

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

17:00-19:00 on Wednesday 18th July 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			✓
Achim Schwenk	Acting Medical Director – NNUH	✓		
Adrian Richardson	GP Federation lead for NCL			
Alpesh Patel	GP Federation lead for NCL	✓		
Aresh Hashemi-Nejad	Medical Director – RNOH NHS Trust			✓
Carmel Littleton	Director of Children's Services (Islington Council)			✓
Charles House	Specialised Services Lead for NCL	✓		
Chris Streater	CMO – Royal Free London FT			✓
Claire Johnston	Capital Nurse/HEE Representative;	✓		
Matthew Shaw	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			✓
Helene Brown	Medical Director, NHS England	✓		
Helen Donovan	Nursing Representative, Barnet CCG Governing Body	✓		
Helen Pettersen	Accountable Officer, NCL CCGs	✓		
Jane Hawdon	Responsible Officer, RFL	✓		
Jonathan Bindman	Medical Director – BEH MH NHS Trust	✓		
Julie Billett	Director of Public Health, Camden and Islington	✓		
Jayne Skippen	Divisional Associate Director of Quality	✓		
Karim Dar	Clinical Director, Camden – CNWL NHS FT	✓		
Kate Hall	UCL Partners' Chief Operating Officer	✓		
Katie Coleman	Primary Care Lead for NCL	✓		
Laura Leadsford	Allied Health Professional lead			✓
Mo Abedi	Clinical Chair Enfield CCG			✓
Neel Gupta	Clinical Chair Camden CCG			✓
Pauline Taylor	Medicines / Pharmacy lead			✓
Peter Christian	Clinical Chair Haringey CCG			✓
Preeti Sud	UCL Partners representative			✓
Richard Elphick	Programme Lead Adult Social Care NCL	✓		
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 Alam	Primary Care Clinical lead, UEC workstream	✓		
Bindi Nagra	Director of Adult Social Services (Enfield Council)			✓
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	✓		
Will Huxter	Director of Strategy, NCL CCGs	✓		
Yogi Amin	STP OD lead	✓		

Attendees	Role	Reason for attendance
Suzi McCool	Project Manager	Minutes
Anna Stewart	Programme Director for Adult Elective Orthopaedics Service Review	Presenting
Fares Haddad	Clinical lead for Adult Elective Orthopaedics Service Review	Presenting
Rob Hurd	SRO for Adult Elective Orthopaedics Service Review	Presenting
Paul Jenkins	SRO for Mental Health Workstream	Deputising
Chris Dzikiti	Programme Director – Mental Health	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. Dr Alpesh Patel, the representative for the Enfield GP Federation was welcomed to his first meeting of the health and care cabinet.</p> <p>1.3. Kate Hall was welcomed as the UCL Partners representative.</p> <p>1.4. Dr Achim Schwenk was welcomed to his first meeting as the Acting Medical Director for NMUH.</p> <p>1.5. Richard Elphick was welcomed as a new member representing the North Central London Councils Adult Social Care Programme.</p>	
2.	Minutes of the previous meeting and action log	
	<p>2.1. The minutes and action log from the previous meeting (held on 16 May 2018) were not reviewed. This was due to changes in the running order and lack of time.</p> <p>2.2. ACTION 1: the minutes and an updated action log will be reviewed at the August meeting.</p>	Richard Dale
3.	Declarations of Interest	
	3.1. None declared.	

4.	Contracting After Action Review – Part 2	
	<p>4.1. Following the prolonged Contracting Round for 2018/19, it was evident that there was a large disconnect between conversations and agreements that took place between clinical and operational leads and the translation of these agreements into local finance and contracting teams. As a result, an After Action Review (AAR) with Chief Executives, Chief Financial Officers and Medical Directors was held.</p> <p>4.2. A paper with the key reflections, next steps and actions from the AAR was circulated prior to the meeting. Jo informed the group that this is part of a formative conversation and, as such, invited comments and reflections. These are outlined below.</p> <p>4.3. Organisational Development (proposed in the paper) should be linked to enabling and delivering a clear vision for the STP and will demonstrate our appetite for transformation.</p> <p>4.4. The STP needs to articulate a clear vision (with a common language) that outlines a set of shared challenges that unifies the system and persuades others that we have a shared purpose and leads to joint ownership in designing and implementing the solutions.</p> <p>4.5. There is good engagement with local authority colleagues at ground level but this has yet to translate into senior meetings. We must ensure the voice of social care and local authorities is central within the STP vision.</p> <p>4.6. Questions for the Cabinet to reflect on, possible at an away day include:</p> <ul style="list-style-type: none"> • How do members take forward agreements at the Cabinet within their respective organisations? • Is there anything the Cabinet can do to help resolve financial/contractual blocks to implementation? • Is the Cabinet utilising the full extent of its influence? <p>4.7. As a partnership, we should:</p> <ul style="list-style-type: none"> • Be braver and accept that innovation and transformation requires risk – and this risk is shared. • Confirm shared ownership of common problems, across all organisations, sectors and staffing levels is needed to deliver successful outcomes and make a difference to patients. • Give permission to try new things and to fail. • Enable staff to leave behind organisational bias and focus on delivering solutions to tackle problems faced by our population. • Utilise different incentives that do not encourage silos, confrontation and organisational defensiveness in order to enable progress and encourage true system working. 	



	<p>4.8. There is learning from other workstreams (e.g. Urology) that can be shared to drive forward delivery.</p> <p>4.9. The honest tone of the paper was refreshing and will help us to move forward as a system. This is a timely moment to move forward in a unified way. The next steps being considered are:</p> <ul style="list-style-type: none"> • A simulation event to explore future integrated working within the STP • A review of governance arrangements across the STP • Produce a clear, sharp vision for the STP through engagement and bottom-up co-production • Prioritisation of the work that is currently undertaken within the STP <p>4.10. Action 2: Crossover in membership between the Health and Care Cabinet and the Finance and Activity Modelling meetings to be agreed.</p> <p>4.11. Action 3: An update on the implementation of tele-dermatology and Clinical Advice & Guidance to be brought to the next meeting.</p>	<p>Richard Dale</p> <p>Helen Pettersen</p>
5.	Update on Adult Elective Orthopaedic Services Review	
	<p>5.1. Fares Haddad, Rob Hurd and Anna Stewart presented the current status of the review.</p> <p>5.2. It was clarified that the work sits under the MSK workstream (for which Fares is also Clinical Lead) and MSK is a priority area of the STP's Planned Care Programme.</p> <p>5.3. The draft case for change is due to be launched this week as part of early engagement and co-production with all stakeholders – the central principle of the review is co-production. The case for change will develop the vision for the service review.</p> <p>5.4. At this stage no assumptions on the outcome of the review have been made. As such:</p> <ul style="list-style-type: none"> • Interdependencies have not been identified as no clear options have been identified. • Outcome measures will be developed as part of the co-production process. • Further co-production with Local Authorities will commence once there are clear options to be considered. <p>5.5. To date, there has been good engagement across all stakeholders. It was suggested that an additional source of engagement is the Local Workforce Advisory Boards.</p> <p>5.6. Input from members was welcomed following the launch. The results of this stage of the project plan will be shared with the Health and Care Cabinet and the Joint Commissioning Committee in October.</p>	
6.	Further discussion on out of hours medical rotas	



	<p>6.1. The core data has been received and this will be taken forward as a further piece of work under the Provider Productivity Workstream.</p> <p>6.2. Jonathan Bindman volunteered to join the work as he is currently reviewing CAMHS rotas. Charles House also volunteered to help drive this forward.</p> <p>6.3. Action 4: A further update will be provided to the Cabinet in August.</p>	Will Huxter
7.	Mental Health 2018/19 Delivery Plan	
	<p>7.1. Paul Jenkins (workstream SRO) presented the 2018/19 delivery plan to the Cabinet for endorsement. The priority areas are:</p> <ul style="list-style-type: none"> • Mental Health Liaison • Children and Adolescent MH Services • Acute care pathway • Primary Care Mental Health teams • Mental health workforce <p>7.2. Given the rise in acute activity and the lack of any further investment to support the above initiatives, and recognising the current financial realities, the Cabinet was not assured that the current plan provided assurance of progress in all of the above. As such, the workstream was asked to return in November with a re-prioritised plan where progress on the key areas can be assured via a redirection/redeployment of available resources.</p> <p>7.3. Action 5: A review of the Mental Health Delivery Plan to return to the Cabinet in November.</p>	Paul Jenkins
8.	Cancer 2018/19 Delivery Plan	
	The item was deferred as there was no representative from the Cancer Workstream in attendance.	
9.	AOB and Date of next meeting	
	<p>9.1. Any other business No items of other business were raised</p> <p>9.2. Date of the next meeting The next meeting will be on Wednesday 15 August 2018 from 5-7pm in room 6 of the Education Centre of the Whittington Hospital.</p>	
	CLOSE: The meeting closed at 7:00pm.	