

**MINUTES OF THE NCL STP PROGRAMME DELIVERY BOARD**  
**15:00-17:00 on Tuesday 10 October 2017**  
**Room 10.10-10.11, 5 Pancras Square, London, N1C 4AG**

Members	Role and job title	Attended	Deputy sent	Apologies
Helen Pettersen (HP)	STP Convenor (Chair) and SRO Lead for CCGs	✓		
Charlotte Pomery (CP)	SRO Children and Young People Workstream; Assistant Director for Commissioning Haringey Council	✓		
David Stout (DSt)	STP Senior Programme Director			✓
Dawn Wakeling (DW)	Deputy SRO Estates Workstream; Strategic Director, Adults, Communities and Health, Barnet Council			✓
Jo Sauvage (JS)	STP Co-Clinical Lead; Chair Islington CCG	✓		
Julie Billett (JB)	SRO Prevention Workstream; Director of Public Health, Camden and Islington			✓
Kathy Pritchard-Jones (KPJ)	SRO Cancer Workstream; CMO UCLH Cancer Collaborative			✓
Marcel Levi (ML)	SRO Planned Care Workstream; Chief Executive, UCLH	✓		
Martin Pratt	Executive Director support People, Camden Council			✓
Mike Cooke (MC)	Vice Chair and SRO Lead for Local Authorities; CEO Camden Council	✓		
Paul Jenkins (PJ)	SRO Mental Health Workstream; CEO T&P FT	✓		
Paul Trevethick (PT)	GP Federation Representative	✓		
Rachel Lissauer (RL)	SRO Maternity Workstream; Acting Director of Commissioning, Haringey CCG	✓		
Ray James (RJ)	Director Social Services Representative; Director Health, Housing & Adult Social Care (Enfield)			✓
Richard Jennings (RJ)	STP Co-Clinical Lead; Co-SRO Planned Care Workstream; Medical Director, Whittington Health NHS Trust			✓
Sarah Mansuralli	SRO Urgent & Emergency Care Workstream; Local Executive Director, Camden CCG	✓		
Simon Goodwin (SG)	Chief Financial Officer, North Central London CCGs	✓		
Maria Kane (MK)	SRO Workforce Workstream; CEO BEH	✓		
Sir David Sloman (DSI)	SRO Digital Workstream; Vice Chair and SRO Lead for Providers; CEO Royal Free London NHS Foundation Trust	✓		

Tim Jaggard (TJ)	SRO Productivity Workstream; Finance Director UCLH	✓		
Tony Hoolaghan	SRO Care Closer to Home Workstream; COO Islington and Haringey CCGs	✓		
Will Huxter	Director of Strategy, NCL CCGs	✓		
Charlie Davie	Managing Director, UCLPartners		✓	

Attendees	Job Title	Reason for attendance
Kevin Monteith	Head of Programme Management	PMO support
Ash More	Public Health, Specialised Commissioning, NHSE	Attendee
Sanjay Mackintosh	Social Care Lead, STP PMO	PMO Support
Amanda White	Head of Communications, UCL Partners	For Charlie Davie
Jonathan Fisher	Programme Manager	PMO Support

No.	Agenda Item	Action owner
<b>1.0</b>	<b>GENERAL BUSINESS</b>	
<b>1.1</b>	<b>Welcome and Apologies</b>	
	Helen Pettersen (HP) welcomed everyone to the meeting. Introductions were made and apologies noted. The meeting was QUORATE.	
<b>1.2</b>	<b>Review of minutes from the previous meeting</b>	
	The minutes from the last meeting held on 12 September 2017 were reviewed and agreed without amendment.	
<b>1.3</b>	<b>Review of action log</b>	
	The actions from the last meeting held on 12 September 2017 were reviewed. WH provided updates on the two outstanding actions.	
<b>1.5</b>	<b>New Declarations of interest</b>	
	No new declarations were made.	
<b>2.0</b>	<b>PLANNING</b>	
<b>2.1</b>	<b>Urgent Emergency Care stocktake (including winter pressures)</b>	
	SM introduced this item with reference to a set of slides tabled at the meeting. SM drew the PDB's attention to the overarching objective and vision of the UEC workstream, the key deliverables and components of the 4 strands of work under Integrated Urgent Care; Admission Avoidance; Simplified Discharge; and the End Phase of Life. SM then explained the RAG ratings on slide 6 and the factors contributing to the amber and red ratings including variation across the CCGs. The progress in delivering the national target on simplified discharge was noted. The refreshed governance	

	<p>structure was highlighted with the key changes explained including the shift to bi-monthly UEC Delivery Board meetings and the establishment of a new UEC STP Programme Team and UEC Communications work stream. SM lastly drew the PDB's attention to the summary of recommended actions on slide 8 and asked the PDB to consider and approve the plans outlined.</p> <p>The PDB welcomed SM's presentation and discussed a number of issues, acknowledging the complexity of this work and significant interface issues that needed to be considered. With regards the proposed governance structure, JS asked that the Health and Care Cabinet (HCC) be represented in the structure to reflect the importance of clinical leadership in the delivery of this work. Other issues discussed included the need to have a consistent UEC model and offer across the system. It was suggested that the Joint Commissioning Committee (JCC) could help to resolve this. The importance of communication was emphasised with agreement that the messaging needed to be simplified with a consistent message for local residents.</p> <p>The interface between the UEC Programme Delivery Board and the A&amp;E Delivery Board were noted with agreement that the distinction between both should be explained better to avoid confusion and duplication of effort. The importance of integrating the role that social care can play in the UEC delivery was emphasised and ideas around managing complex mental health frequent A&amp;E attenders were shared. With regards future investment and business case development for 18/19, it was confirmed that business cases would be considered as invest to save developments. Lastly, a second set of slides on a recent London Winter Planning Workshop were tabled and noted that a separate discussion on winter planning was to follow the PDB meeting.</p> <p><b>The Programme Delivery Board APPROVED the proposed revised UEC governance structure subject to the inclusion of the HCC, and APPROVED the establishment of a communications strand and UEC deliverables for 2018/19</b></p>	
<p><b>2.2</b></p>	<p><b>Mental Health Liaison stocktake update</b></p> <p>PJ introduced the item with reference to his short report that summarised the outcome of a recent stocktake meeting about MH Liaison and proposed next steps. PJ explained that the meeting was well attended and agreement was reached on the ambitions and priorities for 18/19. These included restoring 24-hour liaison cover at the Royal Free Hospital and taking action to secure future funding for liaison services at UCLH. PJ explained that unless baseline issues in provision are addressed that securing future national funding would be unlikely. In particular, this required a different approach to contracting and commissioning of MH liaison services with a longer-term commitment (such as 5 years) made to services. PJ then summarised the next steps and agreed to further develop proposals and bring back as an agreed approach. In the discussion that followed MC expressed his disappointment about the decision by C&amp;IFT to withdraw the 24-hour cover at RFH last year without any notice or consultation. This led to a discussion about possible commissioning models and the potential role of the JCC (as MH liaison is acute based) in resolving this long-standing issue.</p>	

	<p><b>The Programme Delivery Board NOTED the MH Liaison Stocktake report and AGREED to work as a system to resolve the commissioning issues in order to realise the ambitions set out in the paper.</b></p> <p><b>ACTION</b></p> <p>1. PJ to work with partners and bring back an agreed set of proposals on MH Liaison</p>	PJ
2.3	<p><b>General STP update</b></p> <ul style="list-style-type: none"> <li><b>Advisory Board feedback</b></li> </ul> <p>WH shared his reflections and feedback from the recent Advisory Board meeting, highlighting that it was a constructive meeting with good debate and a strong and helpful contribution from the Council Leaders present. There was very helpful discussion about communications and engagement throughout the meeting and good energy and involvement from Healthwatch representatives also. JS felt it was a very formative meeting and that it showed the value of having such meetings. WH confirmed that a further meeting would be scheduled for early January 2018.</p>	
2.4	<p><b>Workstream dependency mapping report and next steps</b></p> <p>WH introduced this item with reference to the related short report that summarised the outputs of the workshop held on 18<sup>th</sup> September. WH explained that this had been a good event, which provided an opportunity for people to meet and identify respective needs and issues. There will be a follow up discussion with the programme leads on 19 October with the intention of focusing in on the most significant dependencies. This led to a discussion about working productively across CCGs with reference to work HP had commissioned Yogi Amin to support with and links with Quality Improvement (QI) methodology and the NCL QI Network that was being established. A request to invite a GP Federation representative to any future workshops on dependencies was noted.</p>	
3.0	<b>DELIVERY AND ASSURANCE</b>	
3.1	<p><b>Month 5 Financial Position and update on 18/19 planning</b></p> <p>Simon Goodwin introduced the month 5 finance report drawing attention to the detail in the executive summary and highlighted the overall adverse variance to plan of £16.7m, and implications of this for the remainder of 17/18 and recovery required. The Trust CIP and CCG QIPP variances to plan were also noted. It was acknowledged that significant elements of the delivery plan were 'back-loaded' which was contributing to the overall position this year, and the challenge with agreeing forecast out-turn for 17/18. This was further considered in the context of the rest of London as it was estimated that approximately 50 percent of CCGs were off plan, with many providers also in a similar position. The PDB discussed investment spend across the CCGs, which was generally low at this point. It was agreed that this needed to be better understood and re-profiled. There was a discussion about what could be done quickly to support the achievement of some of the key targets on A&amp;E, 62 day cancer and RTT. Finally, the approach to planning and planning timeline was noted.</p>	

	<b>ACTION</b> <b>2. Investment profile to be carefully examined and reported back at the next meeting.</b>	<b>SG/WH</b>
<b>3.2</b>	<p><b>Workstream highlight report summary with thematic analysis</b></p> <p>WH introduced the highlight report summary and in doing so explained the intention to change the approach to monitoring and reporting as discussed with SROs. WH explained that this will now move to a bi-monthly approach and will focus on the most significant exception reports that cannot be resolved at workstream board level and the PMO would be clearer with SROs and programme leads about what is expected and appropriate for PDB. It was expected that this would also better align with the new reporting expectations of NHSE.</p> <p>In terms of capacity, work to properly resource the CYP and Digital workstreams was a priority.</p> <p>HP then invited SROs to comment briefly on anything that needed to be brought to the attention of the PDB for agreement/resolution. There was nothing significant highlighted for agreement but some SROs provided a brief progress report on priorities and key developments as detailed in the summary report.</p>	
<b>3.3</b>	<p><b>Workstream exception reports</b></p> <p>The five exception reports and respective recommendations were noted and approved.</p>	
<b>4.0</b>	<p><b>Any Other Business</b></p>	
	<p>The following information and feedback was shared under AOB:</p> <ul style="list-style-type: none"> <li>• <b>London Health and Care Partnership Board</b> – MC attended a recent meeting of this Board and fed back that there was a paper on Accountable Care Systems and a good report on developments relating to a mental health self-help site.</li> <li>• <b>Estates</b> – TJ highlighted an issue relating to accessing capital investment and potential issues for NCL linked to the developing STP estates strategy.</li> <li>• <b>Workforce</b> – MK provided related updates about a recent IPSOS MORI survey; the appointment of a Shared Bank Provider; International GP recruitment and new roles announced in mental health.</li> </ul> <p>The next meeting of the Programme Delivery Board was confirmed as 14<sup>th</sup> November 2017 3-5pm at 5 Pancras Square.</p>	
<p><b>CLOSE:</b> The meeting closed at 5:00pm.</p>		