)	- STP Convenor (Chair) - SRO Lead for CCGs	✓		
Charlotte Pomery (CP)	- SRO Children and Young People Workstream; - Assistant Director Commissioning (LB Haringey).	✓		
Dawn Wakeling (DW)	- Director Social Services Representative; - Strategic Director, Adults, Communities and Health (LB Barnet).	✓		
Jo Olson (JO)	- NHSE Director of Commissioning/ Transformation.			✓
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; - Chief Executive, UCLH.			✓
Martin Pratt (MP)	- Director Social Services Representative (LB Camden)			
Mike Clowes	- GP Federation Representative, - Interim Chief Executive.	✓		
Mike Cooke (MC)	- Vice Chair and SRO Lead for Local Authorities; - CEO Camden Council.			✓
Paul Jenkins (PJ)	- SRO Mental Health Workstream; - CEO Tavistock & Portman FT.	✓		
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, NCL 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
Clare Stephens (CS)	Cancer workstream	Agenda item
Richard Elphick (RE)	Programme Lead - Adult Social Care	Regular attendee
Richard Dale (RD)	Head of Programme Management, PMO	Regular attendee
Jonathan Fisher (JF)	Programme Manager (STP PMO)	Minutes
Jamie Terson (JT)	NHSE Representative	Deputising for Jo Olson

No.	Agenda Item	Owner
1.0	General Business	
1.1	Welcome and Apologies	
	Helen Pettersen (HP) welcomed everyone to the meeting. Apologies were noted. The meeting was QUORATE .	
1.2	Review of minutes from the previous meeting	
	The minutes from the previous meeting (held on 12 June 2018) were reviewed and APPROVED without amendment.	
1.3	Review of action log	
	The Programme Delivery Board (PDB) reviewed the updated action log. In doing so, the PDB AGREED as follows: <ul style="list-style-type: none"> • The due date for action 1 (board level briefing on the impact of changes to future funding of local authorities) should be changed to September 2018; • The output of action 11 (update on planned investment expenditure and related financial benefits for 2018/19) is to be submitted to the PDB following its review at the Finance and Activity Modelling (FAM) group; Action: 1) JF to update the action log to reflect the changes agreed by PDB	JF
1.4	Interests declared in relation to items on the agenda	
	No interests were declared in relation to items on the day's agenda.	



2.0	2017/18 Delivery	
2.1	<p>STP Month 2 Financial Report</p> <p>The M2 Finance report included an updates on the month 2 financial position and the financial element of the ongoing STP refresh. The following section summarises the key points from the discussion of the two sections, respectively:</p> <p><u>M2 financial position</u></p> <ul style="list-style-type: none"> • The PDB was advised that the year-to-date figures showed a £29.4m deficit across the STP, which was a £0.5m improvement on the forecast position; • Most Trusts were currently forecasting that they would achieve their financial target for 2018/19. Forecast outturn was in some instances behind plan, however in these cases this was primarily due to the Trust having not yet received their expected sustainability funding; • The risk position for CCGs remained unchanged from the end-of-year planned position – this involved a deficit in the order of £35m-£36m; • Trusts had an annual CIP target of around 5%. There had been some slippage against this. • CCGs had an annual QIPP target of 4.7%. CCGs were currently broadly on track to achieve this, however there was some forecast outturn detailed in the report that reflected as-yet unidentified QIPP; <p><u>STP refresh</u></p> <ul style="list-style-type: none"> • GS provided an update on the work currently being undertaken to refresh the financial narrative behind the STP. WH noted the importance of ensuring that the refreshed narrative includes details on the position of local authorities as well as healthcare organisations and GS responded that he would be meeting with Richard Elphick (Social Care lead for the STP) to discuss an approach to collating relevant local authority finance information; • The PDB were advised that the remit of the Finance and Activity Modelling (FAM) Group was being changed to focus on helping to create the financial conditions required to improve system collaboration. As part of this, the group would be discussing early on in 2018/19 the approach to agreeing the baseline for 2019/20, to help ensure a smoother contracting round in 2019/20; • A brief discussion followed around how to ensure closer working between the system's clinical and financial leadership. It was agreed that a 'Contracting Round After Action Review Part 2' item would be added to the agenda of the following week's Health and Care Cabinet meeting and that any suggestions captured from this meeting on how to promote closer working between finance and clinical leaders would be reported back to the next PDB meeting; • There was a brief discussion concerning a recent visit to the Greater Manchester Health and Social Care Partnership and HP agreed to circulate a write-up from the meeting. 	<p>GS</p> <p>JF</p> <p>HP</p>





	<p>The PDB NOTED the update</p> <p>Actions</p> <p>2) GS is to meet with Richard Elphick (Social Care lead for the STP) to discuss an approach to collating relevant local authority finance information;</p> <p>3) A 'Contracting Round After Action Review - Part 2' is to be added to the agenda of the July Health and Care Cabinet meeting and any suggestions captured from this meeting on how to promote closer working between finance and clinical leaders are to be reported back at the next PDB meeting;</p> <p>4) HP is to circulate a write-up from the visit to Manchester STP.</p>	<p>GS</p> <p>JF</p> <p>HP</p>
<p>2.2</p>	<p>Bi-monthly Workstream Highlight Reports</p> <p>HP invited workstream SROs to present their workstream reports and to highlight any notable accomplishments and/or problem 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</u></p> <p>TH presented highlighted the following key accomplishments:</p> <ul style="list-style-type: none"> • A successful Organisational Development session had been held which focused on how the HCCH team work together and how they could collaborate more effectively; • Recruitment of a QIST lead for NCL, who would begin in post in the next few weeks; • The new Programme Manager for HCCH had started in post; • Completion of a 'deep dive' on online consultations; • Wider engagement around the primary care strategy had begun. This included the establishment of a task and finish group involving GPs, Local Medical Committees and Healthwatch; <p>The key problem areas that were raised included:</p> <ul style="list-style-type: none"> • Some local delivery barriers relating to progressing the CHINs in some CCGs - TH noted that he would discuss this with HP in more detail outside of the meeting; • Issues around achieving sustainability of the CHINs, given that related funding was non-recurrent – it was agreed that this issue should be discussed further at the NCL Senior Management Team meeting; <p>A detailed discussion followed around the need for all clinical workstreams to continuously review their workforce assumptions and requirements as their clinical models develop and to proactively engage with the workforce lead to ensure that any</p>	<p>TH</p> <p>TH</p>





	<ul style="list-style-type: none"> • The workstream was facing difficulties in securing a data sharing agreement between partners; • Mike Cowes raised a concern around the fact that the NCL Information Governance group (and its reporting arrangements) had yet to be formalised; • DW raised a concern around the need to specifically brief local authorities about any potential future resource asks and obtaining formal signoff from local authorities. <p><u>Estates</u></p> <p>Given the absence of the SRO (and the presence of the Estates plan on the agenda), the latest highlight report for Estates was not discussed.</p> <p><u>Mental Health</u></p> <p>In PJ's absence, WH presented the report for Mental Health. He highlighted that the bid for capital funding for CAMHs had been unsuccessful.</p> <p><u>Provider productivity</u></p> <p>TJ highlighted progress in relation to medicines management and procurement as key accomplishments for the reporting period. He highlighted the pace of delivery as his most significant concern at present.</p> <p>Actions emerging from the discussion that followed included:</p> <ul style="list-style-type: none"> • Adding an agenda item on out of hours medical rotas to the July Health and Care Cabinet meeting agenda; <p><u>Workforce</u></p> <p>SH highlighted the following achievements from the reporting period:</p> <ul style="list-style-type: none"> • The bid for £500k in HEE funding had been successful; and • A temporary lead for the Workforce workstream was now in post; <p>The PDB were also briefed on:</p> <ul style="list-style-type: none"> • A discussion on the level of ambition around portability and bank staff that was due to be held at the Provider Chief Executive's meeting at the end of the month; • A deep dive into workforce transformation programmes across the 5 London STPs; <p>There was also a discussion on CEPNs and how they link into the work of the STP.</p> <p><u>Cancer</u></p>	<p>JF</p>
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	<p>KPJ provided a verbal update on the Cancer workstream, noting that:</p> <ul style="list-style-type: none"> • The workstream had completed an annual progress review two weeks previously. KPJ agreed to circulate a report from this exercise to PDB members; • The one year survival rate has continued to improve across NCL and all five NCL boroughs were performing better than the England average; • The percentage people in NCL who were being diagnosed at an early stage was similarly good relative to the average in England; • NCL was performing poorly in terms of uptake of the 3 national screening programmes. On this point, KPJ noted that she had some limited funding available to undertake some work to improve this and that she would discuss this further with JB outside of the meeting; <p><u>Maternity (RL)</u></p> <p>RL highlighted the following as key successes to note:</p> <ul style="list-style-type: none"> • The workstream had been successful in its application for £350k in NHSE funding that would enable it to maintain the current programme infrastructure and capacity. She noted that the funding came with targets and trajectories around personalisation and continuity of care and that the workstream was in the process of establishing baselines, working out data requirements and ensuring relevant data was being recorded, and agreeing trajectories; • Improved patient engagement – the workstream was in the process of recruiting community patient public and patient involvement partners ('participant researchers') and there had been a lot of interest from community members and patients who wanted to be involved in developing the programme and carrying out evaluations at hub sites. <p>The main issue concern raised was a continuity risk: the current programme director for the workstream (Julie Juliff) was retiring. RL noted that interviews would be held shortly to find a replacement.</p> <p><u>Prevention</u></p> <p>JB highlighted progress in projects relating to 'Smoking Cessation during Pregnancy', 'Atrial Fibrillation prevention' (linking with CHINs and QISTs) and 'Mental Health and Employment / Returning to Work' as key successes during the reporting period.</p> <p>Following a request from the PDB, she agreed to circulate an update on Diabetes prevention.</p> <p><u>Adult Social Care (DW)</u></p>	<p>KPJ</p> <p>KPJ</p> <p>JB</p>
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	<p>DW highlighted that the milestone in the report that related to ‘implementation of NCL Council Home Care and Council Care Home price strategy’ should not be ‘green’ as it was unlikely that this would be achievable by Q4. She added that the workstream would be reviewing all of its key milestones over the coming month to ensure that these remained realistic.</p> <p>The PDB NOTED the updates and AGREED follow up actions as detailed below:</p> <p>Actions:</p> <ul style="list-style-type: none"> 5) TH to discuss slowing of CHIN delivery in some CCGs with HP outside of the meeting; 6) TH is to raise the issues around the sustainability of CHINs (given that related funding was non-recurrent) at the NCL Senior Management Team meeting; 7) The PMO is to help ensure that clinical workstreams are proactively updating the workforce workstream on emerging implications for workforce as their clinical models are developed further; 8) The most recent UEC highlight report be added to the August PDB meeting agenda. 9) CP / Sam Rostom is to consider whether to include within scope a specific preventative focus on children who need a small amount of early, fast intervention – i.e. before their conditions develop into complex needs 10) An further item on ‘out of hours medical rotas’ is to be added to the July Health and Care Cabinet meeting agenda; 11) KPJ agreed to circulate the report from the annual Cancer progress review to PDB members; 12) KPJ to discuss joint work to address low take up of cancer screening programmes with JB outside of the meeting; 13) JB to circulate an update on Diabetes prevention 	<p>TH</p> <p>TH</p> <p>RD</p> <p>JF</p> <p>CP</p> <p>JF</p> <p>KPJ</p> <p>KPJ</p> <p>JB</p>
<p>2.3</p>	<p>Diagnostic Hub Initiative</p> <p>KPJ briefed the PDB on a cancer diagnostic hub initiative that had been put in place in North East London and queried whether the PDB wished to consider rolling out a similar model in North Central London. She explained that the initiative essentially involved freeing up capacity in Acute Trusts to help them focus on sicker cancer patients by moving the diagnostic function for ‘at risk’ patients out of Acute hospitals and into specialised community sites.</p> <p>In addition to freeing up Acute capacity, other benefits of the clinical model included enabling sharing of capacity between providers and improving standardisation of clinical practice (thereby reducing variation in outcomes). She noted that a key message for Acute providers was that the aim was not to reduce their capacity, but rather to refocus this on the treatment of sicker patients. She further highlighted that while the proposed approach was new in the United Kingdom, it was being successfully implemented in other parts of Europe.</p>	





	<p>Following a suggestion from HP that the proposal might best be considered by provider chief executives rather than the PDB, the PDB agreed that a discussion of this item should be held at a future Provider Chief Executives meeting, once the NEL clinical model had been fully agreed.</p> <p>The PDB NOTED the proposal</p> <p>Actions 14) A discussion on the cancer diagnostic initiative is to be held at a future Provider Chief Executives meeting, once the NEL clinical model has been fully agreed.</p>	JF
2.4	<p>Final Estates Plan</p> <p>Following a detailed discussion, the PDB APPROVED the plan SUBJECT TO MINOR AMENDMENTS.</p> <p>Actions: 15) RD is to advise Deloitte of the proposed amendments so that these are included in the final submission to NHSE; 16) RD is to develop a briefing note relating to the Estates Plan to explain to readers and stakeholders what it is (i.e. a list of providers' priority estates schemes that is being submitted to NHSE in a prescribed format) and isn't (a comprehensive estates strategy setting out and addressing NCL's system vision for community, provider and local authority estates).</p>	RD RD
2.5	<p>Learning from A&E Board Reviews</p> <p>This agenda item was DEFERRED as Sarah Mansuralli (SRO for the Urgent and Emergency Care workstream) had been unable to attend the meeting.</p> <p>Actions 1) Learning from 'A&E Board Reviews' to be added to the August PDB agenda</p>	JF
2.6	<p>System integration pilots: NCL expressions of interest</p> <p>HP provided a brief update on the process and deadline for submitting expressions of interest for HLP support.</p> <p>Expressions of interest were to be submitted for:</p> <ul style="list-style-type: none"> • CAMHS - NCL wide work to develop a sub-regional CAMHS pathway across NCL and NEL which will increase integration between locally provided community CAMHS, social care and education, acute hospitals and paediatric liaison services. • Haringey and Islington Wellbeing partnership - Multi-borough work with local authorities and CCGs to build a broader place based approach which 	



	<p>maximises the opportunities to impact on wider determinants of health presented by collaboration with the local authorities, beyond Adult Social Care.</p> <ul style="list-style-type: none"> • Barnet – Ambitious plans for how we work across the system to begin the process of commissioning for outcomes and deliver integration of services for residents affected by frailty. • North Middlesex University Hospital, Barnet, Enfield & Haringey Mental Health Trust, Enfield CCG and Enfield Council – Integration of local acute, community and mental health services with primary care and social care. In particular, a placed-based health and care partnership will be able to focus on a more holistic approach to improved outcomes in long-term conditions (LTCs). <p>The PDB NOTED the update</p>	
2.7	<p>Update on the STP refresh</p> <p>WH provided a brief update on the ongoing refresh of the STP narrative.</p> <p>There was a brief discussion on how Trust Boards and CCG Governing bodies should be involved and around the leadership challenges faced by Trust board and CCG Governing body members in balancing organisational and system interests. It was agreed that WH and the STP PMO should consider this engagement requirement further when developing the timeline for the refresh.</p> <p>The PDB NOTED the update</p> <p>Actions</p> <p>2) WH and the STP PMO should consider how and when to involve Trust Boards and CCG Governing bodies when developing the timeline for the refresh.</p>	<p>WH</p> <p>WH</p>
3.0	Any Other Business	
3.1	Any other business	
	No further business was discussed.	
3.2	Date and time of the next meeting	
	The next meeting of the Programme Delivery Board was confirmed as 14 th August 2018 3-5pm at 5 Pancras Square.	
CLOSE:		

