

## MINUTES OF THE NORTH LONDON STP HEALTH AND CARE CABINET

17:00-19:00 ON WEDNESDAY 20 SEPTEMBER 2017

HOLBROOK HOUSE, ENFIELD

Members	Role	Attended	Deputy sent	Apologies
Jo Sauvage	Co-Chair and Clinical Lead for STP; Clinical Chair Islington CCG	✓		
Richard Jennings	Co-Chair and Clinical Lead for STP	✓		
Neel Gupta	Clinical Chair Camden CCG	✓		
Saania Bhatti	Deputy for Barnet CCG Clinical Chair; Barnet GP	✓		
Mo Abedi	Clinical Chair Enfield CCG	✓		
Peter Christian	Clinical Chair Haringey CCG			
Jonathan Bindman	Medical Director – BEH MH NHS Trust	✓		
Vincent Kirchner	Medical Director – C&I NHS Foundation Trust			✓
Paul Hopper	Divisional Medical Director – CNWL NHS FT	✓		
David Hicks	(Interim) Medical Director – GOSH FT			
Geoff Bellingan	Medical Director – UCLH FT			
Cathy Cale	Medical Director – North Mid			
Stephen Powis	Medical Director – Royal Free London FT	✓		
Ricky Gondhia	Clinical Director, CLCHT			
Declan Flanagan	Medical Director – Moorfields Eye Hospital NHS FT			
Aresh Hashemi-Nejad	Medical Director – RNOH NHS Trust			
Rob Senior	Medical Director – Tavistock and Portman NHS FT	✓		
Flo Panel-Coates	Nursing Representative; Chief Nurse - UCLH	✓		
Helen Donovan	Nursing Representative; Registered Nurse & Barnet CCG Governing Body Member	✓		
Claire Johnston	Capital Nurse/HEE Representative;	✓		
Sarah McClinton	Director of Adult Social Services (Camden Council)			
Ray James	Director of Adult Social Services (Enfield Council)			
Carmel Littleton	Director of Children's Services (Islington Council)			✓
Tony Theodoulou	Director of Children's Services (Enfield Council)	✓		
Julie Billett	Director of Public Health, Camden and Islington	✓		

Pauline Taylor	Medicines / Pharmacy lead	✓		
Katie Coleman	Primary Care Lead for NCL	✓		
Charles House	Specialised Services Lead for NCL	✓		
Samit Shah	Urgent Care Lead for NCL	✓		
Laura Leadsford	Allied Health Professional lead	✓		
TBC	GP Federation lead for NCL			
Mike Roberts	UCL Partners representative	✓		
Sanjiv Ahluwalia	Health Education England representative	✓		
Debbie Frost	Clinical Chair, Barnet CCG	✓		

Attendees	Role	Reason for attendance
Kevin Monteith	Head of Programme Management	STP PMO
Gen Ileris	Communications and Engagement Lead	STP PMO
Donal Markey	Associate Programme Director	STP PMO (For PoLCE) item
Helene Brown	Medical Director, North Central and East	NHSE representative
Jahan Mahmoodi	Medical Director, Enfield CCG	Co-Presenting item 4.1
Mark Eaton	Director of Recovery, Enfield CCG	Co-Presenting item 4.1
Aisling Clifford	Deputy Director of Nursing, C&I FT	Presenting item 4.2
David Stout	Senior Programme Director	STP PMO

No.	Agenda Item	Action owner
<b>1.0</b>	<b>GENERAL BUSINESS</b>	
<b>1.1</b>	<b>Welcome and Introductions</b>	
	RJ welcomed everyone to the meeting. Introductions were made and apologies noted including apologies from Helen Pettersen who was on leave and Will Huxter who had a conflicting meeting. The meeting was QUORATE.	
<b>1.2</b>	<b>Review of minutes and actions from the previous meeting</b>	
	The minutes of the last meeting held on 19 July 2017 were agreed without amendment. The actions from the previous meeting were reviewed and noted and agreed as met.	
<b>2.0</b>	<b>CLINICAL LEADERSHIP</b>	
<b>2.1</b>	<b>Discussion on clinical leadership</b>	
	RJ introduced this item with reference to the bullet points set out in the related slide in the meeting pack and asked the Cabinet to consider how as clinical leaders we do we get our clinicians to focus their energy and talent behind the delivery of the STP. JS explained that this was linked to the discussion held at the away day in January in terms of the role of the Cabinet going forward. The Cabinet had a good initial discussion on this touching on the following areas:	

	<ul style="list-style-type: none"> <li>• The importance of workforce planning for new care models (as discussed at LWAB)</li> <li>• The role of UCLP and the leadership-training offer commissioned via Dartmouth Institute. It was agreed that the right people needed to be put forward and supported to do such training. The next cohort needed to be identified by mid-October.</li> <li>• Linking with the STP Organisational Development work that Dr Yogi Amin will be supporting</li> <li>• The need to understand what respective organisations are doing in terms of leadership development and link strategically</li> <li>• Need to consider issues of professional ethics of clinical leadership versus the operational and financial challenges</li> <li>• Reference to the clinical and nursing leadership programmes and event on 12 Oct</li> <li>• Reference to GP appraisal process and linking PDP with STP footprints</li> </ul> <ol style="list-style-type: none"> <li>1. <b>The discussion concluded that the Cabinet co-chairs would follow this up with Helen Pettersen and Will Huxter to agree a process on how to identify the right clinicians for the Dartmouth leadership course in order to meet the mid-October deadline</b></li> <li>2. <b>Cabinet members also agreed to share information about what exists in respective organisations in relation to clinical leadership training and development.</b></li> </ol>	<p>JS/RJ/HP/WH</p> <p>ALL</p>
<b>3.0 STP PLANNING</b>		
<b>3.1</b>	<p><b>STP Programme update</b></p> <p>David Stout (DS) provided a brief update on behalf of Will Huxter (WH). DS updated the meeting about the recent workshop on dependency mapping which took place on 18 September and that the outputs from this well attended meeting will be shared in due course. DS also referred to the recruitment that WH had been focusing on with a number of key appointments now made. Finally, DS updated the Cabinet about the focus of future NHSE/I assurance meetings which are now bi-monthly with a focus on delivery and selected 'deep-dives' with the next meeting focusing on UEC and MH.</p> <p>Gen Ileris also provided a brief update on obtaining some additional resource from NHSE which will provide additional capacity for engagement and digital support.</p>	
<b>4.0 STP DELIVERY AND ASSURANCE</b>		
<b>4.1</b>	<b>Procedures of Limited Clinical Effectiveness (PoLCE) – next steps</b>	
	<p>Jahan Mahmoodi (JM) introduced this item with an initial reference to the Enfield CCG Governing Body meeting that afternoon, which had approved the final report and agreed the implementation of the policy. They also noted that the other 4 NCL CCGs would be seeking to consistently implement the same changes. Mo Abedi (MA) referred to the Enfield consultation process, the lessons learned, and the dialogue</p>	

	<p>had with clinicians and confirmed that he was happy to share the lessons learned and approach with the other CCGs. The Cabinet was also reminded that they had been briefed on this work in December 2016 and it was recognised that whilst other CCGs had done similar work to varying degrees, that none had formally adopted this. It was also confirmed by Jo Sauvage (JS) that CCGs across London were discussing PoLCE implementation, and JS confirmed that this had now also been discussed at the NCL Joint Commissioning Committee who support implementation across all NCL CCGs.</p> <p>The Cabinet discussed the duty to consult on this confirming that there would be one consultation process covering the four CCGs. It was confirmed that this was also being discussed at the JHOSC on Friday 22 September. There was some feedback and discussion about the general support within CCGs for one policy and it was emphasised that the tone of the consultation and engagement regarding this needed to be right. With regards updates to existing policies, the Cabinet agreed that that JHOSC should provide a steer on the level of public engagement required and the approach to be followed.</p> <p>In response to a question from Tony Theodoulou regarding financial impact, an explanation of the financial impact analysis was shared. With regards acute provider leadership, the recommendation to the Cabinet was for a single provider clinical lead to be identified to provide a unified clinical leadership voice during the consultation process alongside the CCG clinical lead. The Cabinet explored a few options in relation to provider lead input and concluded that whilst respective medical directors would be clearly responsible for local leadership in relation to this (and would identify their clinical and managerial support), the request to identify a single provider lead was not resolved and it was agreed that this would be best finalised outside of the Cabinet meeting.</p> <p><b>3. The co-chairs of the Cabinet will resolve the request to have a single provider lead as a spokesperson in time for the further CCG consultation</b></p> <p><b>The Cabinet ENDORSED proceeding to consultation across Barnet, Camden, Haringey and Islington on 8 of the 11 proposed changes that Enfield CCG have agreed to adopt. It was agreed that 3 of the changes were minor updates to the existing NCL-wide POLCE policy and therefore would not require consultation.</b></p>	<p>RJ/JS</p>
<p><b>4.2</b></p>	<p><b>NCL Health Based Place of Safety provision</b></p>	
	<p>Aisling Clifford (AC), Deputy Director of Nursing at C&amp;I FT was welcomed to the meeting and presented this item with reference to a short presentation provided in the meeting pack. AC firstly provided an explanation of Section 136 of the MHA and summarised the current HBPOS provision and the recurrent issues with the pathway. With regards the case for change, AC highlighted a number of issues including access and environmental issues plus inadequate requires improvement CQC ratings. Further detail relating to an activity audit supporting the case for change was also highlighted and illustrated the high prevalence in Camden in particular as well as a significant increase in Section 136 detentions which is up 19% in 16/17.</p>	

	<p>AC then focused on the stakeholder and interagency collaboration in the preparation of the options appraisal and proposed pan-London model and highlighted the preferred option for NCL, which is to have two HBPoS located (one at Chase Farm Hospital and one at the Highgate Mental Health Centre).</p> <p>The Cabinet discussed the presentation and recommendations in detail firstly acknowledging that the current provision was unacceptable, an indictment of the quality of Care for mental health patients and must be fixed as a matter of urgency.</p> <p>The mental health members of the Cabinet spoke strongly in favour and in support of the proposals and also emphasised the need to also address the way children and adolescents are managed, which is work in the pipeline. Issues regarding the service specification and staffing model were flagged as important to work out to ensure adequate and safe cover by staff with the right skills and training. Further points made included:</p> <ul style="list-style-type: none"> <li>• The need for this to go to CCGs who commission services with a strong steer to the CCGs of the Cabinet support</li> <li>• Needs a collecting approach to commissioning with any barriers quickly understood and overcome</li> <li>• Opportunities regarding educational commissioning and workforce planning</li> <li>• Strong evidence to support the role of prevention in terms of alcohol/substance misuse and opportunities for models such as street triage and crisis cafes etc noted.</li> </ul> <p><b>In considering the recommendations of the paper, the Cabinet NOTED the pan-London work and ENDORSED the proposal for NCL and emphasised their strong support to commissioners</b></p>	
<b>5.0</b>	<b>Any Other Business</b>	
	There were no items of other business discussed	
<b>5.1</b>	<b>Confirmation of the next meeting</b>	
	18 October 2017 at Stephenson House	
<b>CLOSE:</b> The meeting closed at 7:00pm.		