

**APPROVED MINUTES OF THE NORTH LONDON STP HEALTH AND CARE
CABINET**

17:00-19:00 on Wednesday 16th May 2018

Laycock Professional Development Centre, N1 1TH

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, Barnet CCG Governing Body			✓
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	✓		
Preeti Sud	UCL Partners representative	✓		
Jenny Mooney	UCL Partners representative	✓		
Mo Abedi	Clinical Chair Enfield CCG			✓
Neel Gupta	Clinical Chair Camden CCG		✓	
Karim Dar	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			✓
Sanjiv Ahluwalia	Health Education England representative	✓		
Sarah McClinton	Director of Adult Social Services (Camden Council)	✓		
Shakil Aman	Clinical lead, UEC workstream	✓		
Chris Streater	CMO – Royal Free London FT		✓	
vacancy	GP Federation lead for NCL			
Tony Theodoulou	Director of Children's' Services (Enfield Council)			✓
Vin Diwakar	Medical Director, NHS England (London)	✓		
Vincent Kirchner	Medical Director – C&I NHS Foundation Trust	✓		
Yogi Amin	STP OD lead	✓		

Attendees	Role	Reason for attendance
Suzi McCool	Project Manager	Minutes
Richard Dale	Head of Programme Management	STP PMO
Teresa Callum	Head of Planned Care, Barnet CCG	Presenting
Gillian Smith	Consultant Urologist, Royal Free London	Presenting
Helene Brown	Medical Director, NCEL, NHS England	
Amalin Duff	Islington CCG, Deputy for Pauline Taylor	Deputising
Matthew Clark	Camden CCG, Deputy for Neel Gupta	Deputising
J M Hawson	RFL, Deputy for Chris Streater	Deputising

No.	Agenda item	Action owner
1.	Welcome and apologies	
	<p>1.1. Jo Sauvage welcomed the members to the meeting and noted the list of apologies.</p> <p>1.2. Shakil Aman, the newly appointed clinical lead for the UEC workstream was welcomed to his first meeting of the health and care cabinet.</p> <p>1.3. The scene was set as follows: we have begun the new financial year and the Cabinet's role is to focus on strengthening the clinical voice within the STP as it moves into its implementation and delivery phase. This will be achieved through assisting in the prioritisation of deliverables, increasing clinical leadership at all levels and organisations and ensuring there is joint clinical and financial ownership of the plan (in the context of continuing and increasing financial challenge to the health and social care system).</p>	

2.	Minutes of the previous meeting and action log	
	<p>2.1. The minutes of the previous meeting (held on 06 December 2017) were agreed. There was one amendment: To clarify HB's offer on working with GP revalidation appraisers on proactive engagement with both residents and frontline staff in developing and delivering plans.</p> <p>2.2. The action log was reviewed and updated as below where actions were not complete:</p> <p>2.2.1. <i>Action 1: A plan to take forward modelling on future social care bed numbers is required.</i> Richard Elphick, the new adult social care lead in the STP now in post and will be picking this up. He may be in contact with individuals following the completion of engagement events with Care Home and Home Care providers to take this forward.</p>	
	<p>2.2.2. <i>Action 2: A final version of the NCL Choice policy is to be sent to the Cabinet once signed off by the Simplified Discharge Board.</i> This will come to the July meeting of the HCC.</p> <p>2.2.3. <i>Action 3: Jo S and Richard D to consider best way to involve GP Federations in the HCC.</i> This remains work in progress.</p> <p>2.2.4. <i>Action 7: Plan a reflection session on the clinical review process once complete.</i> It was proposed that the 20th June HCC to be repurposed to support reflective session on contracting round with CE invited. The proposal was AGREED. The PMO will lead on organising an After Action Review, led by Yogi Amin.</p> <p>2.2.5. Action 1: July meeting to include time for wider reflections from cabinet on clinical involvement.</p>	Richard Dale
3.	Declarations of Interest	
	3.1. None declared. Members were reminded to declare any conflicts/interests as they arose for particular items.	
4.	2018/19 Delivery - Urology Update	



	<p>4.1. Teresa Callum and Gillian Smith provided an overview and update of the work that has taken place with Urology (part of the Planned Care workstream).</p> <p>4.2. Key points included:</p> <p>4.2.1. Analysis of referrals across NCL determined that six key areas/conditions accounted for the majority of referrals. As such, the refresh of primary care pathways concentrated on these. The pathways were shared with members in advance.</p> <p>4.2.2. The approach taken by the design group included a lot of engagement across all CCGs to define, develop, refine and agree the pathways.</p> <p>4.2.3. Secondary Care pathway redesign was also developed by all Trusts and the two ends of the pathway were shared to ensure seamless meshing.</p> <p>4.2.4. Primary care pathways are in place, secondary care pathways are being phased in and the monitoring KPIs are under development.</p> <p>4.2.5. The elimination of unwarranted variation and the implementation of a streamlined process will mean value added across the system and a smoother journey for patients and clinicians.</p> <p>4.2.6. The following circumstances/actions helped to progress the work rapidly: Regular meetings, good engagement across all stakeholders and the ability for the group to focus on a single project.</p> <p>4.2.7. Work to ensure a link with the pathways in referral management centres/triage is underway.</p> <p>4.2.8. The pathways will assist with GP learning as it is an iterative process, with feedback from secondary care.</p> <p>4.2.9. MECC (making every contact count) is included within each of the primary care pathways.</p> <p>4.2.10. Members thanked Teresa and Gillian for their time and effort in progressing this area of work.</p>	
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	<p>4.3. The question arose of whether there is a link with QIST. Katie Coleman clarified that there would be if this was identified as a priority area. In the first instance, STP wide priorities will be agreed and these will be supplemented with local priorities.</p> <p>4.4. Flo Panel-Coates offered on behalf of UCLH for nursing staff to trail making referrals and to act as mentors on this for nursing staff in other providers.</p> <p>4.5. Action 2: The team will feedback on the added value to the pathways following a review in July and an update from the Urology pathways work once implemented to be added to the HCC forward plan.</p>	<p>Donal Markey</p>
<p>5.</p>	<p>2018/19 Planning – Health and Care Closer to Home Delivery Plan</p>	



6.	2018/19 Planning – Planned Care Delivery Plan	
	<p>6.1. Richard Jennings presented the updated delivery plan for the Planned Care workstream and comments were invited.</p> <p>6.2. Key points included:</p> <p>6.2.1. The five priorities areas (and progress) for the workstream is defined by the availability of opportunities together with the willingness to work together - as was clearly demonstrated within the Urology update earlier.</p> <p>6.2.2. It was clarified that the aim of the Advice and Guidance project is to avoid unnecessary outpatient referrals, non-urgent queries. The work in place includes a link to quality improvement and GP education via feedback.</p> <p>6.2.3. In addition, cabinet noted that A&G does not impact urgent telephone advice – which will continue to be available and the workstream has a link with the UEC workstream in terms of urgent advice.</p> <p>6.2.4. NHS England (London) are moving forward with London-wide rollout of advice and guidance. They plan to hold a pan-London roundtable with the leadership of all of the HCCs. Date is tbc.</p> <p>6.2.5. The cabinet asked for the plan to look at steps in place to avoid driving up demand was requested.</p> <p>6.2.6. The cabinet discussed the need to ensure that measures of success and change for all workstreams to be shared as this became available.</p> <p>6.3. Action 6: A session to celebrate the tangible differences the work within the STP is making to patients and their families via success stories to go to the HCC in September.</p>	Richard Dale
7.	2018/19 Planning – Children and Young People Update	
	<p>7.1. Richard Dale presented the update from the Children and Young People's workstream and stated that the aim is to reduce variation and seek the best future for CYP.</p> <p>7.2. The workstream asked for feedback on the following:</p> <p>7.2.1. Are these the right things we should be focussed on?</p> <p>7.2.2. What else should we be doing and who else should be involved?</p>	



	<p>7.3. The following feedback was given:</p> <p>7.3.1. Further work to include mental health and impact on parity of esteem is required. This is in light of the fact that CYP crises in mental health have risen tenfold in three years.</p> <p>7.3.2. The current plan is secondary care-focused; primary care element to be expanded.</p> <p>7.3.3. Clarification of what complex needs are was requested. i.e. does this include mental health and long-term conditions.</p> <p>7.3.4. The link to MECC needs to be strengthened and embedded wherever possible.</p> <p>7.3.5. Is workforce productivity an area that needs to be explored? i.e. health visitors and safeguarding. Has the link with the workforce workstream been established?</p> <p>7.3.6. Linking to the HLP framework for SEND/Complex needs in the HLP framework was encouraged.</p> <p>7.3.7. Confirmation of a link with UEC/MH workstreams was requested.</p> <p>7.3.8. It was suggested that the workstream may be able to learn from the Paediatric Asthma pilots that HLP led.</p> <p>7.3.9. The link to education and schools needs to be strengthened.</p> <p>7.3.10. What benchmarking data was used to determine the priority areas?</p> <p>7.3.11. Prevention needs more focus. It was suggested that potential quick –wines could include child oral health.</p> <p>7.3.12. The plan should consider including childhood obesity and diabetes.</p> <p>7.3.13. A link to the local authorities is vital to consider as child social care is in the top three areas of overspend in 4/5 of NCL councils.</p> <p>7.4. Action 7: Full plan following consideration of this should come back the cabinet in August.</p> <p>7.5. The feedback above led to a general question on what the STP is doing for long-term prevention.</p> <p>7.6. Action 8: The event on tangible successes across the programme should also focus on the long term and prevention impact of each workstream.</p>	<p>Richard Dale</p>
<p>8.</p>	<p>AOB and Date of next meeting</p>	



	<p>8.1. Any other business No items of other business were raised</p> <p>8.2. Date of the next meeting The next meeting will be on Wednesday 20th June 2018 from 5-7pm in Stephenson House. Members were asked to note that the meeting will be repurposed as an after action review as agreed in 2.2.4.</p>	
<p>CLOSE: The meeting closed at 7:00pm.</p>		