



APPROVED MINUTES OF THE NCL STP PROGRAMME DELIVERY BOARD

15:00-17:00 on Tuesday 13 November 2018

Room 11.11-11.12, 5 Pancras Square, London, N1C 4AG

Members	PDB role / job title	Attended	Deputy	Apologies
Helen Pettersen (HP)	- STP Convenor (Chair)	✓		
Alex Faulkes (AF)	- Programme Director, Urgent & Emergency Care	✓		
Chloe Watson (CW)	- Head of Communications and Engagement	✓		
Chris Dzikiti (CD)	- Programme Manager, Mental Health	✓		
Diane Macdonald (DM)	- Programme Manager, Estates	✓		
Donal Markey (DM)	- Programme Director, Planned Care	✓		
Gary Sired (GS)	- STP Deputy Director of Finance	✓		
Guy Dentith (GD)	- Programme Lead, Provider Productivity	✓		
Kaye Wilson (KW)	- Programme Manager, Maternity	✓		
Martyn Smith (MS)	- Programme Director, Digital	✓		
Mubasshir Ajaz (MA)	- Programme Manager, Prevention	✓		
Naser Turabi (NT)	- Programme Director, Cancer	✓		
Richard Dale (RD)	- Director of Delivery, STP	✓		
Richard Elphick (RE)	- Programme Director, Adult Social Services	✓		
Sam Rostom (SR)	- Programme Director, Children and Young People	✓		
Sarah McIlwaine (SM)	- Programme Director, Care Closer to Home	✓		
Sarah Young (SY)	- Programme Manager, Workforce	✓		
Will Huxter (WH)	- Director of Strategy, NCL CCGs	✓		

Attendees	Job Title	Reason for attendance
Jonathan Fisher (JF)	Programme Manager (STP Programme Office)	Presenting
Suzi McCool	Project Manager (STP Programme Office)	Minutes

No.	Agenda Item	Owner
1.0	GENERAL BUSINESS	
1.1	Welcome and Apologies	
	Helen Pettersen (HP) welcomed everyone to the first meeting of the PDB in its new format. A warm welcome was extended to Kaye Wilson, the newly appointed lead for Maternity. The meeting was QUORATE .	
1.2	Review of minutes from the previous meeting	
	The minutes from the previous meeting were APPROVED without amendment.	



2.0	STRATEGIC UPDATES	
2.1	Update on wider STP context	
	<p>We await the publication of the NHS 'Long-term Plan' in December. There are sparse details at present in terms of content but we do expect more of a focus on prevention and digital enablers – as Matt Hancock, the Rt Hon Secretary Of State, has already alluded to over the summer.</p> <p>Following the successful integrate event and report, funding (from NHS England) is being sought to carry out five borough based events on integration to look at more practical ideas of what integration means as this more local level. The initial focus of these events will be on adults and older people. Programme Directors were encouraged to attend at least one.</p> <p>A bid for funding to support the development of the care integrated networks (CHINs) in Haringey and Enfield has been submitted.</p>	
2.2	Feedback from STP Review Meeting	
	<p>The meeting with NHSE/I was positive and there was recognition of the work that has taken place and acknowledgement of the progress made to date.</p> <p>It has been some time since there was a joint NHSE/I deep dive but confirmation was received that these would recommence soon. The focus of these meetings is tbc.</p>	
3.0	NEW PDB FORMAT	
3.1	New format and principles	
	<p>Following a governance review that recognised that the STP is not a statutory body and partnership organisations have statutory duties to meet, a revised and streamlined governance system for the STP has been put in place. This revised governance system provides a more focus on achieving the aims of the partnership with those responsible for workstream delivery and implementation taking a more prominent role in system level discussion and resolution to blocks.</p> <p>As such, the agenda focuses on our stated aims and how we are achieving these. The role of the PDB is therefore to:</p> <ul style="list-style-type: none"> - Clear the path to delivery - Set and manage expectations within the system about required workload and achievements - To provide coordination within the matrix structure we work in - To escalate and cascade key messages around risks, progress and requirements in a consistent manner across all partners and levels of staff groups. - To ensure decisions are made and relevant staff held accountable (where decision making has been delegated) 	





	<p>The members noted the following:</p> <ul style="list-style-type: none"> a. Clarity on the route to sign-off/agree key decision is still required b. Unsure where reflection/evaluation sits within the governance structure c. There is a risk that Local Authority CEOs are not engaged in the new structure and further thought is needed to address this d. The NHS Long Term Plan is expected to include a further guidance on the role of STPs e. Clearer information to support delivery and implementation is needed 	
4.0	ENSURING WORKSTREAM BENEFITS REALISATION	
4.1	Update on NCL Finances	
	<p>Gary Sired talked the group through the month 06 financial position. The headlines are:</p> <ul style="list-style-type: none"> - The year to date position is a £7.5m deficit away from plan - The forecast outturn deficit of £50.1m is a £16.1m unfavourable variance to plan, and a £149m unfavourable variance to control total. There has been a £13.1m deterioration since M5, of which £10m relates to Enfield CCG. The Trust deterioration of £3m (covering BEH, Royal Free, Whittington and North Middx) has been impacted by Agenda for Change pressures. - QIPP delivery for the year to date is showing a 21% underachievement - CIP delivery for the year to date is showing a 4% underachievement <p>A refresh of the STP finances is underway and will be brought to the December meeting of the PDB.</p> <p>We await the publication of the NHS Long Term Plan.</p>	
4.2	Highlights of performance and activity: links to workstreams	
	<p>At present, the STP dashboard for monitoring performance and activity is under development. In the meantime, the NHSE/I report on performance and Activity is to be used as a proxy. The report is a system-wide view from a regulatory perspective and reflects how they view NCL STP against 18 standards they have identified – which do not mirror the STP workstreams.</p> <p>It was noted that there is a conflict between the report viewing performance on a STP level when there is no statutory authority by which the STP can be held accountable for performance. However, it is useful for context and information around the relationship between partner organisations and their regulators.</p>	
5.0	ENSURING WORKSTREAM PLAN DELIVERY	
5.1	Discussions of any major deviations from workstream plans	
	No major deviations were reported	





5.2	Workstream escalations (successes and challenges)	
	<p><u>Health and Care Closer to Home</u></p> <ul style="list-style-type: none"> • Work is underway to review variation in activity and between practices to inform the development of 19/20 QIPP plans • Approval of the NCL Strategy for General Practice is progressing via individual Boards • Assurance report for increased funding is due next week • Care and Health Integrated Networks will be renamed following public engagement and co-design. As the work programme for Care and Health Integrated Networks develop, alignment of CCG and STOP priorities is needed • The procurement for online consultations is going through due diligence processes; the provider will be announced when this is complete – this will require a change of culture at individual practice level and there is a challenge around how to raise awareness of this within primary care (prior to patient and public comms). • The biggest challenge to the workstream is having the workforce to support and deliver the care. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> • The local procedures of limited clinical effectiveness (PoLCE) policy is currently with partners for comment. Complimentary therapies is the most common theme from the Provider trusts. We are on track to present the final policy to the Joint Health Overview and Scrutiny Committee (JHOSC) in December. A single approach for the London PoLCE work is to the agreed and we await further guidance on the national PoLCE work. • A challenge for the PoLCE work is the lack of agreed funding to support the management of the policy. HP offered to take this via SMT for support and agreement. • The implementation of teledermatology is progressing with the development of the Locally Commissioned Service (LCS). The service will launch in January. It was reported that the Royal Free London Group had decided not to offer the service at present. As always with STP initiatives, the door remains open for them to join if they should choose to do so at some point in the future. • Early analysis of the revised urology pathways suggests an increase in activity. Work is underway to explore the reasons for this. Nonetheless, there is good adherence to the new pathways across both primary and secondary care. • Initial data from the First Contact Practitioners pilot for chronic back pain are very promising. • The latest data for Clinical Advice and Guidance shoes a 12% increase in usage of the system. There is a 72% response rate within two working days. It is too early in the implementation of the service to say definitively if this will lead to a reduction in referrals to secondary care. 	





	<p><u>Urgent and Emergency Care</u></p> <ul style="list-style-type: none"> • Following the work over the summer to review and refocus the workstreams governance, there is now a good alignment between CCG and NCL priorities to drive delivery • Direct booking is now live and achieving 85% utilisation • The core Rapid offer and the 111*9 service are both live • The record sharing project is due to go live soon • A simplified discharge process for patients with delirium and has been agreed. The next area of focus will be stroke. • The biggest risk for the programme is the national requirement for designated Urgent Treatment Centres (UTCs) - which has been impacted by a national EMIS issue <p><u>Children and Young People</u></p> <ul style="list-style-type: none"> • Work to develop the plan for Complex Needs continues. Continuing Care and Delayed Transfers of Care (DToCs) will be the focus. Whilst these are small numbers of patients, they are high cost and more can be done to improve their quality of care and life. Learning Disabilities and Autism are also being considered for inclusion as these are also high cost areas and could potentially benefit from a new model of care. Early thoughts for this area centre on the possibility of commissioning a new NCL-wide site, based in Haringey. • A workshop in September agreed the 5 outcomes for a NCL Asthma plan. The next stage of work is to hold borough level workshops to agree the NCL and local delivery initiatives – including all partners whose work impacts on the ability of CYP to stay well; schools, air pollution, pharmacy, public health, mental health. • A meeting has been arranged for December with NCL Directors of Children’s Service to explore if there is the possibility of council to lead on/be more closely involved in the CYP workstream. <p><u>Digital</u></p> <ul style="list-style-type: none"> • The workstream is now engaging with the early adopter sites for Health Information Exchange (HIE) and the Population Health Management (PHM). • The sites for HIE are Royal Free Hampstead and Barnet CCG and will comment in February. • The sites for PHM to go live in the summer of 2019 will be decided soon. The expressions of interest deadline is 21 November. • Information Governance continues to be a challenge. There is a good level of engagement across all stakeholders and the aim is to get it right the first time. <p><u>Estates</u></p> <ul style="list-style-type: none"> • The full business case for the St Ann’s redevelopment has been approved. This will be an 18-month build. • A decision on wave 4 funding to support the St Pancras/Moorfields relocation is expected soon. 	
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	<ul style="list-style-type: none"> • The aim for wave 5 funding is to be more focussed on primary and community care. Programme leads were asked to think about any dependencies or innovations between their workstreams and Estates. • A workshop was held last week that resulted in the agreement of principles to support locality planning. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> • Achieving the required reduction in out of area placements remains a challenge. • Work is progressing for CAMHS crisis and will be launched in Q1 of 2019/20. • The new Health Based Place of Safety in Highgate is due to open imminently. • Work in mental health liaison services is progressing and a proposal is due to go to the Provider CEOs before the end of the month. • Meeting the Improving Access to Psychological Therapies (IAPT) target remains a challenge. Progress to secure additional funding to roll-out training is underway. <p><u>Workforce</u></p> <p>The workstream has 25 projects but the update focused on two that have delivered real progress to date:</p> <ul style="list-style-type: none"> • Portability of statutory and mandatory training: mapping is proceeding well and the potential savings are being quantified. • The adoption of a shared bank is progressing with three Trusts (GOSH, RFL, UCLH) on board. Now that this work is moving into implementation, it will be taken forward by the provider productivity workstream. <p><u>Cancer</u></p> <ul style="list-style-type: none"> • Meeting the 62 day target remains a challenge for NCL. In particular, at UCLH and RFL for Lower GI and Prostate against the background of increased numbers of referrals within the context of increased awareness and screening programmes. • It is clear that increased capacity is required to address inter-Trust referrals. The COOs of the Trust now meet fortnightly to drive this forward by focussing on adherence to best practice and to finalised and agree a plan to tackle this. • A new test for colorectal cancer (qFIT) has been implemented across NCL. This has been adopted for a wider cohort than NICE recommends. • A new screening campaign for lung cancer is due to commence next year. This should result in earlier detection amongst the at-risk population. Whilst this will initially result in a surge for treatment, it will result in improved mortality rates. <p><u>Prevention</u></p> <ul style="list-style-type: none"> • The development of a Making Every Contact count (MECC) e-learning hub is underway. This will be hosted on the STP website. • CQUINs related to flu, smoking and alcohol misuse are developing. • The delivery plan is being revised to include a focus on deducing obesity rates. • A clinical lead is being recruited. 	
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	<p><u>Adult Social Care</u></p> <ul style="list-style-type: none"> • The workforce recruitment portal is being developed. This will enable a single site for organisations and staff. • There are now 21 i-care ambassadors in place to champion working in care in NCL. • A joint approach to training is under development. • Work continues to gather relevant information on the market in care home/home care provision. The work is understandably commercially sensitive so does take longer. • The biggest issue faced by the workstream relates to the quality of the data for activity and admissions to help inform the next steps. <p><u>Provider Productivity</u></p> <ul style="list-style-type: none"> • Work in the medicines optimisation project is starting to gather pace in biosimilars and low cost drugs, Blu tech is being rolled out and the workstream is starting to deliver savings. • A recent prioritisation exercise has led to a reduction in the number of project where there was not a realistic possibility of savings and/or no willingness to progress at this moment in time. • A challenge for the workstream is the identification of Trust level leads to develop the work on shared emergency surgical rotas. 	
5.3	New / unresolved interdependencies - by exception	
	No new or unresolved interdependencies were reported	
6.0	2019/20 PLANNING	
6.1	Planning update	
	<p>National planning guidance has yet to be announced. However, work is already underway to develop the PIDs that will outline the QIPP plans for next year. The process has been developed with lessons learned from last year.</p> <p>The deadline for the development of briefs is the end of the week. Programme leads were reminded to factor in the deadlines within partner organisations to meet the deadlines for gateways 4 and 5.</p>	
6.2	Arrangements for CCG signoff of STP initiatives	
	Work remains underway to clarify the arrangements and it was recognised that working within the footprint and across 21 statutory organisations is challenging. Nonetheless, it was noted that a) a decision made by the JCC is binding and b) local checks and balances (i.e. QIPP leads) cannot be bypassed.	





7.0	KEY MESSAGES	
	<p>The key message was one of thanks to the programme leads for all of the work done to date. Leads were asked to cascade this message to all of the team members working on their programmes as it is important to recognise the efforts of the entire system in delivering the plan.</p> <p>Leads were asked to continue to share their good news stories and successes via the STP newsletter and within workstream board meetings.</p>	
8.0	ANY OTHER BUSINESS	
8.1	Any other business	
	No further items of other business were discussed.	
8.2	Date and time of the next meeting	
	The next meeting of the Programme Delivery Board will be held from 3pm to 5pm on 11 December 2018 with the new membership.	
CLOSE:		

