



APPROVED MINUTES OF THE NCL STP PROGRAMME DELIVERY BOARD
15:00-17:00 on Tuesday 12th March 2019
Room 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
Jonathan Fisher (JF)	Programme Manager (STP Programme Office)	Regular attendee
Claire Willis	Project Manager (STP Programme Office)	Minutes
Jamie Frost	Project Manager, Mental Health	Deputy for CD
Adam Backhouse	QI Programme Lead	Deputy for SM

No.	Agenda Item	Owner
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 without amendment	



1.3	Review of actions from the previous meeting	
	The actions from the previous meeting were reviewed.	
2.0	STRATEGIC UPDATES	
2.1	Update on wider STP context	
	<p>There is a focus on us demonstrating that we are working towards the NHS Long Term Plan.</p> <p>NCL are heading for a deficit as a system so there is a need to work jointly as partners on a strategy to achieve financial balance.</p> <p>The Trust Chief Execs in NCL will be approached to comment on delivery plans for programmes they are not involved in, the aim for this is to gain insight and on how we can make more traction with our plans. Programme Directors are to support each other in this process it is not an audit to expose issues, it is a chance to refresh our plans and approach.</p> <p>With Integrated Care Systems (ICS) on the horizon there will be a programme of work to take this forward.</p> <p>Actions:</p> <p>1) Coordinate the review of NCL Delivery Plans by Trust Chief Executives</p>	WH
3.0	WORKSTREAM PLANNING	
3.1	Revamping the Prevention Workstream	
	<ul style="list-style-type: none"> • The Prevention Board was held last week and the revamped delivery plan was approved • 3 areas of focus: smoking, alcohol, obesity • NCL has a high prevalence rate for each of these areas • Whilst there is a lot of good work going on to address the issues in these 3 areas the offer is not equitable across NCL • The separate budgets for each borough does not aid integration and causes a postcode lottery • Particularly with Obesity, services across NCL are not following NICE pathways • The plan focuses on 5 areas of opportunity within each of the 3 areas of focus • A public Health consultant is coming on board to assist with this programme of work • Next steps is to include Prevention into other workstreams 	





	<p>Actions:</p> <p>2) Programme Directors to ascertain where Prevention can be included within other workstreams</p>	Programme Directors
4.0	DEEP DIVES	
4.1	Care Homes Scoping Work	
	<ul style="list-style-type: none"> • Work being led by Jenni Frost • Resident of care homes have less access to services and their needs are not being met • There are pockets of good work taking place but not in a systematic way • Elements of this work touches on a number of other programmes so Programme Directors are encouraged to link in with Jenny • Based on the over 65 population, NCL has 1000 fewer nursing beds compared to other areas in London 	
4.2	Paediatric Asthma Plan	
	<ul style="list-style-type: none"> • Asthma is a key priority for the CYP Programme and this was also reflected as a priority in the NHS Long Term Plan • The workstream agreed an integrated whole-system approach working with health, social care, housing, public health and environment/air quality services to develop five strategic outcomes and associated objectives. • Local workshops have then developed their own plans to deliver towards the five outcomes and there has been good clinical support. • An engagement plan is underway, including young person workshops, parent forums and questionnaires which will all inform the development and implementation of the plan. • The partnership approach for this workstream can be shared with other programmes as an example of good practice • On 7th May the NCL Asthma Conference is being held and all are welcome to attend • A clinical asthma network has been established and work is also underway with data analysts to develop a dashboard which will monitor the delivery of the plan. 	
4.3	Residents Engagement Programme	
	<ul style="list-style-type: none"> • Funding has been received from NHSE which will be used to improve the NCL approach to engagement • This will be used to fund: A Resident Online Hub and a Resident Advisory Board • The online hub will involve a level of digital management 	





	<ul style="list-style-type: none"> • These initiatives will enable a more joined up and targeted approach to engaging with our local population 	
5.0	ENSURING WORKSTREAM BENEFITS REALISATION	
5.1	Update on NCL finances, performance and activity <ul style="list-style-type: none"> • Finance update • NHSE dashboards 	
	<ul style="list-style-type: none"> • The year to date position is a £28.8m deficit away from plan, of which £6.2m relates to non-achievement of PSF funding, • The forecast outturn deficit of £26.2m is a £7.7m unfavourable variance to plan, and a £125.3m unfavourable variance to control total. This is an improvement of £55.8m from M9 (key data returns), with all of this accounted for by UCLH which is forecasting a £51.9m surplus at M10 an improvement of £55.9m since M9 key data return. The improvement at UCLH relates to profit on disposal of Tranche 3 of Eastman Dental. • The net CCG net risk position currently stands at £15.9m at Month 10 primarily due to acute contract performance, GP Prescribing and QIPP under-delivery. • In regards to activity, there has been a reduction of GP referrals but there has been an increase in elective care and A&E. 	
6.	PROGRESS UPDATES	
6.1	Update by Workstream Including: <ul style="list-style-type: none"> • Major deviations from plan • Escalations • New / unresolved interdependencies 	
	<p>Cancer</p> <ul style="list-style-type: none"> • Performance is a challenge for 3 main providers in NCL due to an increase in 2 week wait referrals, inter-trust referrals contribute to this • There is a plan to change how referrals are managed, this will help providers within NCL to balance the supply and demand between them • There are also going to be changes to the cancer targets <p>Planned Care</p> <ul style="list-style-type: none"> • Orthopaedic Review Board has been set up and there are 3 remaining workshops to complete and remains on target to have a paper to take to the JCC in May. • Implementation has begun for the Wave 1 of the diagnostic workstream, this will be encouraging a system and behaviour change across NCL • Telederm is live with over 30 referrals been sent via GP's to providers 	



	<ul style="list-style-type: none"> • The exception is RFL which is experiencing a technical issue but a resolution has been provided and should be implemented in due course • Of the referrals sent there has been a low rejection rate of images to date leading which suggest the dermatoscopes and training provided was fit for purpose. • There are still interoperability issues for those that have gone live as to be expected during the 3 month proof on concept and there is work going on to resolve these issues. <p><u>Care Closer to Home</u></p> <ul style="list-style-type: none"> • There is a short time frame for the implementation of the Primary Care Networks (PCN) so this is a priority • PCN will require a significant cultural and behavioural shift so will require a robust and consistent STP Comms process • The development of the PCN will impact on other programmes and workstreams too <p><u>Estates</u></p> <ul style="list-style-type: none"> • Currently conducting workshops with local authorities • Plan to hold clinical workshops to present to the Estates Board • Estates Optimisation workshops are going to be starting so linking in with earlier, it will do well to have the Trust CEO's involved from the start for this process. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> • Plan for new care model in CAMHS for Tier 4, which is good news as there is currently an inequality of service provision • Work on the mental health liaison services is ongoing and on track to meet the deadline which should result in 2 contracts being in place for NCL. • Whilst the majority of the 18/19 plan is showing as amber a lot has been achieved over the year so the plan for 19/20 will feature a degree of flexibility <p><u>Children & Young People</u></p> <ul style="list-style-type: none"> • Admission Avoidance workshop is coming up <p><u>Urgent & Emergency Care (UEC)</u></p> <ul style="list-style-type: none"> • The setup of the urgent treatment centres (UTC) is to be finalised by end of March • There is a strict criteria to become a UTC and there have been challenges over this • Interoperability issues have been experienced and the interim resolution has not been effective and we are awaiting a national resolution from NHSE 	
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	<ul style="list-style-type: none"> • The UEC roadshow schedule is now completed and has been very successful • Now currently working with clinicians within UEC to focus on transformational outcomes <p><u>Social Care</u></p> <ul style="list-style-type: none"> • A national social care recruitment campaign is underway and a NCL specific recruitment campaign will be coming out on the back of this • Many other workstreams will have an interface with care homes so all programme directors are invited to engage with both Jenny and Sam in the care home scoping work • A focus for 19/20 will be to assess how local councils can align with ICS and improve the joint working. <p>Actions:</p> <p>3) Programme Directors to engage with both Jenni and Sam in the care home scoping work where applicable</p> <p><u>Provider Productivity</u></p> <ul style="list-style-type: none"> • Hubs are reporting savings for the system • A shared bank is in place across NCL providers • Med Optimisation work has proved successful for patients and for finance • Work is underway to refresh the delivery plan for 19/20 using lessons learnt from this year • Automation remains an interest to providers <p><u>Digital</u></p> <ul style="list-style-type: none"> • The Health Information Exchange in Barnet is progressing • There is a focus on the roll out of Healthy Intent <p><u>Workforce</u></p> <ul style="list-style-type: none"> • The milestones for 18/19 are largely green and the plan for 19/20 is being finalised • NHSE are going to publishing a workforce Implementation plan later this year so this will invariably impact on the delivery plan • Work is underway to develop training hubs within Primary Care 	<p>Programme Directors</p>
<p>6.2</p>	<p>Updates from local delivery teams</p>	
	<ul style="list-style-type: none"> • Royal Free London Hospital has a team of 3 funded by the CCG's and they help to unblock issues restricting the delivery of plans. • North Middlesex Hospital is keen to engage with us and want to review their representatives and boards and meetings to ensure they have the right people involved. 	





	<ul style="list-style-type: none"> Whittington Health are working to set up a local delivery board for joint areas of work including STP programmes. University College London Hospital have accepted the QIPP plans in principle but these need to be transferred into delivery. <p>Actions:</p> <p>4) Programme Directors to let RD know where they require engagement from NMUH</p> <p>5) Any issues requiring support at Whittington Health should be raised to Alex Smith to ensure adding to their agreed workplan.</p>	<p>Programme Directors</p> <p>Programme Directors</p>
7.	KEY MESSAGES	
7.1	Key messages for all to take out into workstreams and organisations	
	<ul style="list-style-type: none"> With the development of Integrated Care Systems high on the agenda, information on this will be provided for all our partners in due course, this to ensure a consistent message is conveyed. Our priority is to keep a focus on delivery whilst the environment in which we operate changes. 	
8.	AOB	
8.1	AOB	
	<p>Concern raised that it will be difficult to engage partners whilst in a significant financial deficit when benefits of some workstreams will not be realised for 2 years or more.</p> <p>It was advised that whilst we are all concerned about the financial position NCL this should not hinder progress, whilst some of the workstreams take a long term view we need a long term view to ensure our approach is robust. It is important to remember this when there are other priorities.</p>	
8.2	Date and Time of Next Meeting	
	The next meeting of the Programme Delivery Board will be held from 3pm to 5pm on 9th April 2019.	
CLOSE		

