

## APPROVED MINUTES OF THE HEALTH AND CARE CABINET

17:00-19:00 ON WEDNESDAY 21 February 2018

Stephenson House, NW1 2PL

Members	Role	Attended	Deputy sent	Apologies
Jo Sauvage	Co-Chair and Clinical Lead for STP			✓
Richard Jennings	Co-Chair and Clinical Lead for STP	✓		
Aresh Hashemi-Nejad	Medical Director – RNOH NHS Trust			✓
Carmel Littleton	Director of Children's Services (Islington Council)			✓
Charles House	Specialised Services Lead for NCL			✓
Claire Johnston	Capital Nurse/HEE Representative;	✓		
David Hicks	(Interim) Medical Director – GOSH FT			✓
Debbie Frost	Clinical Chair, Barnet CCG	✓		
Declan Flanagan	Medical Director – Moorfields Eye Hospital NHS FT			✓
Fiona Yung	Allied Health Professional lead			✓
Flo Panel-Coates	Nursing Representative; Chief Nurse - UCLH			✓
Geoff Bellingan	Medical Director – UCLH FT			✓
Helen Donovan	Nursing Representative; Registered Nurse & Barnet CCG Governing Body Member	✓		
Jonathan Bindman	Medical Director – BEH MH NHS Trust	✓		
Julie Billett	Director of Public Health, Camden and Islington	✓		
Katie Coleman	Primary Care Lead for NCL	✓		
Kevin Cleary	Medical Director – North Mid			✓
Laura Leadsford	Allied Health Professional lead			✓
Mike Roberts	UCL Partners representative			✓
Mo Abedi	Clinical Chair Enfield CCG			✓
Neel Gupta	Clinical Chair Camden CCG			✓
Karim Dav	Clinical Director, Camden – CNWL NHS FT	✓		
Pauline Taylor	Medicines / Pharmacy lead			✓
Peter Christian	Clinical Chair Haringey CCG			✓
TBC	Director of Adult Social Services (Enfield Council)			✓
Ricky Gondhia	Clinical Director, CLCHT			✓
Rob Senior	Medical Director – Tavistock and Portman NHS FT			✓
Saania Bhatti	Deputy for Barnet CCG Clinical Chair; Barnet GP	✓		
Samit Shah	Urgent Care Lead for NCL			✓
Sanjiv Ahluwalia	Health Education England representative	✓		
Sarah McClinton	Director of Adult Social Services (Camden Council)			✓

Stephen Powis	Medical Director – Royal Free London FT			✓
TBC	GP Federation lead for NCL			
Tony Theodoulou	Director of Children's' Services (Enfield Council)			✓
Vincent Kirchner	Medical Director – C&I NHS Foundation Trust			✓
Yogi Amin	STP OD lead	✓		

Attendees	Role	Reason for attendance
Will Huxter	NCL CCGs Director of Strategy	STP Lead
Suzi McCool	Programme Analyst	STP PMO
Richard Dale	Head of Programme Management	STP PMO
Sanjay Mackintosh	Programme Lead, Adult Social Care Workstream	STP PMO
Jenny Mooney	UCL Partners Representative	Deputising for Mike Roberts
tbc	NHS Improvement London Medical Director	NHS Improvement rep
Rachel Lissauer	SRO Maternity Workstream	Presenter
Donald Peebles	Clinical lead, Maternity Workstream	Presenter
Ruwan Wimalasundera	NCL lead obstetrician, Maternity Workstream	Presenter

No.	Agenda item	Action owner
<b>1.</b>	<b>Welcome and apologies</b>	
	1.1. Richard Jennings welcomed the members to the meeting and noted the list of apologies.	
<b>2.</b>	<b>Previous Minutes</b>	
	2.1. The minutes of the previous meeting (held on 06 December 2017) were agreed. There was one amendment: Yogi Amin was present.	
	2.2. There was one action from previous meeting (to circulate the slides from the UEC and Mental Health deep dive meetings with NHS England). This action was complete.	
<b>3.</b>	<b>STP Programme update</b>	
	3.1. Will Huxter, NCL CCGs Director of Strategy, updated the Cabinet on a number of key meetings that have taken place over the past month.	
	<b>3.2. Feedback from JHOSC meeting on 06 February</b> The JHOSC (Joint Health Oversight and Scrutiny Committee for North Central London) was asked to decide on whether roll-out of the PoLCE policy in Enfield across NCL required public consultation. The decision was that it was not required as it represents an update of clinical guidance.	
	<b>3.3. Next steps in delivering integration across North London Partners</b>	

	<p>3.3.1. There has been a welcome change in language from NHS England and as a result the ask seems more reasonable and achievable.</p> <p>3.3.2. The next steps is to review examples of integrated work at local borough level and collate for the Cabinet to review and discuss learning and possible areas for collaboration on a wider/larger scale.</p> <p>3.3.3. No pilot will take place in London, despite applications from other footprints. This is because funding for the pilot is given only to sectors in financial balance. The constraint resulting from applying this approach been raised with NHS England.</p> <p><b>3.4. STP plan on a page – impact and interdependencies</b></p> <p>3.4.1. Will Huxter presented a page outlining the STPs priorities for 2018/19. This was approved by the Programme Delivery Board approved the list at its meeting on 13<sup>th</sup> February.</p> <p>3.4.2. These areas make the biggest contribution to system transformation and closing the triple gap within the resources available to the STP. They were refined by SROs and Workstream leads/Programme Directors.</p> <p>3.4.3. The list is a helpful reminder of how much work is taking place across the North London Health and Care Partnership.</p> <p>3.4.4. It was noted that the PMO has an important role in challenging and providing consistency/accuracy in RAG ratings.</p> <p>3.4.5. <b>ACTION 1: a new iteration of the STP on a page will be sent to the next meeting of the Cabinet.</b></p>	<p>W Huxter</p>
<p><b>4.</b></p>	<p><b>Adult Social Care Workstream Update – NCL wide plans for 2018/19</b></p>	
	<p>4.1. The two priorities areas for the Adult Social Care workstream were presented to the Cabinet: market management and the workforce. There areas are the result of months of analysis and conversations and represent the best opportunity for the Councils to come together to deliver real transformation.</p> <p>4.2. The number of beds in Social Care (5,500) is the same as Acute, Community and Mental Health together. However, it was unclear how modelling the number of beds in the future could be achieved as forecasting is not available at present. <b>ACTION 2: A plan to take forward modelling on future social care bed numbers is required.</b></p> <p>4.3. Work is ongoing to bring together the many different home care providers in the area and to ensure a good link with community nurses. Sanjay Mackintosh and Katie Coleman have been exploring the links between the Adult Social Care and the Health and Care Closer to Home Workstreams.</p> <p>4.4 The ASC workstream is also exploring with the Workforce workstream regarding the possibility of extending an offer of statutory and mandatory training to this section of the workforce. Some providers have opened their training to care home and home care providers. However, further assistance on ensuring parity</p>	<p>Tbc</p>



	<p>across the sector is required. <b>ACTION 3: Sanjay and Sanjiv to discuss further support to NHS Providers.</b></p> <p>4.5. It was suggested that there is some useful learning from the Integrated Community Ageing Team at the Whittington that can be applied to the workstream.</p> <p>4.6. Events are being organised to bring together care home providers as a sector for the first time to explore new models of care. <b>ACTION 4: Dates for Care Home and Home Care Providers events on new models of care to be circulated to Cabinet members.</b></p>	<p><b>S Ahluwalia</b></p> <p><b>S Mackintosh</b></p>
<b>5.</b>	<b>Refreshed Delivery Plans for 2018/19</b>	
	<p><b>5.1. Maternity Services</b></p> <p>5.1.1. The Cabinet was presented with a refreshed version of the delivery plan – this follows a submission to NHS England in January 2018. There have been no substantial changes to the delivery plan.</p> <p>5.1.2. The Maternity Workstream has agreed its first two sites for community hubs. The sites and proposed model of care are:</p> <ul style="list-style-type: none"> <li>• Harmood – UCLH &amp; RFH antenatal and postnatal care by a known midwife</li> <li>• Park Lane – NMUH and Whittington antenatal, birth and postnatal continuity of care by a known midwife</li> </ul> <p>5.1.3. A challenge remains around data-sharing to enable these hubs to function and provide continuity of care and improve patient experience. <b>ACTION 5: Clarification of how Maternity Digital fits in with the Health Information Exchange is requested</b></p> <p>5.1.4. The Cabinet's attention was drawn to the workstreams approach to Patient and Public Involvement. <b>ACTION 6: A video outlining the approach to PPI to be circulated following the meeting.</b></p> <p>5.1.5. The Maternity hubs have potential to link to the Prevention and Care Closer to Home workstreams. <b>ACTION 7: Workstream leads to discuss links between Maternity, Prevention and Care Closer to Home in terms of community hubs.</b></p> <p>5.1.6. It is important to ensure that midwifery training and education reflects these new ways of working. <b>ACTION 8: Explore tie in with maternity community hubs and midwifery training to ensure it is fit for the future.</b></p> <p><b>5.2. Urgent and Emergency Care</b></p> <p>5.2.1. The plan has been refined to a more manageable four priority workstreams. Some of the previous work areas are now under the remit of local A&amp;E Delivery Boards, others are being rescoped/reviewed for delivery at a later stage.</p> <p>5.2.2. Both commissioners and providers have been engaged as part of this process.</p>	<p><b>J Juliff and G Wingfield-Hill</b></p> <p><b>S McCool</b></p> <p><b>J Juliff, M Ajaz and S McIlwaine</b></p> <p><b>S Ahluwalia and R Lissauer</b></p>



	<p>5.2.3. The Programme Delivery Board views this revised list of priority areas as more likely to succeed as capacity can be focused on delivery.</p> <p>5.2.4. The Cabinet welcomed the news that the workstream is currently recruiting an GP lead and a Primary Care lead.</p>	
<b>6.</b>	<b>Refreshed Choice Policy</b>	
	<p>6.1. An NCL-wide Choice policy which was developed as part of the Urgent and Emergency Care workstream was presented to the Cabinet by Debra Glastonbury. Trusts will have choice policies in place, this is an attempt at standardisation that will help patients and social care navigate within the system. It will also provide better outcomes for patients as they return home sooner.</p> <p>6.2. The Cabinet AGREED to support NCL-wide adoption within their individual Trusts from 1<sup>st</sup> April by engaging Medical Directors, COOs, Directors of Nursing to enlist support for adoption.</p> <p>6.3. It was clarified that a patient group had been involved in the development and will be signed-off within the UEC workstream by the Simplified Discharge Board (which includes patient group representation). <b>ACTION 9: A final version of the policy is to be sent to the Cabinet once it has been signed off by the Simplified Discharge Board.</b></p> <p>6.4. The workstream will work to develop and distribute consistent communications around the new policy as well as patient-facing information, to ensure the language used is appropriate and accessible. The patient information has been developed to set expectations early on within the process.</p> <p>6.5. In addition to this, the Simplified Discharge Team is keen to ensure that there is proper follow-up support to those patients who choose to leave hospital when they are medically optimised.</p> <p>6.6. Directors of Adult Social Services, Social Care Provider/nurses and Community Trusts have fed into the development of this policy. <b>ACTION 10: Debra Glastonbury and Chris Dzikiti (Programme Director for the STP's Mental Health Workstream) to take forward a review by Mental Health Providers for the policy and securing agreement (if applicable).</b></p>	<p>D Glastonbury</p> <p>D Glastonbury</p>
<b>7.</b>	<b>Procedures of Limited Clinical Effectiveness – NCL policy</b>	
	<p>7.1. Following on from the decision of the JHOSC on 06 February, the Cabinet <b>AGREED</b> to the standardisation of a PoLCE policy across NCL. This would be the policy currently in place in Enfield</p> <p>7.2. The Cabinet <b>AGREED</b> to provide the oversight and maintenance of the policy through regular review. This was also a requirement of JHOSC.</p>	

	<p>7.3. The Cabinet clarified that the policy was a continuation of the policy of not commissioning homeopathy, rather than a decision to decommission any service.</p> <p>7.4. The process of reviewing a London-wide policy for PoLCE has commenced. Donal Markey (Planned Care Programme Director) was confirmed as the sector lead for this work. However, the advice from NHS England is not to wait for pan-London developments in this area before implementing an NCL-wide policy.</p>	
<b>8.</b>	<b>Clinical Advice and Navigation</b>	
	<p>8.1. The specialties within provider Trust that will provide clinical advice and navigation are agreed. A LCS (locally Commissioned Service) will be in place within 4 of the 5 boroughs for one year to help embed the change and provide a safety net at a practice level.</p> <p>8.2. In Camden, the approach has been in place for some time and learning from primary and secondary care users of the system with the borough helped to refine the questions and raise the quality of answers.</p> <p>8.3. There is a QIPP plan associated with this element of the Planned Care workstream that will lead to financial savings as well as a better patient experience.</p> <p><b>8.4. ACTION 11: A paper with more detail on the Clinical Advice and Navigation scheme to be brought to the Cabinet in March.</b></p>	<b>D Markey</b>
<b>9.</b>	<b>AOB and Date of next meeting</b>	
	<p><b>9.1. Diabetes Assessment Results</b> Recent results have rated 4/5 of the CCGs as 'requires improvement'. Whilst this is disappointing, it does not reflect that the sector has improved a great deal and there is some fantastic work taking place within the system that we can be proud of.</p> <p><b>9.2. Date of the next meeting</b> The next meeting will be on Wednesday 21<sup>st</sup> March 2018 from 5-7pm in Stephenson House.</p>	
<b>CLOSE: The meeting closed at 7:00pm.</b>		