



APPROVED MINUTES OF THE NCL STP PROGRAMME DELIVERY
BOARD 15:00-17:00 on Tuesday 11 December 2018
Room 11.11-11.12, 5 Pancras Square, London, N1C 4AG

| Members | PDB role / job title | Present | Deputy | Apologies |
|----------------------|---|---------|--------|-----------|
| Helen Pettersen (HP) | - STP Convenor | | | ✓ |
| Alex Faulkes (AF) | - Programme Director, Urgent & Emergency Care | ✓ | | |
| Chloe Watson (CW) | - Head of Communications and Engagement | | | ✓ |
| Chris Dziki (CD) | - Programme Manager, Mental Health | ✓ | | |
| Diane Macdonald (DM) | - Programme Manager, Estates | | | ✓ |
| Donal Markey (DM) | - Programme Director, Planned Care | | | ✓ |
| Gary Sired (GS) | - STP Deputy Director of Finance | ✓ | | |
| Shahbaz Bhutta (SB) | - Finance Lead, Provider Productivity | ✓ | | |
| Kaye Wilson (KW) | - Programme Manager, Maternity | ✓ | | |
| Martyn Smith (MS) | - Programme Director, Digital | ✓ | | |
| Mubasshir Ajaz (MA) | - Programme Manager, Prevention | | | ✓ |
| Naser Turabi (NT) | - Programme Director, Cancer | ✓ | | |
| Richard Dale (RD) | - Director of Delivery, STP | ✓ | | |
| Richard Elphick (RE) | - Programme Director, Adult Social Services | ✓ | | |
| Sam Rostom (SR) | - Programme Director, Children and Young People | ✓ | | |
| Sarah McIlwaine (SM) | - Programme Director, Care Closer to Home | ✓ | | |
| Sarah Young (SY) | - Programme Manager, Workforce | ✓ | | |
| Will Huxter (WH) | - Director of Strategy, NCL CCGs (Chair) | ✓ | | |

| Attendees | Job Title | Reason for attendance |
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| Jonathan Fisher (JF) | Programme Manager (STP Programme Office) | Regular attendee |
| Suzi McCool | Project Manager (STP Programme Office) | Minutes |

| No. | Agenda Item | Owner |
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| 1.0 | GENERAL BUSINESS | |
| 1.1 | Welcome and Apologies | |
| | Will Huxter Chaired the meeting. He welcomed members to the meeting and noted the apologies. The meeting was QUORATE . | |
| 1.2 | Review of minutes from the previous meeting | |
| | The minutes from the previous meeting were APPROVED with some minor clarifications to the language used in the Health and Care Closer to Home update which have been amended. | |



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| 1.3 | Review of actions from the previous meeting | |
| | <p>The actions from the previous meeting were reviewed as follows:</p> <p>Action 1: (SR to bring back an update on the emerging strand of work around children with complex needs.) is not yet due. This will be scheduled on the agenda of the February PDB.</p> <p>Action 2: (DM to send HP and WH business case relating to ongoing POLCE work) is complete (closed).</p> <p>Action 3: (Update on shared bank benefits realisation) is on the agenda as part of the Provider Productivity report (closed).</p> | |
| 2.0 | STRATEGIC UPDATES | |
| 2.1 | Update on wider STP context | |
| | <p>We await the publication of the NHS 'Long-term Plan' which has been further delayed to January. In addition, we are still awaiting 2019/20 planning guidance from NHS England.</p> <p>Sir David Sloman, CEO of the Royal Free Hospital Group, has been appointed as Regional Director for London – a joint post for NHS England and NHS Improvement.</p> <p>We are awaiting full details about the management structure below this and will share this in due course.</p> <p>As a result of the above appointment, we are seeking expressions of interest in the vacancies for STP Provider lead and SRO for the Digital workstream.</p> <p>One of the other challenges facing the system is that a 20% reduction in management costs within commissioning organisations needs to be delivered in 2020/21.</p> <p>In other news, Flo Panel-Coates, Chief Nurse at UCLH, has been appointed to replace Richard Jennings as co-Chair of the STP's Health and Care Cabinet. We are continuing to search for Richard's replacement as clinical lead for the Planned Care workstream.</p> <p>Dr Chris Streather, Group chief medical director for the Royal Free Hospital Group, has been appointed as joint clinical lead for the STP Leadership group alongside Dr Jo Sauvage.</p> | |
| 2.2 | Feedback from November JHOSC Meeting | |





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| | <p>The Joint Health Overview and Scrutiny Committee (JHOSC) the meeting where Cllrs responsible for health and care scrutiny receive updates on aspects of the programmes with a focus on ensuring appropriate engagement with residents and councils. At the November meeting the programme presented updates on Estates and the NCL Primary Care at scale strategy.</p> <p>The focus of Estates update was the use of Capital Receipts from estates sales (revenue from the sale of fixed assets). We provided information that had been collated, but advised the committee – that more detailed information would need to be provided by individual trusts as this is where the statutory legal accountability lies.</p> <p>The focus of the Primary Care at Scale strategy presentation was on how this will be implemented by engaging with residents. We relayed that individual CCGs are now developing the implementation plans in conjunction with local residents and these will go to the local Health Overview and Scrutiny Committees.</p> <p>The items on the agenda for the next meeting are Maternity and Mental Health. We will be engaging with the Chair of the JHOSC to clarify the context and ensure we answer the relevant questions from the committee.</p> <p>It was recognised that the ability to work effectively would be enhanced if we understood to a greater extent how to best work with our local council governance structures. Development of strengthened relations with key teams and lead Cllrs would enable us to align more closely the programmes of work with council priorities.</p> <p>Action: RD, RE and CW to meet and work out how best to engage more widely with wider council structures.</p> | |
| 3.0 | DEEP DIVE | |
| 3.1 | Integration and links to STP programmes | |
| | <p>The board considered the write up and the outputs of the integration simulation event held in October.</p> <p>It was agreed it would be useful for Programme Directors to think these through from their perspectives – alongside the NHS long term plan and this will be discussed at a future meeting.</p> <p>Subsequent, borough based integration events will take place in January and February. There will be a real drive towards more focus on delivering outcome-based interventions and services and how integration will support this.</p> <p>Thoughts on taking forward progress on integration from the members included:</p> <ul style="list-style-type: none"> • We need to define the incentives to develop integration. | |





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| | <ul style="list-style-type: none"> • Agreement is needed on key challenges such as: risk sharing, contracting, moving beyond integration meaning physical locations, moving from words to actions. • There is some rich learning from the UCLH diabetes and Camden MSK work. • How do we gather together the many examples of joint or integrated work that has taken place from within the patch to ensure lessons are learned? • Integration should not delay us moving forward with our planned work. There is willingness to work together informally and there are some quick wins available. • How do we move towards thinking as a system, rather than as individuals or organisations? At present, this is a challenge. • We need to maintain our current priorities and see integration as an opportunity to enhance our ability to deliver. Integration should not be seen as another change in direction but further alignment, embedding of plans and creating a higher chance of success. | |
| 4.0 | ENSURING WORKSTREAM BENEFITS REALISATION | |
| 4.1 | Update on NCL finances, performance and activity | |
| | <p>Gary Sired noted that the overall position of deficit remains and is worsening to the point that the sector is unlikely to meet its planned deficit. It is important to note that the underlying position for many partners is continuing to deteriorate despite CIP and QIPP programmes in place.</p> <p>Given that we are unlikely to achieve financial balance this year we will seek to have a more realistic debate with NHSE/I going forward – once the Long Term Plan has been published.</p> <p>We will continue to distribute the NHS England perforce report to programme directors for information as these are the measures currently being used to measure the success of the system. Work is needed across the programme to develop KPIs and measures across the programme.</p> <p>Action: PMO to include NHS E dashboard for info as part of board pack</p> | |
| 5.0 | ENSURING WORKSTREAM PLAN DELIVERY | |
| 5.1 | Updates from workstreams | |
| | <p><u>Health and Care Closer to Home</u></p> <ul style="list-style-type: none"> • Following agreement of the Primary Care at Scale Strategy it is moving to local implementation. • £500k funding has been secured from NHS England to support the development of the care closer to home integrated networks with integration. This is split as follows: £50k to Camden, Barnet and Islington and additional resource deployed to Haringey (£150k) and Enfield (£200k). <p><u>Workforce</u></p> | |



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| <ul style="list-style-type: none"> • The risk escalated at the previous Programme Delivery Board has now been unblocked. All Trusts have now agreed to shared Mandatory and Statutory Training standards and made a decision to be part of this programme of work. Trusts are now going through a process to decide whether to participate in the share bank scheme. <p><u>Cancer</u></p> <ul style="list-style-type: none"> • The new lung cancer screening service has been announced. This is an innovative new service which will increase rates of early detection. <p><u>Urgent and Emergency Care</u></p> <ul style="list-style-type: none"> • AF attended the Workforce Board to support the management of the multiple interdependencies. • Further work will be undertaken with workforce to look at the issue of ensuring effective working with GP roles at Urgent Treatment Centres and A&Es. • A new service is in place to divert activity from Emergency Departments to Pharmacy. • The Stroke business case has been signed off with input received from all CCGs. <p><u>Children and Young People</u></p> <ul style="list-style-type: none"> • The development of the asthma dashboard and registry continues – working with the Digital and Population health management teams within the STP to ensure cohesion. • Work is ongoing to develop the model the future work on delayed transfers of care for children and young people with special educational needs and disability. • Development of the NCL asthma plan is going to take place at borough level via multi-agency workshops in January and February and aiming to take an integrated approach to tackling asthma as both NCL and borough level. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> • New care models for bed management services for Children and Young People is underway across NCL and NEL to help cope with the winter pressures. <p><u>Maternity</u></p> <ul style="list-style-type: none"> • Three of the local trusts have received a rebate on CNST (Clinical Negligence Scheme for Trusts) charges related to the maternity incentive scheme – which is traditionally the highest number of claims and pay-outs for Trusts. • Initial evaluations of the two maternity hubs is taking place. • All Trusts have committed to increased numbers for continuity of care. • A single point of access (website) for new parents will be launched in March. The beta site is currently live for testing. <p><u>Provider Productivity</u></p> | |
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| | <ul style="list-style-type: none"> An update on the year to date savings achieved within workstream is being compiled due to changes to the rules from NHS England relating to where savings are retained. Transport, automation and decontamination will be the next three areas of focus for scoping and decision by the Chief Executives Group. <p><u>Digital</u></p> <ul style="list-style-type: none"> Work is underway relating to the Health System Led Investment funding in order to seek a system-wide agreement on how costs pressures are handled. Information governance remains a challenge. The early adopters for the Health Information Exchange and Population Health Management projects need this in place to progress. Closer working with the other workstreams within the STP is planned from January 2019. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> The NCL CCGs Joint Commissioning Committee has signed off the NCL Procedures of Limited Clinical Effectiveness (PoLCE) Policy. This follows 18 months of clinical engagement and input into the local policy. The next step is to ensure implementation and adherence within the Trusts. | |
| 6.0 | 2019/20 PLANNING | |
| 6.1 | Planning update | |
| | <p>Programme directors are working to develop PIDs for schemes in 19/20, these will be shared with CCGs before Christmas 2018. The CSU are supporting with activity and finance modelling. For STP schemes, the sign off of assumptions will be via STP SROs and programme directors.</p> <p>We are working with CCG leads to ensure a clear set of roles and responsibilities for schemes in 2018/19 including how this works for STP-led and locally-led/business as usual. Thoughts on where schemes are best led should be fed to RD by 18th December.</p> <p>Action: Programme leads to feedback to RD on how schemes could be best be delivered in 19/20</p> <p>As part of this closer working we will be working with the local delivery groups to hear how these are progressing and how we can strengthen ties to deliver the STP plans and to define clear handover points between regional (STP) and local (borough) responsibility for delivery. RD will provide updates from the local delivery teams to subsequent meetings.</p> <p>Action: RD to provide regular updates to PDB on local delivery teams</p> | |
| 7.0 | KEY MESSAGES | |





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| | The key messages we need to be communicating in all of our interactions are: <ol style="list-style-type: none">1. We need to focus on articulating the benefits to patients of our work2. How this can lead to better, more aligned working between partners3. How our work is focussed on improved quality and reduction in system costs | |
| 8.0 | ANY OTHER BUSINESS | |
| 8.1 | Any other business | |
| | No further items of other business were raised. | |
| 8.2 | Date and time of the next meeting | |
| | The next meeting of the Programme Delivery Board will be held from 3pm to 5pm on 08 January 2019. | |
| CLOSE | | |

