



**APPROVED MINUTES OF THE NCL STP PROGRAMME DELIVERY BOARD**

**15:00-17:00 on Tuesday 09 October 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 (MCI)	- 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 (DSI)	- 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)	Primary care SRO Cancer	Regular attendee
Richard Dale (RD)	Director Programme Manager (STP PMO)	Regular attendee
Richard Elphick (RE)	Programme Director (Adult Social Care)	Regular attendee
Jonathan Fisher (JF)	Programme Manager (STP PMO)	Minutes

No.	Agenda Item	Owner
<b>1.0</b>	<b>General Business</b>	
<b>1.1</b>	<b>Welcome and Apologies</b>	
	Helen Pettersen (HP) welcomed everyone to the meeting. Apologies were noted.  The meeting was <b>QUORATE</b> .	
<b>1.2</b>	<b>Review of minutes from the previous meeting</b>	
	The minutes from the previous meeting (held on 14 August 2018) were reviewed and <b>APPROVED</b> without amendment.	
<b>1.3</b>	<b>Review of action log</b>	
	The PDB <b>REVIEWED</b> the action log.	
<b>1.4</b>	<b>Interests declared in relation to items on the agenda</b>	
	No interests were declared in relation to items on the day's agenda.	
<b>1.5</b>	<b>Feedback from Inter-great simulation prototype event</b>	
	PDB members who had attended the recent Inter-great simulation event were invited to provide feedback on the event.  There was feedback from the group that it was a positive way of bringing together leaders from across the STP (including patient representatives) to think through how integration of services could improve care for patients.	



	<p>The group discussed the need to involve different staff and groups of stakeholders in the next stages of work so more people had the opportunity to take part in the simulation event.</p> <p>There was a notable discussion around how the borough-based approach discussed at the event could be made to work for provider Trusts, given that they operate across borough (and STP) boundaries.</p> <p>HP advised that a <b>'write-up' from the event would be circulated in the coming weeks.</b></p> <p><b>Actions:</b> 1) <b>HP to circulate the write-up from the recent ICS prototype event</b></p>	<p><b>HP</b></p>
<b>2.0</b>	<b>2017/18 Delivery</b>	
<b>2.1</b>	<p><b>STP Month 5 Financial Report</b></p> <p>SG and TJ presented the M5 Financial Report. The key points raised were as follows:</p> <ul style="list-style-type: none"> <li>• The month 5 position remained largely unchanged from the previous report: <ul style="list-style-type: none"> <li>○ Two of the five CCGs were expecting an in-year financial shortfall. The remaining three CCGs were projecting breakeven in 2018/19 but had significant risks associated with these projections;</li> <li>○ In relation to providers, there was no major change from M4. The shortfall in terms of forecast outturn detailed in the report related to failures on the part of particular organisations to meet Emergency Department performance targets and consequent reductions in PSF funding;</li> </ul> </li> <li>• The next bi-monthly finance review meeting was scheduled for the following month. This would take a more detailed look at the underlying position and any triangulation issues;</li> <li>• Planning guidance was expected in December, which would mean a compressed planning and contracting round. HP highlighted the importance of ensuring that the lessons learned from the previous contracting round were incorporated into the this year's approach;</li> <li>• TJ highlighted a proposed blended tariff for emergency admissions which he noted may negatively affect local incentives for CCGs to invest in out of hospital care (this involved agreement of a contract baseline and providers being paid 20% of the rate for activity over the agreed baseline). He also highlighted a change to the national tariff for outpatient care, noting that this could help to overcome some of the perverse incentives that were slowing adoption of STP initiatives such as Teledermatology;</li> <li>• There was a brief discussion on the timeline for publication of the NHS long term plan (the plan was due to be published in November with operational guidance being published in December) and its implications for local planning;</li> </ul> <p>The PDB <b>NOTED</b> the update.</p>	





2.2	<p><b>Workstream Highlight Reports</b></p> <p>As there were a large number of items on the agenda, the Chair took the decision to review only those reports which included an explicit request for PDB input or action. The following section provides a summary of the discussion of those reports:</p> <p><u>Planned Care</u></p> <p>ML noted that progress within the Planned Care workstream was more positive than suggested within the report, i.e. while there had been some delays, the issues behind them were being resolved. He highlighted, however, that there was some concern that the savings projected for the workstream may be less than had originally been projected.</p> <p><u>Mental Health</u></p> <p>PJ highlighted that a paper which suggested a way forward for A&amp;E liaison services would shortly be taken to the Senior Management Team (SMT) and Provider CEO meetings. He explained that there were three issues that needed to be resolved, i.e. adoption of a standardised approach across the five boroughs, agreeing an approach to moving towards Core24 standards and agreeing shared priority areas that will impact on performance. He added that it was also important to have clear and explicit agreement around the interface and division of responsibilities between liaison services and the rest of the mental health system.</p> <p>Progress in relation to suicide services was also noted. CD noted that East of England had invested substantially in this area and it was agreed that <b>PJ and CD would discuss the learning from the East of England example outside of the meeting.</b></p> <p><u>Provider Productivity</u></p> <p>TJ highlighted the following:</p> <ul style="list-style-type: none"> <li>• A new procurement subgroup had been formed which had agreed in principle that goods and services that had been tried and tested in one organisation should be acceptable to others without each organisation having to do its own assessment;</li> <li>• In relation to patient transport, TJ noted that a group of experts were being asked to align the eligibility criteria in use across the five boroughs to ensure that provision of this service was consistent, fair and cost-effective;</li> <li>• In relation to acute rotas, TJ noted that a decision had been made to focus on surgical rather than medical staff.</li> </ul> <p><u>Workforce</u></p> <p>SH highlighted that good progress was being made in relation to the Portability and Temporary Staffing Projects.</p>	PJ/CD
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	<p>In relation to the 'UEC preparation winter 2019' project, she highlighted that much of the work being undertaken would lead to benefits in the longer term and would not have a substantial impact on A&amp;E performance during the next two winters. It was <b>agreed that SH and SM should discuss this after the winter planning event</b> to see if there was anything else that the workstream could be doing/prioritising to help alleviate immediate winter pressures. It was further suggested that <b>all SROs whose workstreams could impact on winter pressures should raise the profile of winter planning and discuss opportunities to assist with their workstream boards.</b></p> <p><u>Cancer</u></p> <p>KPJ provided a detailed update on progress within the Cancer workstream. The key points from the update were as follows:</p> <ul style="list-style-type: none"> <li>• In response to a comment from KPJ that the STP had not yet received feedback on a recently submitted improvement plan from NHSE, <b>JO agreed to chase the relevant team for feedback and forward this to KPJ;</b></li> <li>• KPJ gave an update on funding that had been secured for the workstream;</li> <li>• There was a discussion around immediate cost pressures which could result from early diagnosis initiatives (e.g. lung health monitoring) and the need to ensure that this is modelled and built into expectations of cost pressures on the system;</li> <li>• KPJ gave a brief update on an ongoing governance review in relation to the Cancer alliance.</li> </ul> <p><u>Adult Social Care</u></p> <p>RE noted the following:</p> <ul style="list-style-type: none"> <li>• The ongoing Care Market work was starting to move into its delivery phase;</li> <li>• There was some ongoing London-wide work on an AQP pricing tool for nursing.</li> </ul> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>2) PJ and CD are to discuss the learning from the East of England investment in suicide services outside of the meeting;</li> <li>3) SH and SM are to discuss whether there is anything else that the workforce workstream could be doing/prioritising to help alleviate winter pressures, in light of the findings from the winter planning event held on 9 October;</li> <li>4) All SROs whose workstreams could impact on winter pressures should raise the profile of winter planning and discuss opportunities to assist with their workstream boards;</li> <li>5) JO to chase and forward on to KPJ any official NHSE feedback on a recently submitted improvement plan (submitted by the Cancer workstream).</li> </ol>	<p><b>SH</b></p> <p><b>All SROs</b></p> <p><b>JO</b></p> <p><b>PJ/CD</b></p> <p><b>SH/SM</b></p> <p><b>All SROs</b></p> <p><b>JO</b></p>
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2.3	<p><b>New Quarterly Provider Report</b></p> <p>The PDB provided positive feedback on a new reporting format for provider boards. The main point of feedback was that SROs and/or Programme should be given an opportunity to review the report prior to publication to ensure that this provided the most up to date picture of progress and achievements.</p>	
3.0	<p><b>Supporting STP Implementation</b></p>	
3.1	<p><b>Proposed changes to STP Governance arrangements</b></p> <p>The PDB held a detailed discussion on proposed changes to STP governance arrangements. The key points raised as part of the discussion were as follows:</p> <ul style="list-style-type: none"> <li>• The move towards quarterly Health and Care Cabinet Meetings was welcomed, though it was emphasised that the meetings should be optimised to ensure continued robust and meaningful clinical engagement and input;</li> <li>• There was a discussion around the need for another mechanism for enabling regular collective input from SROs if the Programme Delivery Board was to be reconstituted as a Programme Directors meeting – e.g. to discuss shared strategic issues such as becoming an integrated care system. One suggestion was for there to be a quarterly SRO workshop focused on a timely strategic issue(s). <b>It was agreed that the November programme board would meet in its new form. WH agreed to consider how best SROs were collectively engaged outside of the meeting;</b></li> <li>• It was noted that becoming an ICS would necessitate further changes to Governance and that the proposed new governance arrangements should therefore be understood as an interim step being that was being taken to strengthen the focus on delivery, rather than a long term solution. JO noted that some draft guidance on ICSs and how they might organise themselves would be issued in due course;</li> <li>• The PDB agreed that a <b>final update paper on the changes should be brought back to the PDB for information once this had been considered and amended by the Health and Care Cabinet.</b></li> </ul> <p>The PDB <b>NOTED</b> the proposed changes to STP Governance arrangements</p> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>6) <b>RD/JF to implement the new Programme Board membership for November meeting</b></li> <li>7) <b>WH to consider options around involving SROs on a regular basis outside of the meeting.</b></li> <li>8) <b>A final paper confirming governance changes is to be brought to the November meeting for info.</b></li> </ol>	<p>RD/JF</p> <p>WH</p> <p>WH</p>







<p><b>3.2</b></p>	<p><b>Update from the Digital workstream</b></p> <p>DSI gave a brief update on progress within the Digital workstream, noting in particular the establishment of a new programme delivery team and progress on planning for delivery. WH added that additional capacity in the form of a Chief Information Officer and a Clinical CIO for CCGs would also be in post shortly.</p> <p>The PDB <b>NOTED</b> the update</p>	
<p><b>3.3</b></p>	<p><b>UEC winter plans</b></p> <p>WH presented a paper on UEC winter planning that summarised the local plans that were being taken forward in each of the 5 boroughs.</p> <p>The following is a summary of the key points from the discussion that followed:</p> <ul style="list-style-type: none"> <li>• JO highlighted that NCL winter plans would soon undergo scrutiny by NHSE/I and that NLP would soon receive guidance on this;</li> <li>• DSI fed back to JO that the performance management / assurance regime from the previous year had been onerous in terms of its demands on operational leads' time. He queried whether it would be possible to arrange a more efficient method of communication to ensure that senior staff are able to spend as much of their time as possible dealing directly with pressures. JO acknowledged the need for assurance to be pragmatic and supportive and <b>agreed to feed this back to the NHSE winter Director;</b></li> <li>• JO noted that there was a sense within NHSE that winter plans had a focus on performance but in some cases placed less emphasis on quality on safety. She queried what the mechanisms were for detecting slippage in these areas. JS noted that there was a particular risk in this area relating to the system's reliance on streaming and redirection to manage winter pressures – i.e. as patients were shifted between organisations it became more difficult to monitor provision of care and patient experiences. She concluded that there were a lot of 'unknown unknowns' within the NCL strategy which would need to be monitored in some way. She agreed to <b>discuss these issues further with SM outside of the meeting.</b></li> <li>• RE queried whether improved communications and promotion of existing initiatives such as NHS111 and 111*6 amongst care home providers could help reduce hospital admissions over winter. It was subsequently agreed that RE and Alex Faulkes <b>should look into opportunities in relation to the former</b> but that this would need to take into account the level of commissioned capacity for the sector.</li> </ul> <p><b>Actions:</b></p> <p>9) <b>JO to pass on the feedback around the previous year's winter performance management regime to the NHS Winter Director along with a request for this to be adapted so as to minimise the time burden for Operational Managers as far as possible;</b></p>	<p>JO</p>





	<p><b>10) JS to discuss issues around quality and safety monitoring (including triggers) for winter with Sarah Mansuralli;</b></p> <p><b>11) RE and Alex Faulkes to look into opportunities to improve communication around NHS111 and 111*6 amongst care home providers</b></p>	<p>JS</p> <p>RE/AF</p>
<b>4.0</b>	<b>Any Other Business and Date and Time of Next Meeting</b>	
<b>4.1</b>	<p><b>Any other business</b></p> <p>No further business was discussed.</p>	
<b>4.2</b>	<p><b>Date and time of the next meeting</b></p> <p>The next meeting of the Programme Delivery Board will be held from 3pm to 5pm on 13 November 2018 with the new membership.</p>	
<b>CLOSE:</b>		

