

APPROVED MINUTES OF THE HEALTH AND CARE CABINET

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

Stephenson House

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	✓		
Charles House	Specialised Services Lead for NCL	✓		
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			✓
Kevin Cleary	Medical Director – North Mid			✓
Chris Streater	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	✓		
Samit Shah	Urgent Care Lead for NCL			✓
Laura Leadsford	Allied Health Professional lead			✓
Fiona Yung	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			✓
Yogi Amin	UCLP QI lead			✓
Ash Moore	Specialised Commissioning London Region			✓

Attendees	Role	Reason for attendance
Charlotte Ashton	Assistant Director of Public Health	Agenda item
Will Maimaris	Consultant in Public Health	Agenda item
Helen Pettersen	NCL CCGs Accountable Officer	STP Convenor
Richard Dale	Head of Programme Management	STP PMO

No.	Agenda Item	Action owner
1.0	Welcome	
	JS welcomed everyone to the meeting. Introductions were made and apologies noted. The meeting was QUORATE.	
2.0	Review of minutes and actions from the previous meeting	
	The minutes of the last meeting held on 18 October 2017 were agreed. The action log was agreed as complete.	
3.0	Taking forward the Primary Care Strategy	
	<p>Katie Coleman (KC) presented to the cabinet the work being undertaken to take forward the primary care strategy across NCL.</p> <p>This work is being undertaken as the previous NCL primary care strategy had been completed and there was a need to refresh the strategy as a core underlying enabler for much of the work of the STP.</p> <p>The work is being undertaken to engage with all stakeholders appropriately and ensure the strategy take account of local needs and builds on successes across NCL.</p>	

One of the main elements of the strategy is general practice at scale across all of the boroughs. This builds on the policy of the GP forward view and would also potentially allow us to bid for further money to support this work.

There were three key risks noted by the cabinet:

- Leadership
- Ownership
- Resource

KC outlined the approach to developing the strategy and how it aimed to mitigate these risks.

JS invited the cabinet to comment to enhance the strategy currently in development ahead of the draft being finalised and shared with the cabinet.

MR welcomed the strategy across all – and asked about the involvement of clinical and social care colleagues.

KC confirmed that vital to this strategy was the integration of services – linked to the development of the CHINS and involvement of a wider set of clinical colleagues and social care.

The group agreed that it was important to ensure the wider primary care workforce was considered. There was further discussion about other key staff groups to involve. Those in particular mentioned were practice nurses. It was noted that these groups would be essential to delivering new models of care.

The group discussed the need to ensure confidence around the plans and how a common offer of primary care would need to tackle any potential issues that currently exist as well as new challenges.

There was agreement that this new strategy also provided an opportunity to maximise technology and wider workforce.

There was agreement that local authority involvement was important and it was welcomed that local authority colleagues had been involved in the process so far.

RJ asked that KC also thought about the key messages once the strategy was finished so that the strategy could be communicated clearly to staff and patients.

JS was keen to emphasise the importance of the work and giving those involved the headspace to plan and think through the strategy.

JS also raised the question regarding the best levers to use for at scale working.

	<p>Other key questions put forward for the group developing the strategy were:</p> <ul style="list-style-type: none"> • What 'place' means in this context • How we integrate for improved value of care not driven by cost • What practical experience can we build on/learn from <p>PC commented that there had been positive 'green shoots' from the public in response to the development of CHINS, and that this work should build on this.</p> <p>KC was asked to consider the largest areas of impact and how we build up to scale from bottom up to have the biggest impact rather than impose scale from top down.</p> <p>KC outlined the importance of learning from where integration and working at scale had worked and the need to develop integration in concentric circles.</p> <p>JS asked KC what was needed from the cabinet to support this.</p> <p>KC outline bringing the strategy back once complete for support.</p> <p>The group agreed to invite GP Federation representation to the membership of the group.</p> <p>Action: GP Federation leads to be added to membership</p>	<p>JS</p>
<p>4.0 Preventing Cardiovascular disease across NCL</p>		
	<p>Will Maimaris and Charlotte Ashton presented a paper on the current variation in CVD outcomes across NCL and the proposal to make this a clinical priority for the STP.</p> <p>Mike Roberts emphasises the importance of this work and highlighted the ability of UCLP to support the delivery of training and evidence based practice.</p> <p>The group agreed that both primary and secondary prevention work needed to be undertaken.</p> <p>The cabinet discussed the benefits of a patient centred approach to clinical practice and the benefits of preventative behaviour change. This would need to be taken forward alongside the new clinical practice for identification and treatment.</p> <p>The group discussed the need to look at links between CVD and mental health, including health and justice in the work.</p> <p>The cabinet thanks WM and CA for the work on the presentation and the clarity of the argument.</p>	

	<p>RJ emphasised the need for the cabinet member to champion the message across their respective organisations.</p> <p>The cabinet approved CVD improvement as a clinical priority for the STP.</p>	
5.0	Workshop	
	<p>The second hour of the session was dedicated to a workshop session on integration.</p> <p>ACTION - A write up of this session will be circulated separately.</p>	RD
6.0	AOB and date of next meeting	
	The next meeting will be 18 April 2018 Holbrooke House	
CLOSE: The meeting closed at 7:00pm.		