



APPROVED MINUTES OF THE NCL STP PROGRAMME DELIVERY BOARD

15:00-17:00 on Tuesday 13 February 2018

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	✓		
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
Suzi McCool	STP PMO	PMO Support
Sanjay Mackintosh	PMO Social Care Programme Lead	Attendee
Gen Ileris	Head of STP Communications & Engagement	Attendee
Geoff Bellingan	Medical Director, UCLH	Deputy for K Pritchard-Jones
Guy Dentith	Deputy Finance Director, UCLH	Deputy for T Jaggard

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 09 January 2018 were reviewed and agreed without amendment.	
1.3	Review of action log	
	The actions from the last meeting held on 09 January 2018 were reviewed. The following updates were provided against the outstanding actions: Action 1: Agreement on NCL tariffs affecting workstream delivery to be resolved via the FAM meeting as soon as possible. This is due to be agreed at the end of February and an update will be provided at the March PDB. Action 2: STP investment profile for Q4 2017/18 to be confirmed at FAM. This will be confirmed by the end of February and an update will be provided at the March PDB. Action 3: Top QIPP and CIP schemes to be critically reviewed. This is underway and an update will be provided to the March PDB.	Simon Goodwin Gary Sired Will Huxter/Tim Jaggard
1.4	New Declarations of interest	
	There were no new declarations of interest.	



2.0	2017/18 Delivery	
2.1	<p><u>M09 Financial Report</u> Simon Goodwin presented a paper that provided the latest financial position at M09 across CCGs and NHS Trusts.</p> <p>The year to date deficit reported across NCL is £43.2m, a favourable variance to plan of £20.3m. 7 organisations (4 CCGs plus 3 Trusts) are likely to be reporting adverse year to date variances to plan by end of year. 6 Trusts are reporting positive variances to plan. The forecast outturn deficit of £35.5m is a £1.7m adverse variance to plan, and a £31.5m adverse variance to control total.</p> <p>The Board was asked to note that triangulation has been agreed across all CCGs and Providers.</p> <p><u>LA positions</u> The board received an update on the financial position and medium term financial plans for Local Authorities across NCL.</p> <p>All borough councils are currently seeing in year pressures but all are forecasting year-end financial balance through use of savings and reserves.</p> <p>The board noted that the source of these pressures varied – however, across many partners children’s services were having a large impact on budgets. The board discussed the need to ensure that in the future we understood more on this and that this fed into the children and Young peoples programme of work.</p> <p>The medium term forecast reveals a sizeable gap appearing from 2019 onwards. It was noted that changes to the funding of local authorities mean that the impact of this is not yet clear.</p> <p>It was noted in particular that more work was needed for partners to understand the impact of these changes.</p> <p>Action 4: A board level briefing session to be arranged with a LA finance lead on the impact of changes to future funding of local authorities.</p> <p><u>Planning guidance and feedback from NHS E/I meeting</u> The planning guidance details an increase of £15.6m in CCG allocation across NCL. It should be noted that there will be no additional winter funding in 2018/19. It is unclear whether this figure (£15.6m) has already been badged against initiatives nationally.</p> <p>The deadline for the signing of contracts is 23 March. The deadline for operating plans is 01 March.</p>	Mike Cooke





	We are currently projecting a deficit across the sector in 2018/19 for the NHS organisations). The STP's Finance and Activity Modelling Group (FAM) is currently working out the baseline with the limited guidance available. We are awaiting the publication of technical guidance on mental health investment.	
3.0	Planning for 2018/19	
3.1	<p>Prioritisation of workstream deliverables in 2018/19</p> <p>Highlight reports to the Board show that at the moment we are trying to progress a large number of different initiatives, which is not sustainable. At the January Board it was agreed that it was necessary to focus the collective system capacity and attention on a manageable number of key priorities, with the greatest potential to deliver transformational change and system savings.</p> <p>Workstreams were asked to undertake an exercise to review their 2018/19 Delivery Plans to provide assurance to the Board that there exists sufficient resource to deliver the plans in 2018/19. The expectation was that some initiatives may have to be stopped in order to focus the existing capacity to deliver tangible benefits in 2018/19.</p> <p>Leads were asked to ensure that interdependencies, particularly between the clinical workstreams were maintained and shared responsibilities/actions agreed.</p> <p><u>UEC</u> The programme has prioritised 8 projects, 3 will be managed differently (i.e. by local A&E Delivery Boards), 5 will be subject to a review of scope and timescales and 3 have been moved to low priority.</p> <p>Action 5: UEC to undertake work to understand the impact of the new digital programme plan and interdependencies of the UEC work</p> <p><u>Planned Care</u> Given the scale of the workstream, the projects have been prioritised in terms of readiness and ability to provide learning for other workstreams. There will be a rolling programme of implementation.</p> <p>Action 6: The list of the 6 specialties to be prioritised to be shared with the Providers to assist in the freeing up of clinical time to engage and support.</p> <p><u>Health and Care Closer to Home</u> There were no changes to the workstream as a result of the exercise. However, it did reveal external dependencies with GP Federations; the Board was assured that this is in hand through the Primary Care Strategy – which is involving GP Federations and Healthwatch.</p>	<p>Sarah Mansuralli</p> <p>Marcel Levi</p>





<p><u>Mental Health</u> The priorities of the workstream have been refocused in light of success so far and the need to address the predicted shortage of acute mental health beds in the future if pathways are not improved. There is an interdependency with prevention, estates, workforce and Housing/Social Care that should be explored further.</p> <p>Action 7: Mental Health to link up with CYP and prevention to develop robust plans on new priorities</p> <p><u>Cancer</u> The Cancer workstream will be focused in three priorities: achieving the 62-day wait target (at both a provider and CCG level), early diagnosis and Living with and beyond Cancer. It was noted that there is a shortage of diagnostic capacity across the system – with further modelling work to take place on this. There is a risk regarding the different models at RFH/NMUH and UCLH.</p> <p>Action 8: KPJ to ensure link up between cancer workstream and health and care close to home and the diagnostic workstream</p> <p><u>Prevention</u> There have been no changes to the Prevention plan. The Board was asked to note that talks to explore a shared approach to the Prevention CQUIN have begun – although at a very early stage.</p> <p><u>Children and Young People</u> The CYP workstream has four priorities. However, these still need scoping. A Programme Director for the workstream is commencing work on 19th February and one of her first priorities will be to complete a detailed delivery plan by 1st April.</p> <p><u>Estates</u> The estates workstream has five priorities: to support the redevelopments at St Pancras, St Ann’s and Moorfields hospitals, to reduce void space within the NHS estate and to develop an NCL strategy.</p> <p>Once the Primary Care Strategy has been agreed, it is likely that other primary care estate projects will be included in the Estates strategy.</p> <p>Action 9: Tony Hoolaghan to ensure developing primary care strategy feeds into estates strategy</p> <p><u>Digital</u> The Digital workstream will be prioritising two areas: health information exchange and population health management.</p>	<p>Paul Jenkins</p> <p>Kathy Pritchard-Jones</p> <p>Tony Hoolaghan</p>
--	---



	<p>Action 6: A paper outlining the benefits of these two projects and any impact on other programme priorities to be sent to the Board in March and to be circulated to Local Authority Chief Executives.</p> <p><u>Maternity</u> There were no changes to the Maternity workstream priorities. The Board noted that a fifth priority, Quality and Safety, was made explicit (rather than embedded within the other 4 projects) in the December version of the delivery plan for NHS England.</p> <p><u>Workforce</u> The workstream has not yet finalised its 2018/19 priorities. These will be confirmed via dialogue with the other workstreams and following the LWAB.</p> <p>Action 7: Workforce workstream priorities to be confirmed asap.</p> <p><u>Adult Social Care</u> Two projects have been prioritised: market management of nursing care homes and the nursing care home workforce. Further information was given later in the meeting.</p> <p><u>Provider productivity</u> Following a workshop with providers, the list of potential areas for the emerging workstream was narrowed to four from an initial eleven. The next step is for further, more detailed scoping to take place to assess to viability of implementing any of the 11 areas on an NCL-wide level. Recruitment is currently underway for a finance analyst to take this forward.</p> <p>The Board noted that formal governance of this workstream is via the Strategy Directors' Group and the Provider Chief Executives.</p> <p>The board noted that there were still a large number of priorities and further work was needed to understand capacity to change along with how resources were being deployed across the system to support transformation.</p> <p>Action 9: Further clarification to be presented on the clinical leadership/capacity, financial savings, priorities for STP (as opposed to business as usual) and ability of system providers to absorb changes.</p>	<p>David Sloman</p> <p>Siobhan Harrington</p> <p>Richard Dale</p>
<p>3.2</p>	<p>Social Care: next steps</p> <p>Dawn Wakeling introduced the item on next steps for the adult social care workstream.</p> <p>During the first half of 2017, the five Councils came together to explore how best to tackle shared challenges in adult social care and health, working closely with STP colleagues. Since July 2017, efforts have focused on detailed scoping which has led to the selection of two areas which will have the highest impact:</p>	



	<p><u>Market management</u></p> <ul style="list-style-type: none"> - Increasing high quality nursing care provision - Sharing quality assurance approaches - Collaboration between CCGs and Councils on pricing of nursing care <p><u>Workforce</u></p> <ul style="list-style-type: none"> - Increasing number of high quality nurses into nursing homes via Capital Nurse projects - Increasing high quality home carers via new career pathways and recruitment and retention approaches - Ensuring training and development opportunities for social care staff via Community Education Provider Networks <p>These two projects have links with Learning Disabilities, Mental Health, Acute providers. A pharmacy and a dementia link are being sought.</p>	
<p>3.3</p>	<p>Integration: next steps emerging principles and next steps</p> <p>Chairs and Chief Executives and PDB members will be invited to an event to bring together health and social care leaders from across the system within NCL has been arranged for 8th March.</p> <p>The event will explore next steps for integration at different levels – from neighbourhoods to STP level. The PMO is undertaking preparatory scoping work with stakeholders.</p> <p>The recent NHSE Planning Guidance contained some brief guidance on Integrated Care Systems'. This enables us as a system to ensure the needs of our local communities are at the centre of any plans.</p> <p>We have been reviewing the outcomes of the integration pilots that have taken place throughout the country>The work on care home vanguards stands out as something we may want to look at for good practice.</p> <p>Action 10: Paper on care home vanguards to be circulated to the Board.</p>	<p>Helen Pettersen</p>
<p>4.0</p>	<p>Any Other Business</p>	
	<p>There were no other items of business.</p> <p>The next meeting of the Programme Delivery Board was confirmed as 13th March 2018 3-5pm at 5 Pancras Square.</p>	
<p>CLOSE: The meeting closed at 4:50pm.</p>		

