



MINUTES OF THE NCL STP PROGRAMME DELIVERY BOARD

15:00-17:00 on Tuesday 09 January 2018

Room 11.10-11.12, 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	✓		
Dawn Wakeling (DW)	Director Social Services Representative ; 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 (MP)	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			✓
Richard Jennings (RJ)	STP Co-Clinical Lead; Co-SRO Planned Care Workstream; Medical Director, Whittington Health NHS Trust			✓
Sarah Mansuralli (SM)	SRO Urgent & Emergency Care Workstream; Local Executive Director, Camden CCG			✓
Simon Goodwin (SG)	Chief Financial Officer, North Central London CCGs			✓
Siobhan Harrington (SH)	SRO Workforce Workstream; CEO Whittington Health	✓		
Sir David Sloman (DS)	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 (TH)	SRO Care Closer to Home Workstream; COO Islington and Haringey CCGs			✓
Will Huxter (WH)	Director of Strategy, NCL CCGs	✓		
Charlie Davie (CD)	Managing Director, UCLPartners	✓		
Gary Sired (GS)	STP Deputy Director of Finance	✓		

Attendees	Job Title	Reason for attendance
Richard Dale	Head of Programme Management, PMO	Attendee/PMO support
Ceri Jacobs	DCO NHS England	Attendee
Kevin Monteith	STP PMO	PMO Support
Sanjay Mackintosh	PMO Social Care Programme Lead	Attendee
Gen Ileris	Head of Communications & Engagement	Attendee

No.	Agenda Item	Action owner
1.0	GENERAL BUSINESS	
1.1	Welcome and Apologies	
	Helen Pettersen (HP) welcomed everyone to the meeting. Introductions were made and apologies noted. The meeting was QUORATE.	
1.2	Review of minutes from the previous meeting	
	The minutes from the last meeting held on 11 December 2017 were reviewed and agreed without amendment.	
1.3	Review of action log	
	The actions from the last meeting held on 11 December 2017 were reviewed. WH provided an update on the plan for the Leadership Summit that is now scheduled for 22 January 2018.	
1.5	New Declarations of interest	
	There were no new declarations of interest.	
2.0	2017/18 Delivery	
2.1	Workstream Highlight Reports WH introduced the suite of highlight report summaries and drew the Board's attention to a number of initiatives that had progressed since the last meeting. With regards exception reports, WH highlighted the two exception reports received this month from Maternity and Mental Health and asked the Board to note and approve. HP invited those SROs present to comment or add to their respective highlight reports. The following updates were provided:	



	<p>Social Care: Sanjay Mackintosh (SM) SM explained that the focus was now very much on delivery across the five Councils and highlighted the progress on workforce in achieving investment from Health Education England to invest in 6 social care schemes, from recruitment and retention to developing new skills. There was some discussion about the links with the Capital Nurse programme, links with LWAB and incorporating evidence based intervention resources via UCLPartners.</p> <p>Planned Care: Marcel Levi (ML) ML highlighted a number of the initiatives that were progressing well including Clinical Advice & Navigation and MSK and emphasised the importance of reaching speedy agreement on tariffs. This lead to a general discussion about tariffs across a number of workstreams and the Board agreed that this should be considered and resolved via the FAM meeting as soon as possible.</p> <p>ACTION: Agreement on NCL tariffs affecting workstream delivery to be resolved via the FAM meeting as soon as possible.</p> <p>Cancer: Kathy Pritchard-Jones (KPJ) In addition to the Cancer highlight report KPJ updated the Board on additional funding received – £747k for early diagnosis and £202k to improve the prostate cancer pathway. Progress on these needed to be demonstrated within 3 months and in general access to further transformation funding for NCL would be determined by performance against the 62 day cancer waiting time target. There is a National Performance Delivery Group meeting in February, which is where funding decisions will be announced.</p> <p>Estates: Dawn Wakeling (DW) for Simon Goodwin DW reported that plans were largely going well and on track. Work was progressing to agree a capital prioritisation list with workshops on this later in the month. There was good progress in identifying vacant space and property surplus and good engagement from providers and CCGs.</p> <p>Prevention: Julie Billett (JB) Further to the detailed delivery plan update at the last meeting, JB confirmed that all was progressing on track as per the highlight report. Good linkage with CHINs and QISTs was confirmed such as the work progressing on diabetes etc.</p> <p>Children & Young People: Charlotte Pomeroy (CP) CP highlighted the focus on new models and engaging with the leadership consultancy. The new Programme Director (Sam Rostom) will be starting on 19 February.</p>	<p>SG/RD</p> <p>TH</p>
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<p>Workforce: Siobhan Harrington (SH) SH explained that she was still transitioning to the SRO role and had further handover meetings scheduled. Some early observations and thoughts included the need to concentrate on workforce modelling, which appears limited to date and that she was struck by the large number of initiatives and that she would be working to agree a small number of priorities with the greatest impact. JS and KPJ referred to some work undertaken to date relating to GPs and radiology roles.</p> <p>Digital : David Sloman (DS) In addition to the highlight report, it was agreed that at this point, the paper on the Health Care Information Exchange (HCIE) should be taken. DS and WH jointly introduced this paper listed at 2.3 on the agenda. They explained that the procurement process for the HCIE was now in day 2 and that this was a critical decision for the sector. DS referred to a recent presentation from Luke Redman from North East London sector, which was impressive. WH added that an Outline Business Case has been submitted and NHSE are prioritising the case because the scope is STP wide. This will now be dependent on a Full Business Case which will include details of the provider selected from the procurement process as well as a spend profile and full supplier costs etc. WH confirmed that there will be a decision made about the provider on Thursday . This will need to be signed off by CCG Boards. As soon as this can be communicated to the Board they will be notified and receive a copy of the OBC for information.</p> <p>ACTION: PDB to be notified of the outcome of the procurement process and receive a copy of the OBC for information.</p> <p>HCC2H: Highlight report noted in the pack and nothing further to report in absence of the SRO. Key issue relating to the Primary Care Strategy covered later in the agenda.</p> <p>Maternity: In the absence of the SRO, the Board noted the Maternity highlight report and noted the exception report regarding slippage in delivery.</p> <p>UEC: In the absence of the SRO, the Board noted the highlight report provided in the pack and noted the risks to delivery highlighted in relation to resourcing.</p> <p>Mental Health: Paul Jenkins (PJ) In addition to the highlight report provided an update on the work relating to the acute care pathway and reducing OAPs and with regards the exception report provided by mental health proposing to close the female PICU workstream and move into the acute care pathway, the Board approved this recommendation.</p> <p>In summing up, HP thanked all the SROs for their ongoing commitment and work on respective programmes and reflected about comments made in relation to the large</p>	<p>WH</p>
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	<p>number of workstream initiatives concluding that a piece of work needed to be done with each workstream to agree a smaller number of key priorities for 2018. WH agreed with this and agreed to review this together with the related resource requirements, which needed to be aligned to each workstream.</p> <p>ACTION: PMO to work with workstream leads to agree a list of priority areas and report back at next meeting</p>	RD/WH
2.2	<p>STP Month 8 Finance Report</p> <p>Tim Jaggard (TJ) introduced the month 8 finance report drawing attention to the detail in the executive summary and highlighted the year to date adverse variance to plan of £11.9m. TJ highlighted the back-ended risk profile remains due to the number of QIPP and CIP schemes to be delivered in the last quarter. With regards STP investment between January and March 2018, there was an expected £4.3m forecast to be spent and some assurance and clarity was required on this at the next FAM meeting. TJ also highlighted a number a issues relating to the CCG and RFH triangulation gap and process for resolving this as well as the impact of winter pressures for which it is hard to predict the financial impact. HP clarified that in relation to cancelled elective appointments there is an agreement that this will be cost neutral.</p> <p>With regards 18/19 planning and contracts, TJ explained that this was progressing slowly and that the approach will be discussed at FAM later in the week.</p> <p>ACTION: STP investment profile for Q4 2017/18 to be confirmed at FAM</p> <p>ACTION: Top QIPP and CIP schemes to be critically reviewed</p>	GS/WH WH/GS
2.3	<p>Health Information Exchange</p> <p>This report was taken under the Digital workstream report at 2.1</p>	
3.0	<p>Planning for 2018/19</p>	
3.1	<p>Productivity workstream plan 2018/19</p> <p>TJ Introduced this item with reference to the related work programme provided in the pack. The work programme summarised plans for 11 areas of focus and TJ noted the number of initiatives that had yet to confirm the potential savings. TJ explained that this will be taken to the January provider CEO meeting and that NHSI was also offering support aligned with the ‘Model Hospital’</p> <p>SH enquired about community productivity opportunities which was not in scope at this stage but there was a recognition that there were opportunities with this for the future.</p> <p>The Programme Delivery Board noted and approved the work programme and refreshed delivery plan for 2018/19</p>	





<p>3.2</p>	<p>Primary Care at Scale – Strategy for 2018/19</p> <p>HP introduced this item, which focused on the proposals and process to develop a refreshed Primary Care (general practice) strategy for North London. HP explained that this linked with the HCC2H work and that Tony Hoolaghan would be leading both to ensure consistency and reduce duplication of effort. With reference to the paper in the pack, HP drew the Board’s attention to the write up of the Primary Care Workshop held in December, which included the objectives, some demographic information, the aims of the programme and timeline. HP confirmed that a task and finish group would take this work forward. HP invited comments on the proposals and approach and the areas discussed included the following:</p> <ul style="list-style-type: none"> • Ensuring continuity of care was very important; • Developing portfolio place based roles • Opportunities to deliver at scale i.e. back office functions, and reduce variation; • Need to ensure links with CYP and families • Reference to a HEE event on 22 February on GP employment models • Primary care estate plans really important enabler but a challenge <p>The Programme Delivery Board NOTED and ENDORSED the proposals and approach</p>	
<p>3.3</p>	<p>Next Steps for North London Partners</p> <p>Ceri Jacobs (CJ) joined the meeting and HP introduced this item, which followed a recent discussion with CJ on next steps for STP partnerships generally as a next stage in development. It was acknowledged that the language of accountable care systems etc. used to date and nationally was unhelpful and misleading, and locally it was agreed not to use this term as the discussions in the sector progress. HP explained that whilst we needed to continue to focus on implementation of existing plans, there was a need, as well as a NHSE and NHSI expectation, that as a system we start to consider what the next phase of evolution in terms of partnership working, strategic alliances and/or integration might look like. With reference to the South East London (SEL) example in the papers, HP and CJ commented that much of what was represented in the SEL slides reflected much of the progress and partnership working already in place in North London. There was some evidence that progressing this work could help to contain costs going forward which was essential for North London given the deficit and risks associated with delivery.</p> <p>CJ outlined the timeline (end of February) for developing an initial outline vision for the sector acknowledging that this would be difficult given the complexity and that this would be discussed further. CJ explained that this was the national direction of travel but that respective footprints would need to work at a realistic pace and timeframe and build on what already exists. In terms of next steps, WH explained that we needed to work together to develop a system agreement and an outcomes based approach to commissioning. HP invited all members of the Board to comment on the next step expectations as explained by HP and CJ. The key points made are summarised below:</p>	





	<ul style="list-style-type: none"> • Strong agreement that the language of ACS/ACO should be avoided; • Locally we should be bold and ambitious and from a LA perspective, the focus on integration would be generally welcomed; • Need to keep function and form in right order; • Mental health has had some positive exposure to work in SEL demonstrating improvements in workforce outcomes and models of care; • Need to keep developments grounded in good relationships and focus on what works for patients. Retain the principle of 'fastest first'; • Needs to accepted as a long term strategy; • Need the regulators to demonstrate support for this; • Payment systems are a key requirement (activity based or block) • Outcome focused essential; • This will be profoundly complex and we need to have one voice. End of February timeline not realistic. We need to articulate our narrative clearly like SEL; • Level of engagement and appetite for this different between organisations. Reference to previous 'lock in' and survey following this; • Clinical Leadership important. <p>HP thanked everyone for their initial thoughts on this and suggested that we use the time slot for the next PDB meeting on 13 February to dedicate to this discussion and invite all Provider and LA CEOs.</p> <p>ACTION: Use the next PDB for a structure discussion on next steps for North London Partners</p>	HP/WH
4.0	Any Other Business	
	<p>The following information and feedback was shared under AOB:</p> <p>The next meeting of the Programme Delivery Board was confirmed as 13th February 2018 3-5pm at 5 Pancras Square.</p>	
CLOSE: The meeting closed at 5:10pm.		

