



Camden



ENFIELD  
Council



ISLINGTON

# **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

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**FRIDAY, 17 MARCH 2017 AT 10.00 AM  
COUNCIL CHAMBER, TOWN HALL, JUDD STREET, LONDON WC1H 9JE**

<b>Enquiries to:</b>	<b>Vinothan Sangarapillai, Committee Services</b>
<b>E-Mail:</b>	<b><a href="mailto:vinothan.sangarapillai@camden.gov.uk">vinothan.sangarapillai@camden.gov.uk</a></b>
<b>Telephone:</b>	<b>020 7974 4071 (Text phone prefix 18001)</b>
<b>Fax No:</b>	<b>020 7974 5921</b>

## **MEMBERS**

**Councillor Alison Kelly (London Borough of Camden) (Chair)**  
**Councillor Pippa Connor, London Borough of Haringey (Vice-Chair)**  
**Councillor Martin Klute, London Borough of Islington (Vice-Chair)**  
**Councillor Alison Cornelius, London Borough of Barnet**  
**Councillor Abdul Abdullahi, London Borough of Enfield**  
**Councillor Jean Roger Kaseki, London Borough of Islington**  
**Councillor Graham Old, London Borough of Barnet**  
**Councillor Richard Olszewski, London Borough of Camden**  
**Councillor Anne-Marie Pearce, London Borough of Enfield**  
**Councillor Charles Wright, London Borough of Haringey**

Issued on: Thursday, 9 March 2017



# **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 17 MARCH 2017**

**THERE ARE NO PRIVATE REPORTS**

## **AGENDA**

### **1. APOLOGIES**

### **2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA**

Members will be asked to declare any pecuniary, non-pecuniary and any other interests in respect of items on this agenda.

### **3. ANNOUNCEMENTS**

### **4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT**

### **5. MINUTES**

(Pages 5 - 12)

To approve and sign the minutes of the meeting held on 3<sup>rd</sup> February 2017.

### **6. SUSTAINABILITY AND TRANSFORMATION PLAN: GOVERNANCE AND TRANSPARENCY**

(Pages 13 - 52)

This report and presentation are to inform members of the proposed governance structure for the North Central London Sustainability and Transformation Plan (NCL STP).

### **7. SUSTAINABILITY AND TRANSFORMATION PLAN: COMMUNICATIONS STRATEGY**

(Pages 53 - 108)

To consider the draft communications plan and information about the communications on workstreams and engagement for healthcare closer to home, the workforce, urgent care, prevention, mental health, estates, digital, planned care and cancer.

## **8. WORK PROGRAMME**

(Pages 109 -  
114)

This paper provides an outline of the 2016-17 work programme of the North Central London Joint Health Overview & Scrutiny Committee. Members are asked to agree the work programme for the remainder of the municipal year and to consider items for future meetings.

## **9. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT**

## **10. DATES OF FUTURE MEETINGS**

The dates and locations of future meetings of the JHOSC would be:

- Friday, 21<sup>st</sup> April 2017 (Islington)
- Friday, 9<sup>th</sup> June 2017 (Haringey)
- Friday, 22<sup>nd</sup> September 2017 (Barnet)
- Friday, 24<sup>th</sup> November 2017 (Enfield)
- Friday, 26<sup>th</sup> January 2018 (Camden)
- Friday, 23<sup>rd</sup> March 2018 (Islington)

**AGENDA ENDS**

The date of the next meeting will be Friday, 21 April 2017 at 10.00 am in Committee Room 4, Islington Town Hall, Upper Street, London N1 2UD.

## **THE LONDON BOROUGH OF CAMDEN**

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 3RD FEBRUARY, 2017** at 10.00 am in the Conference Room, Enfield Civic Centre, Silver Street, Enfield EN1 3XA

### **MEMBERS OF THE COMMITTEE PRESENT**

Councillor Alison Kelly (LB Camden) (Chair)  
Councillor Pippa Connor (LB Haringey) (Vice-Chair)  
Councillor Alison Cornelius (LB Barnet)  
Councillor Graham Old (LB Barnet)  
Councillor Richard Olszewski (LB Camden)  
Councillor Abdul Abdullahi (LB Enfield)  
Councillor Anne Marie Pearce (LB Enfield)  
Councillor Jean-Roger Kaseki (LB Islington)

### **MEMBERS OF THE COMMITTEE ABSENT**

Councillors Charles Wright and Martin Klute

### **ALSO PRESENT**

Councillor Doug Taylor, Leader of Enfield Council

**The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the. North Central London Joint Health Overview and Scrutiny Committee.**

## **MINUTES**

### **1. APOLOGIES**

Apologies were received from Councillors Martin Klute (LB Islington) and Charles Wright (LB Haringey).

### **2. DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA**

Councillor Olszewski declared that he was a Camden Council representative on the governing body of the Royal Free Hospital. He also declared that he had given advice to the Pharmacists' Defence League.

### **3. ANNOUNCEMENTS (IF ANY)**

The Chair announced that the London Ambulance Service item (Item 9) would be taken first as the officer was on call, and then the STP item (Item 6); then the Review of Adult Immunisation and Screening Programmes (Item 8), and the final item would be the Royal Free / North Middlesex item (Item 7).

**4. NOTIFICATIONS OF ANY ITEMS OF BUSINESS THAT THE CHAIR DECIDES TO TAKE AS URGENT**

There were no items of urgent business.

**5. MINUTES**

Consideration was given to the minutes of the meetings held on 25<sup>th</sup> November, 9<sup>th</sup> December and 14<sup>th</sup> December 2016.

**RESOLVED –**

THAT the minutes of the NCL JHOSC minutes held on 25<sup>th</sup> November, 9<sup>th</sup> December and 14<sup>th</sup> December 2016 be approved as a correct record.

**6. SUSTAINABILITY AND TRANSFORMATION PLAN - RESPONSE TO JHOSC RECOMMENDATIONS**

The Chair thanked members and officers for their work on the JHOSC report and for the Board's response.

David Stout, the Senior Programme Director for the STP, addressed the meeting. He said that it had been a positive process and that they would be updating the documents in light of the work done over the past few months.

He assured members that discussions were taking place on the issues of governance and transparency to address the concerns raised in the report. The STP Board were appointing Helen Petterson as a single accountable officer for the 5 CCGs.

Councillor Connor raised the issue of Child and Adolescent Mental Health Services (CAMHS). There needed to be recognition of the gaps in mental health services for children and young people. She was informed that Jon Abbey from the London Borough of Haringey would be the responsible officer leading on this.

Councillor Abdullahi asked whether commissioning would be streamlined across the five boroughs and the number of commissioning staff reduced. Mr Stout said that there were some services which needed to be sourced locally, but that they hoped to take out non-value-added activity. There were no plans to abolish CCGs.

There was a discussion about new technology and the need to recognise that some people might find it difficult to adjust to a different method of delivering care.

Members said that there was a need to place NHS services in new developments, as they would be containing residents who needed medical services and the time to provide facilities would be at the beginning when the building work was being done. Councillor Olszewski said that this had been tried with a new development in north-west Camden but they had not been successful in getting the NHS to agree on it. Councillor Pearce said that there was a new development in Enfield that could use an NHS facility, but it was difficult to persuade the relevant authorities to action this.

There was a discussion about the estates strategy. Currently, the process for decision-making around the disposal of sites and around NHS capital receipts and expenditure was complicated. It would be simplified and moved closer to the sub-region as part of the estates devolution pilot when this was started.

There was a discussion about consultation. Mr Stout said that legislation required formal consultation for 'significant changes' to the service and no specific significant changes had been proposed yet in the form that met that criteria.

Genevieve Ileris, the Communications and Engagement Lead for the STP, said that engagement would focus on individual proposals and pieces of work. This was because many consultees would use individual services in a local area and be focused on that, rather than on the entire document. Ms Ileris was liaising with Local Authorities, CCGs and providers' communications teams.

A view was expressed that information did not always percolate its way through organisations, and that even if some staff were aware of what was going on, others – even those in key positions – were not.

John Lipetz and Sue Richards from NCL STPwatch asked that consultation be on the principle of the STP and whether service changes and reconfigurations should happen as well as on the detail. They said people would want to comment on the entire document and say whether they agreed or disagreed with it. Officers said that this would be possible and that they would give people an opportunity to comment on the whole issue, as well as individual services and specialisms.

The Chair said that it would be useful if there was a Health and Wellbeing Board for the whole sub-region, given the sub-regional nature of the STP. This was something she had raised with colleagues in Camden and she asked other members to raise it with their own Health and Wellbeing Boards.

John Lipetz asked if the operating plans that had been sent to NHS England would be publicly available. Mr Stout said that the intention was to update them and publish them in April 2017.

Doug Taylor, the Leader of Enfield Council, was in attendance and spoke to the Committee. He praised the work the North-Central London JHSOC had done and said that it was an exemplar of the process local authorities should follow. He said he

worked with the other four Leaders in the sub-region and they were trying to articulate residents' concerns. He shared JHOSC members' concerns about the lack of transparency.

He noted that health care was a holistic service, so primary care needed to be co-ordinated with acute care and with social services. He said that no local authorities had endorsed the STP, as they shared the concerns that many councillors and residents had.

Members agreed a number of recommendations. They wished to see consideration given to a joint Health and Wellbeing Board to ensure democratic input, a good consultation and engagement strategy, and information about the finances and communications strategy to come to a future meeting.

**RESOLVED –**

- (i) THAT the report and comments above be noted;
- (ii) THAT a report on finance and on the communications strategy come to a future meeting of the JHOSC;
- (iii) THAT consideration be given by members and boroughs to the creation of a joint Health and Wellbeing Board for North-Central London

**7. ROYAL FREE - RELATIONSHIP WITH NORTH MIDDLESEX**

Councillor Abdullahi reported on the presentation that Enfield's Health Scrutiny Committee had received on the topic.

North Middlesex Hospital had been found to have been performing poorly and so it had been looking to partner with other organisations. The partnership board they had formed with the Royal Free Group met monthly and it had CCG representation as well. The hospital would join the Royal Free Group in the autumn.

Enfield councillors had been particularly concerned that merger might lead to the loss of the A & E service in the future. They also wanted key performance indicators to be site-specific, so it was still possible to monitor how the North Middlesex site was performing. This was a view echoed by Healthwatch.

Members commented that the idea of the North Middlesex and the Royal Free working together had pre-dated some of the worst problems at the North Middlesex A & E, but that had given an impetus to the process.

Councillor Olszewski said that, in light of the expansion of the Royal Free Group, it was reviewing its governance arrangements.

**RESOLVED –**



THAT the presentation and the information provided be noted.

## **8. REVIEW OF ADULT IMMUNISATION AND SCREENING PROGRAMMES**

Members heard from a number of presenters – Matthew Bazeley, Maggie Luck, Catherine Heffernan and Jeff Lake – on the adult immunisation and screening programmes in North-Central London.

Members had been concerned at the low levels of adult immunisation and screening in the sub-region. Officers said that they echoed this concern and were trying to increase the rates. There had been some good work around the diabetic eye screening programme, which had identified thousands of people at risk of diabetes-related sight loss.

There was a lot of ‘churn’ amongst residents in the sub-region, with many people moving house within the sub-region and moving in or out of it. The NHS and Public Health England were reliant on GPs to deliver immunisation services.

Officers acknowledged that there was not a good relationship between their team and CCGs and providers. They wanted to change this and take a partnership approach to them. It was noted that there was a screening advisory group, but no equivalent for immunisations.

It was noted that immunisation and screening rates did not vary that much by ethnic group, based on the figures available, but varied significantly between GP practices. Officers noted that there was a great deal of difference in the capacity of GP practices and the way in which they dealt with patients.

Officers reported on service improvements that had taken place. There was new screening for bowel cancer taking place, and breast screening was now being advertised to women three months before the scheduled date. There were also text message reminders closer to the time to ensure there were fewer non-attendees.

Members welcomed the service improvements and the use of community pharmacies to deliver flu jabs. They noted that there were significant health inequalities within boroughs and urged that more be done to reach “hard-to-reach” groups.

The Chair asked that a report be provided updating members in six months’ time. She wanted to see it more clearly written, as some of the figures and descriptions were hard to follow.

### **RESOLVED –**

- (i) THAT the report and the comments above be noted;

- (ii) THAT a report be submitted to the Committee in six months' time on immunisation and screening.

**9. LONDON AMBULANCE SERVICE REPORT ON HOSPITAL HANDOVER TIMES IN NC LONDON**

Peter Rhodes presented the report on behalf of the London Ambulance Service (LAS). He explained that patients in Hertfordshire were covered by the East of England Ambulance Service.

Ambulances from the East of England, particularly those attending calls in Hertfordshire, were diverted to the North Middlesex and Barnet General hospitals, if those hospitals were closer or if Hertfordshire hospitals' Accident & Emergency departments were closed to new patients due to a high volume of patients. The fact that there were East of England ambulances queuing at Barnet General and the North Middlesex then meant that LAS ambulances were going to the Whittington and Royal Free, having been diverted by the LAS' "Intelligent Conveyancing" system which guided LAS ambulances to the hospitals with fewer delays.

The Chair expressed her disappointment that information had not been provided by the East of England Ambulance Service on the issue.

Members were concerned at the long waits that patients faced for an ambulance and, when in an ambulance, how long it took them to be transferred to a hospital. In one week, an eighth of the ambulances that went to Barnet General had to wait for more than an hour to hand over their patient.

The LAS had been providing a hospital support team to help smooth the inbound flow of patients into Barnet General and North Middlesex. However, this was taking staff away from their frontline duties of responding to 999 calls.

Mr Rhodes said that the target was to transfer patients to hospitals within 15 minutes of arrival. After 15 minutes, the patients were strictly speaking the responsibility of the acute trusts. However, it was often not possible to meet this target.

Mr Rhodes brought members' attention to a shortage of skilled staff available for the ambulance service to recruit. As a result of this staff shortage, a large percentage of the workforce were from Australia and New Zealand and working on a temporary basis.

Councillor Cornelius highlighted that the diversion of patients from Hertfordshire to Barnet General and the North Middlesex contributed to delayed discharges. For patients in need of social care, officers from Hertfordshire would have to travel to those hospitals to assess them prior to discharge, and this was often not done promptly.

The Chair stated that she believed NHS Improvement should be involved in this issue, as it was a cross-regional problem and so not possible for the LAS on its own to solve.

**RESOLVED –**

- (i) THAT the report and the comments above be noted.
- (ii) THAT a further report from NHS Improvement, working with the London and East of England Ambulance Services be submitted to the committee.

**10. WORK PROGRAMME**

Consideration was given to the Committee's work programme.

Councillor Cornelius asked that the suggested item on health tourism at the Royal Free be amended to cover health tourism throughout North-Central London.

Councillor Old mentioned that a dementia report would be going to Barnet's Health Scrutiny Committee and that this could feed into the discussion on the dementia item at the next meeting.

It was suggested that the CAMHS item could be delayed from the March to the April meeting.

It was noted that the Committee wished the financial information relating to the STP to come to the April meeting as well. Members noted that the April meeting was likely to have a packed agenda, with the quality accounts, CAMHS and the STP finance items.

Councillor Cornelius asked that missed GP appointments be added as an item for consideration in future. There seemed to be a significant number of missed appointments, which caused inconvenience for doctors and other patients.

There would be a special meeting, involving the members from Barnet, Enfield and Haringey, to consider the quality accounts for the mental health trust.

**RESOLVED –**

THAT the amended work programme be agreed.

**11. ANY OTHER BUSINESS THE CHAIR CONSIDERS URGENT**

There was no urgent business.

**12. DATES OF FUTURE MEETINGS**

***North Central London Joint Health Overview and Scrutiny Committee - Friday, 3rd  
February, 2017***

The dates of future meetings would be:

- Friday, 17<sup>th</sup> March 2017 (Camden)
- Friday, 21<sup>st</sup> April 2017 (Islington)
- Friday, 9<sup>th</sup> June 2017 (Haringey)
- Friday, 22<sup>nd</sup> September 2017 (Barnet)
- Friday, 24<sup>th</sup> November 2017 (Enfield)
- Friday, 26<sup>th</sup> January 2018 (Camden)
- Friday, 23<sup>rd</sup> March 2018 (Islington)

The meeting ended at 12.50pm

**CHAIR**

**Contact Officer:** Vinothan Sangarapillai

**Telephone No:** 020 7974 4071

**E-Mail:** [vinothan.sangarapillai@camden.gov.uk](mailto:vinothan.sangarapillai@camden.gov.uk)

**MINUTES END**

**North Central London Joint Health Overview & Scrutiny Committee  
(NCL JHOSC)**

<b>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</b>	<b>NCL JHOSC</b>
<b>REPORT TITLE:</b>  NCL Sustainability and Transformation Plan: Governance and Transparency	
<b>FOR SUBMISSION TO:</b> NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	<b>DATE</b>  17 <sup>th</sup> March 2016
<b>SUMMARY OF REPORT</b>  This report is to inform members of the proposed governance structure for the North Central London Sustainability and Transformation Plan.  <b>Contact Officer:</b>  Kevin Montieth Head of Programme Management 5 Pancras Square London N1C 4AG <a href="mailto:Kevin.montieth@camden.gov.uk">Kevin.montieth@camden.gov.uk</a>	
<b>RECOMMENDATIONS</b>  The Committee is asked to note and comment on the report and presentation.	

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North Central London  
Sustainability and  
Transformation Plan

# North Central London Sustainability and Transformation Plan Governance Arrangements



<b>Document title</b>	NCL STP Governance Arrangements		
<b>Document reference</b>	STP/GOV/01		
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<b>Document lead</b>	Kevin Monteith, Head of Programme Management		
<b>Contact details</b>	Email: <a href="mailto:kevin.monteith@camden.gov.uk">kevin.monteith@camden.gov.uk</a> Telephone:		
<b>Approved by (Committee):</b>			
<b>Document history</b>	<b>Date</b>	<b>Version</b>	<b>Summary of amendments</b>
	14.02.2017	01.00	Newly created document
	24.02.2017	01.01	Updated to incorporate feedback from the Programme Delivery Board
	06.03.2017	01.02	Updated to incorporate feedback from the Transformation Board



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## 1. Purpose

This document sets out the governance arrangements of the North Central London Sustainability and Transformation Plan between the health and social care partner organisations in North Central London as listed below:

### Clinical Commissioning Groups

- Camden Clinical Commissioning Group
- Islington Clinical Commissioning Group
- Barnet Clinical Commissioning Group
- Haringey Clinical Commissioning Group
- Enfield Clinical Commissioning Group

### NHS and Foundation Trusts

- Barnet Enfield & Haringey Mental Health NHS Trust
- Camden & Islington NHS Foundation Trust
- Royal Free London NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- North Middlesex University Hospital NHS Trust
- Central & North West London NHS Foundation Trust
- Central London Community Healthcare NHS Trust
- Whittington Health NHS Trust
- The Tavistock & Portman NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust

### Councils

- London Borough of Camden
- London Borough of Islington
- London Borough of Barnet
- London Borough of Haringey
- London Borough of Enfield

These governance arrangements have been developed in order to support effective inter-organisational collaboration across the health and social care system in NCL, and to ensure a common understanding and commitment between the partner organisations listed above on the NCL STP governance arrangements, specifically:

- The scope and objectives of the NCL STP governance arrangements;
- The principles and processes that will underpin the NCL STP governance arrangements; and
- The governance framework and structure that will support the further development and implementation of the NCL STP.

## 2. Introduction

NHS England planning guidance released in December 2015 set out a requirement for local areas to develop a shared five-year Sustainability and Transformation Plan (STP), articulating how organisations in these areas would work together over the next five years to close the finance, care and quality, and health and well-being gaps. This move towards working in geographical footprints requires governance arrangements to support strategy development and change at a system level.

In response to the planning guidance, 21 organisations across north central London have worked together to develop the NCL STP. This plan describes how these organisations will turn the ambitions of the NHS Five Year Forward View into reality and deliver the vision to:

- Measurably improve health and wellbeing outcomes for the people of North Central London and ensure sustainable health and social care services, built around the needs of local people;
- Develop new ways of working to achieve better outcomes for all; focused on prevention of ill health and out of hospital care; and
- Work in partnership to commission, contract and deliver services efficiently and safely.

An initial set of governance arrangements was established to oversee and manage the development of the draft NCL STP submissions to NHS England on 30 June and 21 October 2016. Following the October submission the programme has moved into the next phase and is now focused on detailed planning and the mobilisation and implementation of the delivery programmes.

The governance arrangements need to be updated to reflect this change in focus, so that they continue to remain appropriate and effective, and ensure appropriate representation and membership.

## 3. Objectives of the NCL STP governance arrangements

The objectives of the NCL STP governance arrangements are to:

- Support effective collaboration and trust between commissioners, providers, political leaders and the general public to work together to deliver improved health and care outcomes more effectively and reduce health inequalities across the NCL system;

- Provide a robust framework for system level decision making, and clarity on where and how decisions are made on the development and implementation of the NCL STP;
- Provide greater clarity on system level accountabilities and responsibilities for the NCL STP;
- Enable opportunities to innovate, share best practice and maximise sharing of resources across organisations in NCL; and
- Enable collaboration between partner organisations to achieve system level financial balance over the remaining 3 years of the 5YFV STP timeframe and deliver the agreed system control total, while safeguarding the autonomy of organisations.

## 4. Scope of the NCL STP governance arrangements

### 4.1 *In scope*

- Governance arrangements for the implementation of the STP workstreams defined in the North Central London STP;
- Alignment with London-wide health system plans and governance, including devolution programmes and regional boards;
- North Central London estates strategy and plan as a core element of the STP estates workstream; and
- Development and operation of the governance arrangements for the NCL STP Financial Strategy to achieve the system control total.

### 4.2 *Out of scope*

- Local regulatory and organisational governance arrangements for CCG Governing Bodies, Provider Trust Boards and Local Authorities. These will continue to hold their respective organisations to account, including for delivery of the STP;
- Internal organisational decision making processes; and
- Governance arrangements for the delivery of local 'business as usual' (non-NCL wide) programmes not covered by the STP.

## 5. Principles for NCL STP system governance

The development of effective system level governance arrangements that support the development and implementation of the NCL STP will require collaboration and active engagement from all system partners to ensure the interests of all organisations are appropriately represented.

A key aspect of this process is the agreement of a common set of principles that will guide the development of the new governance arrangements. The proposed set of principles for the NCL STP system governance, which have been developed collaboratively and endorsed by the STP Programme Delivery Board and Transformation Board are outlined below:

- **Participation:** Representation and ownership from health and social care organisations, local people and lay members to clearly demonstrate collaborative and representative decision making.
- **Collaboration:** All parties will work collaboratively to deliver the overall NCL STP strategy, in the best interests of the wider system and local people.
- **Engagement:** Local people will be engaged and involved in the NCL STP governance to ensure their feedback and views are considered in the decision making processes. This engagement should operate at 2 levels; individual level and organisational level (i.e. via patient representative forums and other local community groups).
- **Accountability:** Define clear accountabilities, delegation procedures, voting arrangements and streamlined governance structures to support continuous progress and timely decision making. Delegation of work to the groups with the relevant expertise and authority to deliver it.
- **Autonomy:** Recognise the autonomy of the health and social care partners of the NCL STP. Operate in a manner that is compliant with legal duties and responsibilities of each constituent organisation and the NHS as a whole (e.g. legal responsibility for consultation on service changes). Ensure alignment with the local organisations' governance and decision making processes recognising statutory and democratic procedures.
- **Subsidiarity:** Ensure subsidiarity so that decisions are taken at the most local level possible, and decisions are only taken at a system level where there is a clear rationale and benefit for doing so.
- **Professional Leadership:** Demonstrate strong professional leadership and involvement from clinicians and social care to ensure that decisions have a robust evidence based case for change and senior level support.
- **Accessibility:** Ensure complete transparency in all decision making to support the development of mutual trust and openness between organisations. Provide the necessary assurance to system partners on key decisions. Collaborative working and information sharing between working groups to ensure consistency.
- **Good Governance:** Recognise that good system level governance will require robust planning and horizon scanning to ensure that proposals are presented to the statutory organisations in a timely way, that align with their local governance and decision making processes. However, where necessary local organisations will try to be flexible to support the system level governance.

## 6. Governance structure

The proposed governance structure for the NCL STP programme is included in appendix A. This appendix also includes terms of reference for the key governance groups in this structure, which will be reviewed and developed further as appropriate.

## 7. Decision making

The STP governance groups covered by these governance arrangements have committed to work collaboratively to make aligned decisions.

## 8. Key system level decisions

The key system level decisions that will fall under the scope of the NCL STP governance arrangements are outlined below.

This list will be updated from time to time to reflect the latest set of NCL system level decisions:

- Approval of the NCL STP;
- Budget for the NCL STP programme;
- System level financial strategy and system control total; and
- The approach to specialised commissioning for the NCL sector.

## 9. Escalation process

The remit of each group will be clearly defined within the respective terms of reference. Where a group is unable to resolve a particular risk or issue, the chair will escalate this risk or issue to the chair of the group to which it reports (as defined in the Terms of Reference).

This will be done through the standard escalation report, which can be provided by the Programme Management Office.

In the case of the NCL STP Programme Delivery Board, which reports into the statutory organisations, the chair of the NCL Programme Delivery Board will be responsible for deciding on the most appropriate escalation route (i.e. to all statutory organisations, to those that are impacted by the risk or issue).

## 10. Dispute resolution

All parties will make every effort to work collaboratively in the best interests of the NCL system, and to avoid disputes. Should disputes arise the parties will endeavour to resolve the disputes as quickly as possible and to minimise impact on the delivery of care.

Individual party's concerns should be raised in the first instance with the NCL STP Convenor. This should be in writing clearly stating the basis of the concerns, including where applicable the concerns and the rationale behind the dispute.

The STP Convenor will endeavour to find an informal resolution to the dispute through discussion and mediation. Where agreement cannot be reached using informal resolution processes the STP Convenor will propose a formal resolution process, which may involve reference to national guidance and best practice.

## **11. Review process**

These governance arrangements will be adopted by those organisations listed at section 1 and will be reviewed and updated from time to time to enable good practice governance to be recognised and built upon and to identify and address areas for development.

## **12. Code of conduct**

The Committee on Standards in Public Life (Nolan Committee) has set out seven principles of public life which it believes should apply to all in public service. The seven Nolan principles are listed in appendix B.

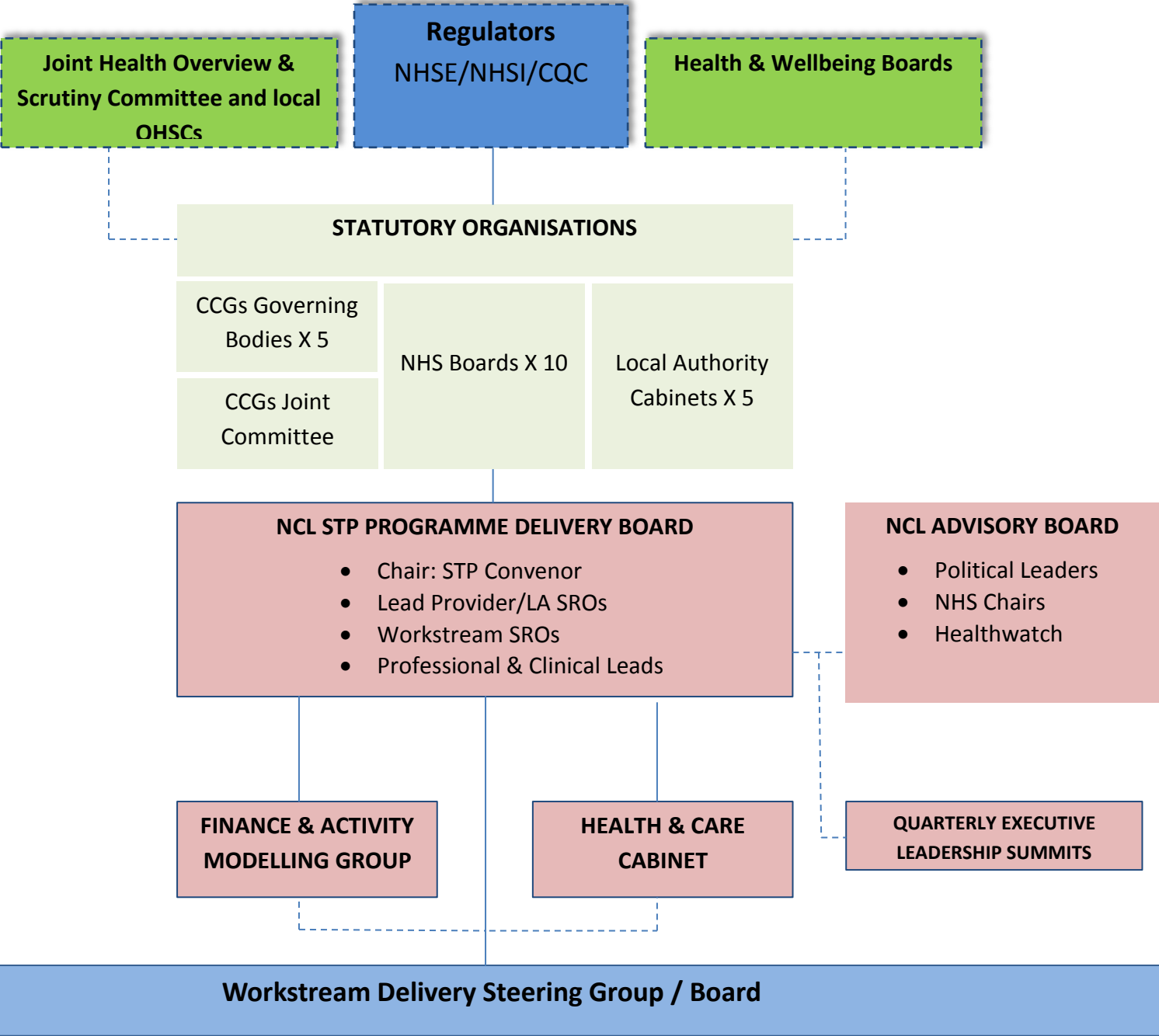
The NCL STP partners are asked to adopt these principles as the basis for collaborative working across the STP governance arrangements.



## **APPENDIX A**

### **NCL STP GOVERNANCE STRUCTURE AND ASSOCIATED TERMS OF REFERENCE**

APPENDIX A1:  
GOVERNANCE STRUCTURE FOR NORTH CENTRAL LONDON STP PROGRAMME (HIGH LEVEL)

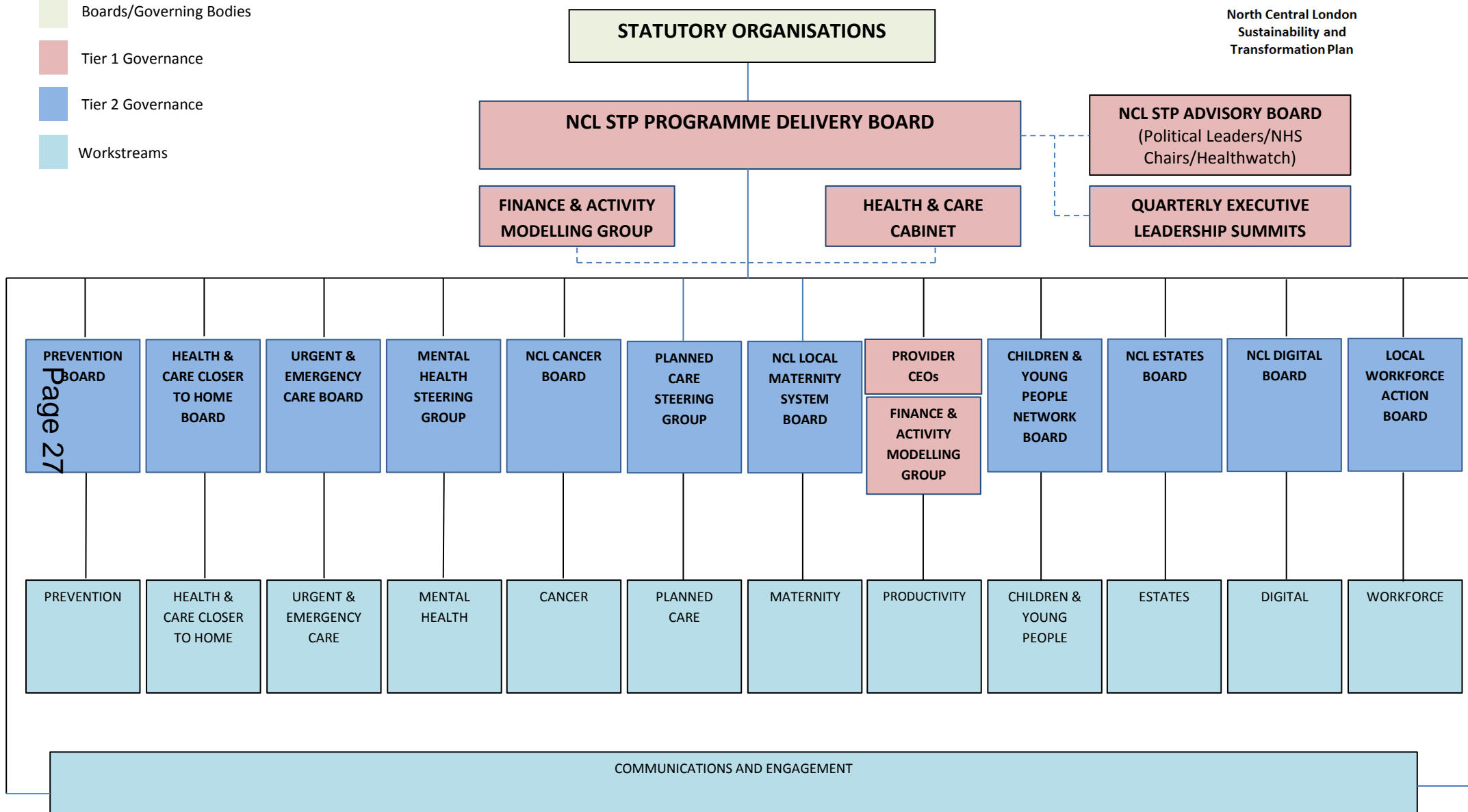


# GOVERNANCE STRUCTURE FOR NORTH CENTRAL LONDON STP PROGRAMME (DETAILED)



North Central London  
Sustainability and  
Transformation Plan

- Boards/Governing Bodies
- Tier 1 Governance
- Tier 2 Governance
- Workstreams



Note: A review of social care input to the STP is currently underway along with consideration of possible additional workstreams (specialised services, new delivery vehicles). These are not included in the above structure chart.

### NORTH CENTRAL LONDON STP ADVISORY BOARD

#### TERMS OF REFERENCE

##### 1. Purpose

The purpose of the NCL STP Advisory Board is:

- To connect organisation-based accountability structures with the broader STP footprint and delivery of the plan
- To give oversight to the developing cross organisation/cross sector health and care strategic partnership in NCL; to provide a forum for political leaders and representatives of relevant NHS governing bodies to steer the development of the partnership and delivery of the STP;
- To provide feedback to the NCL STP Programme Delivery Board on elements of the plan; and
- To provide a forum where political and public engagement can be considered and reviewed.

##### 2. Responsibilities

The key responsibilities of the NCL STP Advisory Board are:

- To ensure the perspectives of our local communities are considered at every phase of STP development and delivery;
- To enhance communication and engagement with individual trust boards, CCG governing bodies, local councillors and councils;
- To provide appropriate support and challenge to ensure strategies and plans achieve an appropriate balance between sustainability of an inter-connected health and care system and the transformation of that system so it improves outcomes, tackles health inequalities and remains affordable;
- To promote and support decision making that is in the interests of the public and those who use services;
- To act as a barometer of public acceptability with regards to service transformation;
- To review opportunities for better alignment of the health and wellbeing strategies; joint needs assessments; and the achievement of a population based approach to health and care. There will be a balanced focus on health and social care and their inter-relationship; and
- To play a part in reviewing the success of the NCL health and care partnership and the achievement of the planned benefits of the STP.

##### 3. Membership

The membership of the NCL STP Advisory Board will include:

- **? Independent Chair – (To be agreed)**
- The Leaders of each Council or their nominated deputy (5)
- The Chairs of each Provider Organisation or their nominated deputy (10)

- The Chairs of each Clinical Commissioning Group or their nominated deputy (5)
- The Chairs of each Healthwatch Board in NCL or their nominated deputy (5)
- The NCL STP Convenor and CCG Representative
- The SRO Representative for Local Authorities
- The SRO Representative for Provider Trusts
- The NCL STP Programme Director

The following may regularly attend meetings:

- Members of the STP PMO

#### **4. Quoracy**

A meeting will be quorate with a minimum of 5 members present including at least one representative from the Council Leaders; CCGs; and Provider Trusts.

#### **5. Meetings**

- The STP Advisory Board will meet quarterly.
- All members will be able to propose agenda items.
- Meeting papers will be issued at least 5 working days before the meeting. Papers will be tabled only by agreement with the Chair.
- Members will be expected to send appropriate deputies on their behalf where they are unable to attend. Deputies are expected to be appropriately briefed and to have adequate delegated authority.
- Meetings will be supported and administered by the STP PMO.

#### **6. Reporting Responsibilities and Accountability**

The Board is a partnership meeting designed to bring system leaders together for strategic oversight and as such does not have statutory or formal responsibilities. Existing statutory organisations and committees (e.g. Health and Wellbeing Boards) retain their existing accountabilities and decision making remits.

#### **7. Conflict of Interest**

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship.<sup>1</sup> Members of the NCL STP Advisory Board must declare any interests that may arise as a result of this or any other matter being discussed. Should an interest be declared, the Chair of the Board should exercise discretion as to whether to disqualify that member from taking any further part in the related discussion.

#### **8. STP Programme Governance**

The agreed STP Programme Delivery Governance arrangements are set out at appendix A1.

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<sup>1</sup> [NHSE Guidance on Conflicts of Interest](#)

# NORTH CENTRAL LONDON STP PROGRAMME DELIVERY BOARD

## TERMS OF REFERENCE

### 1. Purpose

The purpose of the Sustainability and Transformation Plan Programme Delivery Board is to provide system wide leadership and accountability for the delivery of the Sustainability and Transformation Plan (STP) in North Central London.

### 2. Responsibilities

The key duties and responsibilities of the STP Programme Delivery Board are:

- To provide effective oversight of mobilisation and implementation of the STP
- To provide operational direction and assurance to the delivery of the STP to provide high quality, sustainable integrated care for the people of NCL
- To hold SROs to account for delivery of the STP delivery plans
- To drive the delivery of the NCL STP programme at pace
- To receive regular programme highlight reports, including risks and issues from workstream Senior Responsible Officers (SROs)
- To act as an escalation point for resolution of any issues unable to be resolved by workstream governance and delivery groups
- To monitor the achievement of agreed benefits and to lead corrective actions where benefits are not being achieved against the plan
- To escalate as appropriate, risks, issues and barriers which are preventing timely delivery of agreed schemes. Escalation may be via an executive leadership 'lock in' event, within member organisations, or collectively to relevant governing bodies
- To ensure effective communications and engagement with stakeholders
- To ensure the governance impact of the organisational forms or models of care agreed for local development are addressed and risks managed
- To agree and oversee the budget for the STP
- To formally sign off STP submissions to NHS England

### 3. Membership

The Programme Delivery Board will be chaired by the STP Convenor. The other constituency lead SROs will be vice chairs.<sup>2</sup> Core membership of the STP Programme Delivery Board will include:

- STP Convenor and SRO lead for CCGs
- Vice Chair and SRO lead for Local Authorities
- Vice Chair and SRO for lead for Providers
- STP Senior Programme Director
- STP Co-Clinical Leads

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<sup>2</sup> The new Commissioning Accountable Officer for NCL will assume the Convenor role. Current arrangements will continue until commencement in the role.

- SRO for each workstream
- Director of Social Services representative
- Director of Children Services representative
- NCL GP Federation Lead
- STP Finance Lead

The following may regularly attend meetings:

- Members of the STP PMO
- NHSE/NHSI Representatives as required

#### **4. Quoracy**

A meeting will be quorate with a minimum of 5 SROs present plus the Chair or nominated Vice Chair.

#### **5. Meetings**

- The STP Programme Delivery Board will meet monthly.
- All members will be able to propose agenda items.
- Meeting papers will be issued at least 2 working days before the meeting. Papers will be tabled only by agreement with the Chair.
- Members will be expected to send appropriate deputies on their behalf where they are unable to attend. Deputies are expected to be appropriately briefed and to have adequate delegated authority.
- Meetings will be supported and administered by the STP PMO.

#### **6. Reporting Responsibilities and Accountability**

This NCL STP Programme Delivery Board reports and is accountable to the statutory organisations in the NCL STP system.

#### **7. Conflict of Interest**

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship.

Members of the NCL Programme Delivery Board must declare any interests that may arise as a result of this or any other matter being discussed. Should an interest be declared, the Chair of the Board should exercise discretion as to whether to disqualify that member from taking any further part in the related discussion.

#### **8. STP Programme Governance**

The agreed STP Programme Delivery Governance arrangements are set out at appendix A1.

# NORTH CENTRAL LONDON STP HEALTH AND CARE CABINET

## TERMS OF REFERENCE

### 1. Purpose

To provide health and social care clinical and professional leadership to the programme, ensuring that the programme develops robust proposals that are safe and effective and that the reasons underpinning financial assumptions are clinically sound. The Cabinet will make recommendations to the Programme Delivery Board where these require a system response.

### 2. Responsibilities

The key duties and responsibilities of the Health and Care Cabinet are:

- To review the potential opportunities for improvement and rationalisation of health and care services in NCL based around the agreed principles of patient safety, improved outcomes for local people and better value for money;
- To highlight risks regarding quality of care, safety and deliverability of plans;
- To provide health and care professional advice and recommendations to the other STP Governance groups (Programme Delivery Board; STP Advisory Board and the Finance & Activity Modelling Group);
- To represent respective governing bodies, clinicians, social care professionals and other practitioners across NCL;
- To own, develop and communicate the NCL case for change, and contribute towards the continuous development of the pan NCL vision for the STP;
- To provide professional health and care leadership and advice for the development and implementation of service changes required to deliver the plan for 17/18 and beyond;
- To ensure that health and care colleagues and respective governing bodies are kept informed about the work and are engaged in the work as appropriate;
- To be ambassadors for the programme and ensure there are clinical, social care and professional care advocates for the proposals in each workstream;
- To apply the principles for change (appendix 1) when evaluating different options or making recommendations;
- To review draft plans from the STP workstreams and provide health and care professional advice, ensuring clinical leadership across health and care systems and organisational boundaries is at the forefront of transformation across NCL;
- To highlight the need for and participate in patient, carer and public involvement, engagement and consultation as appropriate; and
- To promote a culture of multi-professional engagement and collaboration in developing new models of care and pathways, across health and care systems and organisational boundaries

### 3. Membership

The Health and Care Cabinet will be chaired by the appointed Clinical Leads for the STP. The



membership of the Health and Care Cabinet includes:

- The clinical chairs of each Clinical Commissioning Group or their representative (5)
- One medical director or nominated senior clinician from each of the STP provider Trusts in scope (8+4 specialist trusts)
- Up to three nursing representatives (1-3)
- One specialised commissioning lead
- One Director of Adult Social Services (DASS) representing the 5 Local Authorities (1)
- One Director of Children's Services (DCS) representing the 5 Local Authorities (1)
- One Director of Public Health (DPH) representing the 5 Local Authorities (1)
- One Medicines/Pharmacy lead (1)
- At least one Allied Health Professional lead (1)
- One UCLPartners representative (1)
- One Health Education England representative (1)
- One GP Federation representative
- Workstream clinical leads not listed above

The following may regularly attend meetings:

- Members of the Central STP PMO

#### **4. Quoracy**

A meeting will be quorate with a minimum of 5 members present to include at least 4 the following:

- One acute trust medical director or senior clinician
- One mental health/community trust medical director or nursing director
- One CCG Clinical Chair
- One nursing representative
- One of the following: Social Care or DPH representative

#### **5. Meetings**

The Health and Care Cabinet will meet monthly – meeting venues will be rotated through the year.

- All members will be able to propose agenda items.
- Meeting papers will be issued at least 2 working days before the meeting. Papers will be tabled only by agreement with the joint Chairs.
- Members will be expected to send appropriate deputies on their behalf where they are unable to attend. Deputies are expected to be appropriately briefed and to have

adequate delegated authority.

- Members can delegate a consistent alternative representative to attend meetings on their behalf.
- Members can invite expert clinicians to attend for relevant discussions.
- Meetings will be supported and administered by the STP PMO.

## 6. Reporting Responsibilities and Accountability

This NCL STP Health and Care Cabinet reports to the Programme Delivery Board and is accountable to the statutory organisations in the NCL STP system. Any formal recommendations will be taken through the Boards and Governing Bodies for agreement.

## 7. Conflict of Interest

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. Members of the NCL Programme Delivery Board must declare any interests that may arise as a result of this or any other matter being discussed. Should an interest be declared, the Chair of the Board should exercise discretion as to whether to disqualify that member from taking any further part in the related discussion.

## 8. STP Programme Governance

The agreed STP Programme Delivery Governance arrangements are set out at appendix A1.

### Agreed principles for change

**Any potential changes to clinical services that are proposed or recommended by the Health and Care Cabinet must satisfy the following conditions:**

#### Principles for change

- The change will support an **improvement in health and wellbeing outcomes** for local people
- The change will be **fair** and take into account the **access needs** of all different groups
- The change will mean that **patients have a better experience** of health and care services, and will help people to remain as **independent** as possible
- The change represents **good value** in terms of **quality** and / or **cost savings**
- The change is grounded in the **best evidence and data available**

**All of the above will be assessed using a whole system view, considering the impact on all population groups and organisations in the round. Any recommended changes will require the commitment to deliver as a system.**

## **APPENDIX A5**

### **NCL STP FINANCE ACTIVITY AND MODELLING GROUP**

#### **TERMS OF REFERENCE**

#### **TO FOLLOW**

# NORTH CENTRAL LONDON STP ESTATES BOARD

## TERMS OF REFERENCE

These draft ToR were developed by members of the estates workstream working groups and will be reviewed at the first meeting of the NCL Estates Board. The ToR may also be subject to further iteration as the London devolution agreement is finalised. Any changes proposed will then be presented to the Programme Delivery Board for agreement.

### 1. Purpose

To develop the estates element of the STP by involving all key stakeholders and ensuring delivery of the plans. The NCL Estates Board aims to speed up delivery and decision making and support STP alignment. The NCL Estates Board will also be the forum where powers devolved from national bodies to STPs in London, in respect of estates will be exercised.

### 2. Responsibilities

- The key responsibilities of the NCL Estates Board are to:
- Ensure that the estates workstream is fully integrated with clinical and service workstreams;
- Enable integration of relevant CCG, provider and local authority estates plans;
- Support themes and devolution learning as part of the London Devolution Programme;
- Develop an approach to the adoption of One Public Estate in NCL;
- Translate clinical priorities into estates requirements and make recommendations to STP Programme Delivery and Advisory Boards;
- Develop the NCL Estates strategy and be the 'guardian' of estates quality in NCL;
- Oversee portfolio management for the STP estates workstream (including tracking overall investment ask and receipts potential);
- Develop thematic workstreams as agreed in support of NCL estates strategy;
- Provide OPE programme oversight for NCL wide projects;
- Promote best practice, cross borough co-ordination; and
- Ensure escalation of issues and identification of action plans to resolve barriers.

### 3. Membership

The NCL Estates Board will be chaired by the STP Convenor with the estates SRO acting as an independent co-chair. Core membership will include:

- STP Convenor
- SRO for Estates workstream (Co-Chair)
- Representation from 5 CCGs
- Representation from 5 Local Authorities
- Representation from Provider Organisations
- NHSE Representative
- NHSI Representative

**Partners:** Community Health Partnerships; NHS Property Services; London Estates Board; Healthy London Partnerships, Greater London Authority; Local Government Association; Government Property Unit One Public Estates Team.

#### **4. Quoracy**

A meeting will be quorate with a minimum of the following: Chair or Co-chair; 2 representatives from CCGs; 2 representatives from Local Authorities; 2 representatives from Provider organisations. In meetings where devolved powers are being exercised, quoracy will also require the attendance of the NHSI and NHSE representative.

#### **5. Meetings**

- The NCL Estates Board will meet monthly.
- All members will be able to propose agenda items.
- Meeting papers will be issued at least 2 working days before the meeting. Papers will be tabled only by agreement with the Chair.
- Members will be expected to send appropriate deputies on their behalf where they are unable to attend. Deputies are expected to be appropriately briefed and to have adequate delegated authority.
- Meetings will be supported and administered by the north central London CCG support team (tbc)

#### **6. Reporting Responsibilities and Accountability**

This NCL Estates Board reports and is accountable to the NCL STP Programme Delivery Board (and through them to the NCL STP Advisory Board) for the delivery of its functions. For the exercise and use of devolved powers, the NCL Estates Board is also accountable to the London Estates Board.

#### **7. Conflict of Interest**

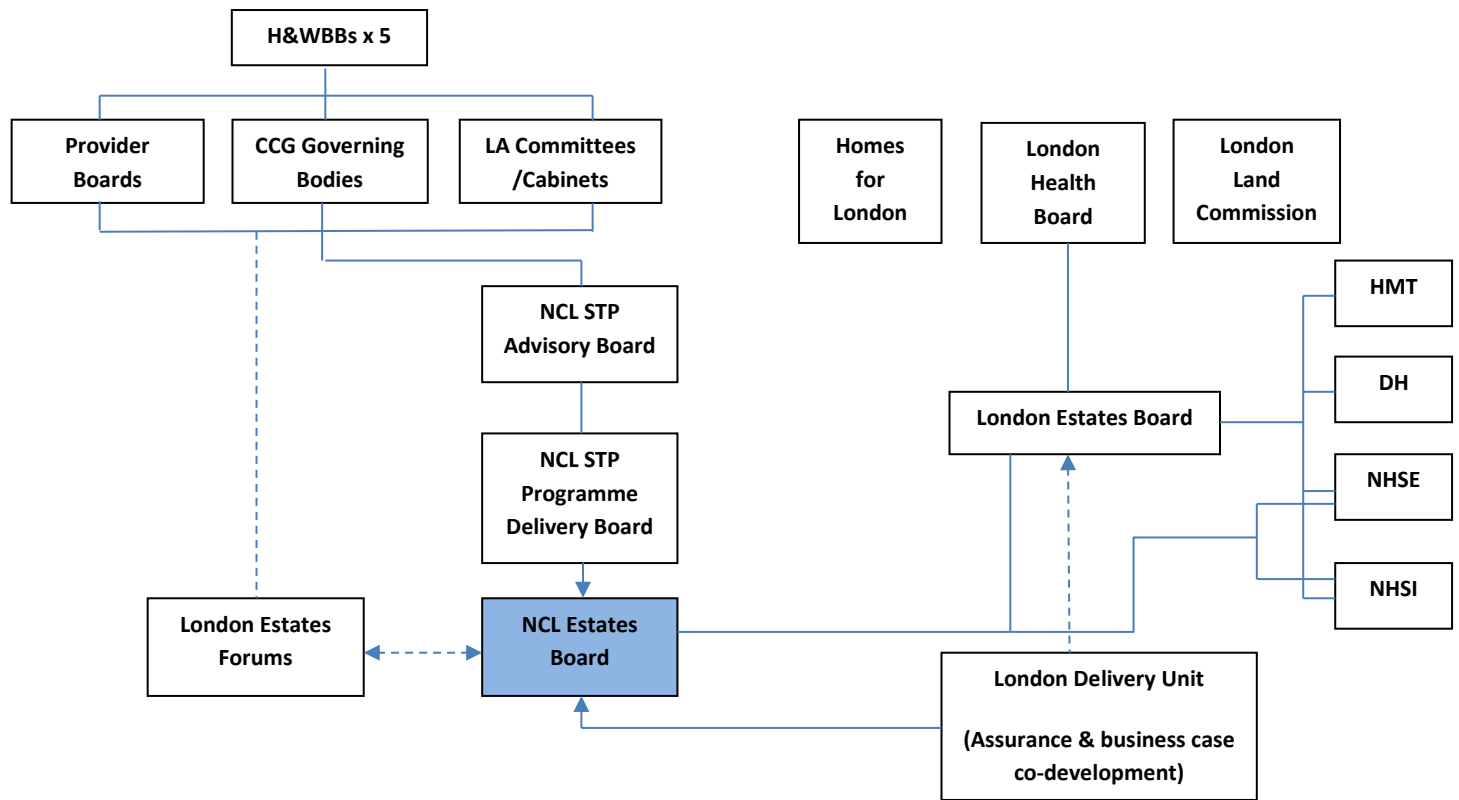
A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship.

Members of the NCL Programme Delivery Board must declare any interests that may arise as a result of this or any other matter being discussed. Should an interest be declared, the Chair of the Board should exercise discretion as to whether to disqualify that member from taking any further part in the related discussion.

#### **8. STP Programme Governance**

The agreed STP Programme Delivery Governance arrangements are set out at appendix A1. The specific governance context for the NCL Estates Board is shown below.

## Estates governance structure chart



# NORTH CENTRAL LONDON CCG JOINT COMMISSIONING COMMITTEE

## TERMS OF REFERENCE

**(Being reviewed at a workshop in April)**

### 1. Introduction

These Terms of Reference set out the purpose, membership, remit and responsibilities of the North Central London Joint Commissioning Committee ('Committee').

### 2. Background

The National Health Service ('NHS') is facing unprecedented financial and clinical challenges including rising demand for services and a significant financial gap. System-wide solutions are required to address these challenges for the benefits of patients.

In this regard the following organisations have agreed to work together to meet these challenges and jointly commission services where it is appropriate to do so:

- NHS Barnet Clinical Commissioning Group ('Barnet CCG');
- NHS Camden Clinical Commissioning Group ('Camden CCG');
- NHS Enfield Clinical Commissioning Group ('Enfield CCG');
- NHS Haringey Clinical Commissioning Group ('Haringey CCG');
- NHS Islington Clinical Commissioning Group ('Islington CCG').

The above Clinical Commissioning Groups are collectively referred to as the 'NCL CCGs.' These organisations have an informal history of some collaborative working, however, it is seen that the formation of this committee, as well as work conducted together as the health commissioners in the North Central London STP will formalise this collaborative working.

### 3. Purpose of the Committee

The Committee is a joint committee between Barnet CCG, Camden CCG, Enfield CCG, Haringey CCG and Islington CCG to jointly commission goods and services as set out in section 3. for the people of the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington.

### 4. Role of the Committee

The role of the Committee is to commission the following:

- All acute services including core contracts and other out of sector acute commissioning;
- All learning disability contracting associated with the Transforming Care programme;
- All integrated urgent care (including 111/ GP Out-of-Hours services)
- any specialised services not commissioned by NHS England.

For these services the Committee will oversee and make decision on the following commissioning functions:

- Approval of Business Cases and change requests
- Needs assessment across NCL as informed by local strategies;
- Planning service requirements;
- Contracting and contract management;
- Developing the provider landscape;
- Setting and monitoring outcomes for providers;
- Aligning incentives across the system;
- Engagement with the public and key stakeholders where relevant such as NHS England and the public;
- Approval of decommissioning of services.

Each of the five NCL CCGs have delegated decision making on acute services to the Committee. Therefore, each of the individual CCG governing bodies will not make commissioning decisions on these services.

To ensure that there is a strong link between pan NCL acute commissioning and individual CCG commissioning each CCG will feed into the Committee local care strategies and undertake local engagement of the public and key stakeholders where relevant and appropriate. This may include but is not limited to engagement on service change.

The Committee's role is supported by a statutory framework contained in section 6 below.

## **5. Quality and Safety**

In performing its role, the Committee shall have due regard to any relevant quality and safety issues which may arise as agreed by Committee members.

## **6. Statutory Framework**

The main statutory instrument is the NHS Act 2006 (as amended) with the key clauses being 13Z, 14Z3 and 14Z9.

Section 13Z provides that:

- NHS England's functions may be exercised jointly with a CCG or CCGs;
- Functions exercised jointly in accordance with section 13Z may be exercised by a joint committee of NHS England and the CCG or CCGs;
- Arrangements made under section 13Z may be on such terms and conditions as may be agreed between NHS England the CCG or CCGs.

Section 14Z3 provides that:

- Two or more CCGs may exercise any of their commissioning functions jointly including by a joint committee of those CCGs;
- For the purposes of any arrangements made under this section a CCG may make payments, make the services of its employees or any other resources available to another CCG.

Section 14Z9 provides that:

- NHS England and one or more CCGs may make arrangements for any of the functions of the CCG under section 3 or 3A of the NHS Act or for any functions of the CCG(s) which are



related to the exercise of those functions, to be exercised jointly by NHS England and the CCG(s);

- For functions exercised jointly in accordance with the section to be exercised by a Joint Committee of NHS England and the CCG(s);
- Arrangements under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

## **7. Membership**

The Committee's membership shall meet the requirement of each of the NCL CCG's constitutions.

The Committee shall comprise of the following voting members:

- The Chair of Barnet CCG;
- The Chair of Camden CCG;
- The Chair of Enfield CCG;
- The Chair of Haringey CCG;
- The Chair of Islington CCG;
- A lay representative from Barnet CCG
- A lay representative from Camden CCG;
- A lay representative from Enfield CCG;
- A lay representative from Haringey CCG;
- A lay representative from Islington CCG;
- The NCL Accountable Officer;
- The NCL Chief Financial Officer;
- Two independent clinical advisors.

The Committee shall comprise of the following non-voting members;

- An independent Chair;
- A Healthwatch representative;
- One Director of Public Health from one of the NCL London Boroughs;
- A representative from London Borough of Barnet Council;
- A representative from London Borough of Camden Council;
- A representative from London Borough of Enfield Council;
- A representative from London Borough of Haringey Council;
- A representative from London Borough of Islington Council.

The list of named members and attendees is contained in Schedule 1.

Committee members and non-voting attendees may nominate a deputy to represent them in their absence and make decisions on their behalf.

## **8. Chair and Vice Chair**

The Chair of the Committee shall be independent and shall ordinarily not be an officer, employee or office holder of any of the NCL CCGs except to the extent necessary to hold a contract for the role of independent Chair.

Where the Chair is unable to participate in a meeting or vote due to absence or a conflict of interest the Vice Chair may chair the meeting. The Vice Chair of the Committee shall be a lay member from an NCL CCG.

Details of the Chair and Vice Chair are contained in Schedule 1.

## **9. Quorum**

The quorum of the committee is 10 voting members (of whom 50% must be clinicians)

The Committee must have present

- a) either the CCG Chair or lay representative from each CCG and
- b) at least one CCG Chair and one lay representative to be quorate.

If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements. If a clinician is conflicted the person temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements must be a clinician.

If a meeting is not quorate the Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary. If the conflicted person is a Chair or lay member of a CCG the person temporarily appointed or co-opted onto the Committee must be from the same CCG as the conflicted person. The final decision as to the suitability of any person who is temporarily appointed or co-opted onto the Committee shall be made by the Committee's Independent Chair.

## **10. Voting**

Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussions, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

In the event of a vote, voting members of the Committee shall have one vote each with decisions being made in accordance with the provisions below.

The Committee shall reach decisions by an 80% majority of votes of voting members present at a Committee meeting.

## **11. Decisions**

Decisions of the Committee shall be binding on each of the NCL CCGs.

## **12. Conflicts of Interest**

Conflicts of interest shall be dealt with in accordance with the NCL conflicts of interest policy. The NCL conflicts of interest policy is a document which is a master document containing the conflicts of interest policy agreed by all of the NCL CCGs together with a schedule setting out the local variations of each CCG.

### **13. Frequency of Committee Meetings**

The Committee shall meet monthly or as otherwise agreed.

### **14. Meetings Held in Public**

Meetings of the Committee shall be held in public unless the Committee resolves to exclude non-voting attendees and/or observers and/or the public from a meeting. In which case the meeting, in whole or part, may be held in private.

Non-voting attendees, observers and the public may be excluded from all or part of a meeting whenever publicity would be prejudicial to the public interest by reason of:

- The confidential nature of the business to be transacted; or
- The matter is commercially sensitive; or
- The matter being discussed is part of an on-going investigation; or
- Other special reason stated in the resolution and arising from the nature of that business or of the proceedings; or
- Any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time; or
- General disturbance.

### **15. Secretary**

The Committee shall have secretariat support. The secretariat function will be provided by the office of the NCL Accountable Officer.

### **16. Standing Orders**

The Standing Orders for the Committee are contained in Schedule 2 and form part of these Terms of Reference. The Standing Orders must be adhered to.

### **17. Sub-Committees**

The Committee may not delegate any of its powers to a committee or sub-committee. However, it may appoint committees to advise and assist the Committee in carrying out its role.

### **18. Standards of Business Conduct**

Committee members and any attendees or observers must maintain the highest standards of personal conduct and in this regard must comply with:

- 18.1.1 The law of England and Wales;
- 18.1.2 The NHS Constitution;
- 18.1.3 The Nolan Principles;
- 18.1.4 The standards of behaviour set out in each NCL CCG Constitution;
- 18.1.5 Any additional regulations or codes of practice relevant to the Committee.

## **19. Review of the Terms of Reference**

These Terms of Reference shall be kept under review by the Committee to ensure that they meet the needs of the Committee and the NCL CCGs. Any changes to the Terms of Reference must be agreed by the governing bodies of the NCL CCGs in accordance with their Constitutions.

These Terms of Reference shall be reviewed by the NCL CCGs annually in April of each year

## NOLAN PRINCIPLES

### The seven Principles of Public Life

#### SELFLESSNESS

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

#### INTEGRITY

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

#### OBJECTIVITY

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

#### ACCOUNTABILITY

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

#### OPENNESS

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

#### HONESTY

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

#### LEADERSHIP

Holders of public office should promote and support these principles by leadership and example

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North Central London  
Sustainability and  
Transformation Plan

# NCL STP GOVERNANCE

Commentary for JHOSC on good  
practice governance and  
engagement checklist

# Outcomes and Sustainable Impact

GOOD PRACTICE GOVERNANCE AND ENGAGEMENT CHECKLIST	HOW NCL GOVERNANCE CAN DEMONSTRATE
<ul style="list-style-type: none"> <li>• Puts improving the health and wellbeing of local people at the centre of everything it does;</li> <li>• Has clearly defined and ambitious outcomes for local people which include reducing health and wellbeing inequalities, prevention and public health;</li> <li>• Is confident and clear about its remit, purpose and desired impact;</li> <li>• Can deliver a stable, sustainable financial future.</li> </ul>	<p>This is clearly set out in the draft STP Strategic Narrative document and in the detailed case for change developed by the NCL STP Clinical Cabinet. Outcomes are also clearly set out in the draft plan and included in the detailed delivery plan for each workstream</p> <p>The partnership organisations have agreed a shared vision and are developing detailed delivery plans to achieve a health and care system that can become more sustainable in the future. However, there remains a substantial financial gap which is a challenge faced by the majority of other STP footprints. We continue to review how to address the remaining financial gap.</p>



# Roles, responsibilities, decision making including managing risks

GOOD PRACTICE GOVERNANCE AND ENGAGEMENT CHECKLIST	HOW NCL GOVERNANCE CAN DEMONSTRATE
<ul style="list-style-type: none"> <li>• Is clear about roles, responsibilities and who can take which decisions, including for each key area of work; including at a strategic and board level;</li> <li>• Has agreed clear interventions to optimise the achievement of the intended outcomes;</li> <li>• Understands and manages strategic and financial risks, and performance, and has rigorous internal control.</li> </ul>	<p>It is well understood that STP footprints are not in themselves legal entities and have no status in law. Because STPs do not legally exist as ‘corporate bodies’ they have no legitimacy other than that of the individual participants and have no separate legal powers.</p> <p>The governance framework clearly sets out the accountability structure and the scope of decisions that can be taken by STP Leadership Groups such as the STP Programme Delivery Board</p> <p>There are detailed delivery plans being developed which set out the interventions and programmes of work intended to achieve the desired outcomes over the next 3 years.</p> <p>There is a well-established Finance and Activity Modelling Group that meets fortnightly that has good oversight of the strategic and financial risks and activity across the STP footprint.</p>

# Culture, values and behaviour

GOOD PRACTICE GOVERNANCE AND ENGAGEMENT CHECKLIST	HOW NCL GOVERNANCE CAN DEMONSTRATE
<ul style="list-style-type: none"> <li>Behaves with integrity at all times, showing a strong commitment to ethical values, to respecting the rule of law, and to collaborative and effective local and regional partnership working;</li> </ul>	<p>The partner organisations have agreed to work within a STP governance framework which sets out a set of principles for collaboration and partnership working. With regards a 'code of conduct' each of the statutory organisations will have a code of conduct set out in their governance arrangements and constitutions.</p> <p>The Committee on Standards in Public Life (Nolan Committee) has set out seven principles of public life which it believes should apply to all in public service. The NCL STP partners have adopted these principles as the basis for collaborative working across the STP governance arrangements.</p>

# Capacity

GOOD PRACTICE GOVERNANCE AND ENGAGEMENT CHECKLIST	HOW NCL GOVERNANCE CAN DEMONSTRATE
<ul style="list-style-type: none"> <li>• Has a governance structure that is clear, affordable and provides value for money;</li> <li>• Has board members with the right knowledge, skills, abilities, including lay members, to deliver the desired outcomes;</li> <li>• Has the leadership and individual capacity within the organisation to deliver the desired outcomes.</li> </ul>	<p>The agreed governance arrangements set out a clear structure for delivery of the STP plans.</p> <p>The STP has strong leadership through the CEOs of all partnership organisations, Finance Directors, and Medical Directors' and lead clinicians and practitioners. All workstreams have SROs are senior executive level officers with relevant experience and credibility together with lead clinicians and finance director leads.</p> <p>The capacity to deliver and resourcing of the programme, particularly at workstream level is currently being worked through with SROs. The expectation is that where possible, capacity and resources will be found or re-purposed from within existing resources. Where this is deemed not possible, this will be considered by the Programme Delivery Board.</p> <p>A central programme budget will be maintained to procure external expertise and skills that cannot be provided from within partner organisations.</p>

# Engagement with stakeholders, open accountability and transparency

GOOD PRACTICE GOVERNANCE AND ENGAGEMENT CHECKLIST	HOW NCL GOVERNANCE CAN DEMONSTRATE
<ul style="list-style-type: none"> <li>• Has governance structures and arrangements which encourage and enable collaborative working;</li> <li>• Is clear to whom it is accountable locally, regionally and nationally – how and for what?</li> <li>• Implements good practices in transparency, reporting, submitting to regular formal scrutiny and audit to deliver effective public accountability to local, regional and national stakeholders, including to residents;</li> <li>• Has a robust communications and partnership strategy. It ensures openness and comprehensive stakeholder consultation and engagement at all times, involving local and regional stakeholders, including residents, in planning and delivery at every opportunity.</li> </ul>	<p>The governance arrangements set this out clearly.</p> <p>We are committed to working in a transparent manner and plan to publish information relating to the STP on a dedicated website which is in development. This will be in addition to the websites of partner organisations. The STP plans have been subject to scrutiny via a number of JHOSC meetings and we are committed to an ongoing dialogue with JHOSC as the plans develop. In addition, we have established a communications and engagement workstream which will oversee the development of an overarching communications and engagement plan for the STP.</p> <p>One of the key functions of the proposed STP Programme Advisory Board will be to advise how best to ensure that the perspectives of our local communities are considered at every phase of STP development and delivery.</p>

**North Central London Joint Health Overview & Scrutiny Committee  
(NCL JHOSC)**

<b>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</b>	<b>NCL JHOSC</b>
<b>REPORT TITLE</b>  NCL Sustainability and Transformation Plan: Communications Strategy	
<b>FOR SUBMISSION TO:</b> NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	<b>DATE</b>  17 <sup>th</sup> March 2017
<b>SUMMARY OF REPORT</b>  To consider the draft communications plan and information about the communications on workstreams and engagement for healthcare closer to home, the workforce, urgent care, prevention, mental health, estates, digital, planned care and cancer.  <b>Contact Officer:</b>  Gen Ileris NCL STP Communications and Engagement Lead 5 Pancras Square London N1C 4AG <a href="mailto:Genevieve.Ileris@camden.gov.uk">Genevieve.Ileris@camden.gov.uk</a>	
<b>RECOMMENDATIONS</b>  Members are asked to note and comment on the communications plan and the workstream summaries.	

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# NORTH CENTRAL LONDON COMMUNICATIONS & ENGAGEMENT PLAN

Version 3 060317

*2017/2018*

## Communications and engagement plan –

V2 February 2017

### 1. Introduction and background

The North Central London Sustainability and Transformation Plan aims to bring together health and care organisations across the NCL boroughs of Barnet, Camden, Enfield, Haringey and Islington - both commissioners and providers of health and social care - to work differently and to collaborate to improve the immediate and long term health and wellbeing of the local population. Reference financial gap here.

The NCL STP is a programme that has been established to improve the way organisations work together to achieve this goal of improving health and care outcomes.

The North central London health and care organisations are:

<b>Local Authorities</b> <ul style="list-style-type: none"><li>• Barnet Council</li><li>• Camden Council</li><li>• Enfield Council</li><li>• Haringey Council</li><li>• Islington Council</li></ul> <b>Clinical Commissioning Groups</b> <ul style="list-style-type: none"><li>• Barnet CCG</li><li>• Camden CCG</li><li>• Enfield CCG</li><li>• Haringey CCG</li><li>• Islington CCG</li></ul>	<b>Provider organisations</b> <ul style="list-style-type: none"><li>• Camden and Islington NHS Foundation Trust</li><li>• Barnet, Enfield and Haringey Mental Health Trust</li><li>• Royal Free Hospital</li><li>• Whittington Health</li><li>• North Middlesex University Hospital</li><li>• University College London Hospitals NHS Foundation Trust.</li><li>• Tavistock &amp; Portman NHS Foundation Trust</li><li>• Moorfields Eye Hospital</li><li>• Central London Community Healthcare NHS Trust</li><li>• Central and North West London NHS Trust</li></ul>
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### **1.1 Why are we doing this?**

Every day we hear or read in the media about the pressure on the health and social care systems in London and across the country. We know that to meet the demands of our population now and into the future we need to do things differently. We have already invested time and resources into finding and testing some new ways of working. Our communities have told us they want a more joined up and integrated health and care system and they want care delivered closer to where they live and work. Some of our community, such as Islington and Haringey, already have a strong history of working together and we know there some similarities in the health and care profile across the NCL population. We want to build on this experience to deliver better health and care services to the NCL community and to ensure we have a system that is efficient, effective and sustainable.

To build a better health and care system we must also look at the social determinants of health and wellbeing. There exist high levels of poverty, and for many people employment is at times insecure or ad hoc. And while in general, life expectancy is increasing, for many people, the last 20 years of life, is lived in poor or declining health. As a result, these people often require far more support from our health and care services.

Working together the NCL STP presents an opportunity for our health and care services to focus on the people we commission and provide services for. We want to share collective responsibility for meeting the physical and mental health and care needs of the NCL population.

Our greatest aim is to work together to help people to be, stay or regain good health and wellbeing. To do this we must take a preventative approach, build strong community services to improve health and care outcomes for people. Working together in this way will allow us to look across all NCL organisations at how services are provided and identify opportunities to most importantly improve outcomes but also, build a satisfied, resilient and skilled workforce, add value, eliminate duplication and waste and reduce costs.

## **1.2 Aim of the Sustainability and Transformation Plan**

We want to develop a better health and care offer for people, nearer to their home or workplace, and one that supports people to stay healthy, manage their conditions well and maximises their healthy life expectancy, thereby reducing the need for health and care services.

- We will aim for a whole population approach to health and care delivery.
- We will also want to focus on improving the health and wellbeing outcomes for people in the NCL who have more complex health and care needs and use a number of health and care. By helping people to better manage their health we can help them to have an improved quality of life and reduce both the cost and pressure on our system.
- We will aim to reduce hospital admissions and get people out of hospital sooner with the support they need to recover their independence
- We will support people to be and stay healthy, and reduce the level of ill health within our population.

## **1.3 How are we going to do this?**

- Health promotion, particularly focusing on those who are healthy and well but are at risk of developing long term health conditions.
- Early detection and management of disease and illness, especially through more systematic management and control of long term health conditions in primary care.
- The quality of primary care provision and the primary care workforce. It also suggests a focus on reducing variation between practices. This may reduce Emergency Department attendances, short stay admissions and first outpatient attendances.
- Better integration of care for those with long-term conditions, and ensuring that suitable and sufficient social care is available. There also needs to be a focus on people in residential and nursing homes.
- Reducing the length of stay and avoidable admissions in acute hospitals, in partnership with social care.
- The delivery of emergency services in hospitals in NCL.
- Understanding the differences between hospitals in the delivery of planned care in greater detail.
- The provision of mental health services, particularly the physical health of those with a mental illness, early diagnosis and access to integrated services.
- Recruiting and retaining the workforce, particularly where there are high vacancy and turnover rates or shortages in staff, and a focus on new roles and developing the existing workforce through new skills and ways of working, as well as adapting roles to changing requirements.
- The cancer pathway across primary and acute providers.
- Assessing buildings that may be old, expensive to run and not fit for purpose, and developing buildings that support patient and clinical needs.
- Developing system-wide governance and leadership to support the implementation of integrated information sharing and technology.
- Addressing the projected financial deficit.

#### **1.4 What areas of health and care is the NCL STP focused on?**

Working alongside health and care professionals we have identified some of the areas and population groups where we think we could improve outcomes for people and reduce costs. The partnership has workstreams which are looking at:

*See appendix 2 for details on each of the workstreams and the people leading this area of work.*

## **2. Communication and engagement plan aims**

There are two key pieces of communications and engagement work that will support the NCL STP. Formal consultation will take place as statutorily required for major service changes and decommissioned services.

1. Communications and engagement to ensure stakeholders and the community understand the NCL STP process, the rationale for the workstreams and the new ways of working and how to participate, engage and provide feedback into the process.
2. Communications and engagement to support workstreams in the service and pathway design.

### **Principles of engagement** (developed with JHOSC)

- Put the needs of individual patients, carers, residents and communities truly at the centre;
- Recognise that local patients, carers, residents and communities themselves are a resource for knowledge, for information, for understanding and for change; work with patients, residents and communities to harness their strengths;
- Trust and empower local patients, carers, residents and communities to drive change and deliver sustainable improvements;
- Co-design, co-produce and co-deliver services and programmes with local patients, carers, residents and communities;
- Focus on building resilient patients, carers, residents and communities and on where resources can have the biggest sustainable impact.

## **The NCL STP Communications and engagement programme**

### **What we have already done**

We have collated and reviewed engagement activity across NCL for the past two years and this data has informed our STP and supports our evidence for change (appendix X). Communication and engagement is an on-going process and we are committed to a clear and transparent programme to inform and coproduce change in health and care services.

- Published the NCL STP, Summary Document, Case for Change etc. on all NCL partner organisation websites
- Established the NCL Communications Lead post to provide a coordination role between the NCL project management office and the comms and engagement leads in the NCL health and care and provide core messages for local comms and engagement teams to use.
- A communications and engagement workstream has been established and will provide guidance, oversight and support to the delivery of communications and engagement activity. Delivery of comms and engagement plan will be through existing organisational capacity.
- Regular progress updates have been produced by the NCL comms and engagement lead following meetings and other key communication milestones for use in each organisation's specific communications channels to ensure circulation to staff and stakeholders.
- support NCL organisations in communicating with their staff and stakeholders, adapting the centrally produced messages as appropriate.
- Established a generic email address for the NCL STP that is included in all comms so that people can always provide feedback and/or ask questions. This is managed by the NCL PMO, specifically the programme coordinator.
- A regular newsletter has been established to provide communications leads across the NCL with content to be utilised in the most appropriate internal and external comms channels.
- An audit of stakeholders has been taken to identify relevant groups and individuals to be engaged on various aspects of the STP and the workstreams.
- An audit of engagement activities across NCL organisations from the past year and an analysis and review of what local people have said.
- Regularly shared information and support the delivery of this plan and work collaboratively with other cross borough programmes including the Haringey and Islington Wellbeing Partnership to ensure that our plan and key messages are aligned.
- FOIs have to date been managed by the Royal Free Foundation Trust. Other queries and feedback including media requests have been and will continue to be handled by the NCL STP PMO and coordinated as necessary with relevant organisations.
- We have presented our plan to the Joint Health Oversight and Scrutiny Committee and we continue to submit proposals as requested for discussion and recommendations
- We have responded to a report prepared by JHOSC and agreed to follow a set of guiding principles for communications and engagement. See appendix?
- Held an initial public engagement event in each borough, co-hosted with local HealthWatch organisations

## **What we plan to do**

To deliver the 2017-18 communications and engagement work sufficient resource within the PMO, and from each partner organisation, will need to be committed to form a delivery group.

The PMO NCL Comms and Eng will support the STP comms and engagement workstream, chair the comms and eng delivery group, develop key messages and core materials, and coordinate activity across each organisation and STP workstream.

- Key activities that the comms and eng Lead and delivery group will focus on in 2017-18 include: Produce messaging, content, plans and events to make sure information about the programme is disseminated across the NCL to staff, residents, service users and carers and patients and other interested individuals and groups.
- Support the communications and engagement needs of the STP 12 workstream areas
- Host regular workshops with local Healthwatch organisations and other key patient and voluntary organisations, to identify complementary strands of work between their priorities and those in the STP.
- A NCL STP website will be created as the central platform for NCL STP news, events and information. It will have a feedback form to support public feedback and comments and will host a live twitter feed to provide real time information and receive comments and feedback from interested individuals and organisations.
- Use the website as an e-forum to ask questions and gain response from the public about specific STP issues.
- Create a guest blog on the website and invite residents, clinicians and other interested individuals to contribute to the conversation.
- We will seek opportunities to utilise other social media platforms for sharing progress reports and information as well as alerting people to engagement activities or events.
- Investigate the viability of using Citizen Space as an online engagement tool
- Core materials will be provided to all partner organisations to support the delivery of consistent communication messages.
- Branding and identity of the NCL will be a priority action for the Communications and engagement workstream
- Establish local people, staff, voluntary sector and young people forums to support, coproduce and inform the STP programme and when appropriate the workstreams.
- We will apply best practice in engaging local people and coproduction using a consistent methodology across all five boroughs.
- Host briefing sessions for key industry organisations and associations
- Seek opportunities to present at HOSC and Health and Wellbeing Boards as well as at stakeholder board meetings and other interested organisations and groups
- Attend on partner site wellness or other staff events as a platform to meet and speak with staff about the programme
- From March 2017 all FOI's will be managed by (TBC) the PMO Comms and Eng Lead

### **3. The workstreams**

- We will work with each of the NCL Healthwatch organisations and our local community to ensure their needs and expectations are considered in the development of services.
- Over the past two years a great deal of engagement has been undertaken by each of the NCL organisations. We have conducted an audit of engagement activity and this is the basis for the 'What we already know' report (appendix ?). This information has formed part of the research into new ways of working and has been shared with the workstreams to inform their plans.
- Each workstream will have a communications and engagement strategy built into their overall plan, which will identify possible gaps in insight and address any engagement needs from specific communities and groups.
- Engagement support for workstream leads will be coordinated by the NCL STP comms and engagement lead, and supported by the engagement leads within the NCL health and care organisations
- Any changes to services as a result of the NCL STP will include the appropriate period and process of consultation with the local community.

**Details of the 12 workstream are in appendix ?**

#### 4. Audiences

Patients, public and community	Our partners	Primary Care	Political and Government	Other
NCL residents	Staff in the NCL organisations	GP Federation – as providers	Councillors	Media
Service users, carers, patients and their families	NCL organisation leadership	GP member practices (CCG) – as commissioners	MPs	
Healthwatch organisations across all NCL boroughs	CCG governing bodies	Other allied health professionals including <ul style="list-style-type: none"> <li>○ Pharmacists</li> <li>○ dentists</li> <li>○ optometrists</li> <li>○ physiotherapists</li> </ul>	Trade unions and associations BMA	
Community and Voluntary Sector Strategic Partners	Trust boards		NHS England and NHS Improvement	
Public interest groups / local campaign groups	Council Cabinets			
			Health and Wellbeing Boards	

## **6. Key messages**

Messages will be drawn from the already published core narrative and revised appropriately as new information and details of workstreams and financial information becomes available.

A variation on the primary narrative will be required for NCL staff

Core information can be tailored by individual organisations for their specific audiences and should focus on the benefits of working together to residents, patients, service users and carers of health and care as well as their own workforce.

### **6.1 Messaging on the STP**

- Our STP is called xxxxxxxxxx– it has developed into a partnership between local commissioners and providers, working with local authorities,
- The STP is not a roadmap for the next five years: it is a series of plans for different clinical and social care areas that are at different stages of development
- Each individual partner organisation has been talking to local people and involving them in health and care decisions for more than two years: As the xxxxxxxxx (STP) we will continue to listen to their views to inform our plans as they develop further

### **6.2 Messaging on why we need a plan**

- There are many excellent services in NCL, but the quality of care varies depending on where and when people access them
- People are living longer; our health system has been a great success. but it means we have an ageing population and many more people are living with long term conditions: – this means demand for our services is greater than ever. We need to evolve and change the way we provide services to meet this and future demand.
- No one wants to be in hospital. Many people end up in hospital when may not need to be there: this is putting huge pressure on our hospitals and means patients often have to wait too long to be seen
- We have identified better ways of working, and these new systems can make us more efficient and deliver better services.
- There are opportunities to use technology in new ways and enable us to provide better, faster, and more economic service.
- Our budget is increasing, but demand for services is rising even faster – we need a plan to spend the money we have as wisely as possible



### 6.3 Core messaging on what we are proposing

- By investing more money in GP, primary care, mental health and community services, we can improve care and reduce the growing pressure on our hospitals
- We want to improve services by developing local 'health and care networks' where a mix of health and social care professionals work together to keep people well and provide earlier support to those who are becoming unwell
- We will be spending more money than ever before, but we need to spend our money differently to meet the changing needs of our community
- We are not proposing any A&E closures: we will continue to need all our A&Es

### 6.4 Key messages per workstream

Draft key messages per workstream are included in the appendices with the workstream workplan communication and engagement forms and will continue to evolve. .

### 6.5 Workstream communications and engagement

Workplans for each workstream are set out in the appendices. Each workstream is expected to conduct where appropriate

- **Wider engagement** refers to engagement with key stakeholders carried out at **NCL level**.
- **Active comms** means the development of information for the website, newsletter and social media on that topic.
- **Support activity led by others** – this refers to areas where the PMO will support activity but is not the lead.
- **Direct involvement** means that the relevant clinical group will include patient and public voices.
- **Events:** to support active involvement from stakeholders and/or interested individuals or groups.

## 1. Meetings and briefings

The table below outlines regular communications and engagement activity.

Item and description	Objective	Audience	Responsibility	Timing
Communications and Engagement leads meeting	Monthly meeting of CCG and provider comms and engagement leads. Updates on OHSEL and discussion about main areas of focus	Comms and engagement partners in CCGs and providers	NCL STP communications and engagement lead	Monthly – timing varies
Comms and engagement workstream	This group advises on comms and engagement plans for NCL STP and is made up of representatives from each of the workstreams, comms and engagement leads and voluntary sector and healthwatch representatives .	CCG lay members, LA scrutiny members and officers, Healthwatch, CCG engagement leads	NCL STP communications and engagement lead	monthly
JHOSC	To scrutinise the NCL plan and provide recommendations for improvement	Members are councillors from the five boroughs	NCL STP PMO	Monthly
Health and Wellbeing Board briefings	Updates on NCL STP as needed – meetings take place in public	Councillors and council officers; public	CCGs and providers will lead on briefings – supported by NCL STP PMO	Would expect to update all meetings
MP briefings	Updates on NCL STP as needed	MPs	CCGs and providers will lead on briefings – coordinated and supported by NCL STP PMO	As required
Programme Update	Monthly update on programme activity for Boards and Governing Bodies	Boards and Governing Bodies	NCL STP PMO	Monthly
Update newsletter	Weekly newsletter on programme, including upcoming meetings and news	Stakeholders and wider	communications lead	Weekly

## 7 Channels

A monthly newsletter will be sent from the NCL STP to provide content for NCL organisations to use in their own internal and external communications. This newsletter will provide an update on workstreams, provide biographies on key workstream personnel, and it will continue to give a board and local overview of the STP's and the transformation of the health and care system.

<b>Audience</b>	<b>Channels</b>	<b>Responsibility</b>
Staff	<ul style="list-style-type: none"> <li>• Briefing sessions</li> <li>• Team meetings</li> <li>• Workshops</li> <li>• Newsletters</li> <li>• 1:1s</li> <li>• Intranet sites</li> </ul>	Each NCL STP organisations
Boards/Governing Bodies/Cabinet	<ul style="list-style-type: none"> <li>• Meetings and seminars</li> <li>• Emails</li> </ul>	Transformation Board
Haringey Islington Wellbeing Partnership project team	<ul style="list-style-type: none"> <li>• Emails</li> <li>• Meetings</li> </ul>	NCL Comms and Engagement lead
Primary care	<ul style="list-style-type: none"> <li>• GP bulletin</li> <li>• GP website/intranet</li> <li>• Collaborative/locality meetings</li> <li>• Practice manager/nurse forums</li> <li>• Practice visits by primary care teams</li> <li>• Emails</li> <li>• Meetings with Federation leads</li> </ul>	CCGs
Patients, public, service users and communities	<ul style="list-style-type: none"> <li>• CCG/local authority/trust website and social media channels</li> <li>• News releases to local media and community media</li> <li>• Local authorities – utilising the council residents' magazine and other resident communications channels (including advertising)</li> <li>• Provider trusts – utilising their comms channels with patients</li> <li>• Healthwatch residents' bulletin and their other public comms channels</li> <li>• The CCGs' engagement forums e.g. Haringey's engagement network</li> </ul>	Individual NCL STP organisations

	(mix of patient reps and voluntary sector organisations) and Islington's PPG network <ul style="list-style-type: none"> <li>• Patient participation groups in GP practices</li> <li>• Schools and children's centres health bulletin – information for parents</li> <li>• Emails to stakeholders and key voluntary sector organisations</li> <li>• Social care users and user groups</li> </ul>	
Healthwatch / Voluntary Sector Strategic Partners	<ul style="list-style-type: none"> <li>• Meetings</li> <li>• Emails/briefings</li> <li>• Voluntary and Community Sector Forums</li> </ul>	STP PMO
MPs	<ul style="list-style-type: none"> <li>• Emails/briefings</li> <li>• Meetings</li> </ul>	NCL STP Transformation Board
Councillors	<ul style="list-style-type: none"> <li>• Meetings</li> <li>• Emails/briefings</li> </ul>	Councils comms leads
Trade Unions	<ul style="list-style-type: none"> <li>• Meetings, as required</li> </ul>	STP PMO

Each NCL STP organisation has provided a detailed channel list along with the contact details of each Comms and Engagement lead from their organisation that will be responsible for disseminating information from the NCL STP to their audiences.

## Material to be produced

- NCL STP website as the central platform for disseminating information and publishing documents
- Core narrative – and any variations required (staff) which will include key messages about the goals and benefits of the NCL STP and what residents can expect from improving the way health and social care is delivered.
- Case studies and success stories that showcase the new ways of working and delivering services
- Q&A document – which will be updated regularly throughout the programme
- NCL STP Presentation pack for workstream leads, comms and engagement workstream representatives and NCL organisational champions to be used at their discretion to provide an overview and updates
- Topline information and update on progress within workstreams and the programme as a whole.
- The NHSE produced animation on STP's
- Website will have the facility for guest blogging and opinion pieces

## 8 Resources

The establishment of the comms and engagement workstream will provide oversight of the comms and engagement work. State members and ToR.

The NCL STP Comms and Engagement lead will coordinate the delivery of the comms and engagement plan. A comms and engagement delivery group will need to be formed, made up of the comms and engagement professionals working in the NCL STP health and care organisations.

The following resources have been identified as necessary to achieve the required level of communication and engagement for a programme of this importance.

- That each organisation continue to allocate one dedicated person to the NCL STP as part of 'business as usual'. Estimated time commitment is 1 to 1.5 hours per week, and attendance at a monthly, communications and engagement leads meeting (estimated to be 4 hours a month).
- Access to a e-newsletter platform such as Dotmailer to produce electronic newsletters, updates and e-alerts
- Access to Citizen Space to enable online consultation and engagement activities
- Financial resources to enable engagement and consultation activities to be conducted in a professional and meaningful way.

## Responsibilities

- Delivery and development of the communications plan will be coordinated by NCL STP Comms and Engagement lead
- Each NCL STP organisation will be responsible for cascading messages and carrying out appropriate engagement through their channels, adapting as appropriate.
- A communications and engagement workstream will be chaired by the Paul Jenkins, Chief executive of Tavistock and Portman and supported by the NCL STP Comms and engagement lead will meet monthly and oversee the delivery of the communications and engagement plan and the comms and engagement activities of each of the workstreams.
  - MEMBERSHIP OF THIS GROUP MUST INCLUDE HEALTHWATCH AND VOLUNTARY SECTOR REPRESENTATIVES.
- Materials and messages will be signed off by the NCL STP convenor.
- Members of the communications and engagement workstream may be required to provide support by taking on responsibilities and tasks throughout the programme.
- Engagement activities (as per each workstream work plans) will be coordinated and resourced by workstream members and supported by the Comms and engagement lead, and the comms and engagement delivery group.

## Tasks

- A delivery group of NCL communications and engagement leads will be identified to oversee some tasks and support the delivery of the comms and engagement plan
- A nominated representative from each workstream is to oversee the delivery of the workstream communications and engagement activities.
- Coproduction work will be supported where possible by Nicola Maskrey (TBC)- Project Manager, Collaborative Commissioning Islington Council
- Engaging local people will be supported where possible by Elisabeth Stimson – Engagement Lead Islington CCG (TBC)

## **9 Risks to the comms plan**

There is a risk that NCL health and care staff may be experiencing 'change fatigue', in light of almost continuous change within the NHS and local authorities over the past few years. Alongside this may be some anxiety over possible impact on their job security.

The financial resources to conduct meaningful engagement, consultation and communication

The capacity within each NCL partner organisation may also present challenges. A designated NCL STP person may have limited capacity to undertake more than a minimal load.

Powerful and clear messages about the benefits of the NCL STP will be critical in mitigating possible rumours and misinformation that may circulate amongst residents, service users and staff. We must also be clear about the relationship between the NCL STP and other local and cross borough plans, strategies and working relationships. It must be clear that these programmes are complimentary to and not in competition with the NCL STP programme of work.

A well-defined Q&A will articulate the programmes objectives and clarify the practical how and why's of the NCL STP. This will help residents, patients, service users and carers understand the evolving relationship between health and care organisations and how we will transform the system to provide the right services to the right people at the right time.

We must be responsive to the concerns of the residents and acknowledge the individual characteristics of each borough. The negative media to date has created suspicion and we need to overcome the trust gap that may exist within the NCL population.

## **9 Activity plan** *(to be developed through the comms and engagement workstream and delivery group)*

A detailed activity plan which includes

- Local engagement and consultations being undertaken by the 21 partner organisations within their own jurisdiction and their stakeholders
- 12 workstreams comms and engagement plans will be collated to form appendix 1 once this plan has been signed off.

## **10 Evaluation**

Progress against the delivery of the activity plan will be monitored at communications and engagement meetings, and the Transformation Programme Delivery Board will receive regular progress updates on the delivery of this plan. Feedback from NCL STP organisations about how staff and stakeholders are responding to messages about the programme will support evaluation and influence how the plan will evolve.

- **You said, we did**
  - A **you said, we did** report will be produced each year by the workstreams and be published on the NCL STP website and made available in e- format to all stakeholders.
- Reporting of engagement activities by individual partner organisations will be as per their usual organisational requirements.
- Regular reporting of comms and engagement activity through the NCL STP governance structure



## Appendix 1 - Engagement activity plan by organisation

To be populated by each partner organisation's comms /engagement lead

### *External audiences*

Audience	Objective	Action	Lead	Date / frequency
Community groups				As required
Patient groups				As required
Special interest groups				
JHOSC				

### *Internal audiences*

Audience	Objective	Action	Lead	Date / frequency
	•			

## **Appendix 2 – Workstream Workplans**

(Comms and engagement pages)

DRAFT

## Appendix 3

<b><i>RECOMMENDED PRINCIPLES to guide NCL's approach to developing the STP</i></b>
<ul style="list-style-type: none"><li>• <b><i>Put the needs of individual patients, carers, residents and communities truly at the centre;</i></b></li><li>• <b><i>Recognise that local patients, carers, residents and communities themselves are a resource for knowledge, for information, for understanding and for change; work with patients, residents and communities to harness their strengths;</i></b></li><li>• <b><i>Trust and empower local patients, carers, residents and communities to drive change and deliver sustainable improvements;</i></b></li><li>• <b><i>Co-design, co-produce and co-deliver services and programmes with local patients, carers, residents and communities;</i></b></li><li>• <b><i>Focus on building resilient patients, carers, residents and communities - and on where resources can have the biggest sustainable impact.</i></b></li></ul>

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## Communications and engagement

NCL JHOSC

10:00 am 17 March

Camden Town Hall

Gen Ileris – NCL STP Communications and engagement lead

# Contents

Overview
Current status
Current status
Draft communications plan
Communications and engagement workstream
Media and the Kings Fund report
Branding and website

Page 78

# Overview

Continued criticism of the STP process nationally and the lack of public engagement

There has been limited opportunity to engage with local people as the workplans have been developed

We have audited past engagement activity from CCG's and local authorities to 'test' our proposals

Engagement has been done on an individual organisational level but we have been unable to 'land' this engagement activity as being part of the STP process and that information and evidence from these activities is a legitimate form of engagement

Building community trust will only come if we are confident our plan is an accurate response to the health and care needs of our community

# Engagement across NCL

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- Over the past year there has been a lot of engagement with people across north central London. This information has been incorporated into our proposals
- This has been conducted by individual health and care organisations
  - Local authorities
  - CCG's
  - Provider organisations
  - Healthwatch
  - Voluntary sector organisations (Age UK)
- more engagement work needs to be done on the specific proposals for each area of work
- Engagement should be a continuous process throughout the programme



# What we've learnt has informed the STP process

- People want more joined up health and care services
- People want health and care closer to where they live or work
- Services that are flexible, that adopt to people's differing needs
- People want to tell their story once
- Good signposting and information
- Access to services for a diverse population including interpreting services
- Simple, effective admin process which support patients to access the right service
- Compassionate healthcare professionals
- Access to a wide range of community support
- To not forget about carers and family

# Current status

- The establishment of working relationships with people and organisations across NCL
  - Comms leads from the five CCG's, provider organisations and Local authorities
  - Healthwatch Chief execs
  - DASC and DCS
  - Local interest groups and voluntary sector groups
  - Royal College of Physicians
- Refresh of the draft plan (January and March)
- Website and associated content development
- Responding to enquiries and FOI's
- Development of the communications and engagement draft strategy following on from the information in the draft plan
- Meeting with and/or attending meetings to understand how to support the workstreams and the comms and engagement requirements
- Establishing the comms and engagement workstream

# Communications and engagement plan

- **Building on the draft plan**

- Regular weekly update has continued
- Audit of NCL activity and stakeholders
- Monthly meeting with comms and engagement leads across NCL
- Meeting with Healthwatch chief execs (as required)
- Meeting with Human Resource Directors (as required)

- Development of NCL STP website and preparation of content

- A draft plan has been shared with comms leads and Healthwatch for input by 10 March

- Working with workstreams to support the development of their plan

- Engaging with local people presentation to nominated workstream representatives on 20 February

# Communications and engagement approach

- Work in collaboration with comms and engagement leads across the footprint
- Together identify communication opportunities and engagement or consultation events and activities that have a focus on workstream of the STP
- Meet with comms and engagement leads monthly to test key messages, and approaches to including local people in coproduction
- Where possible and capacity allows, utilise NCL comms and engagement people/teams to support workstreams in both engagement activities and communicating to staff, residents and other stakeholders
- Development of the draft comms and engagement plan as a collaborative and incorporate local activities and identify opportunities to work on activities across organisations and across boroughs
- Shared input into the website and opportunities for 'guest' blogging from across the footprint
- Opportunity to create citizen, staff and young peoples forums for online engagement events locally and across the footprint

# Communications & engagement workstream

## **STP submission in October committed us to establish a communications & engagement workstream alongside the other enabling workstreams.**

- Identification of an SRO – Paul Jenkins (Tavistock and Portman)
- Production of a more developed communications & engagement plan, building on the principles set out in the October submission is currently out in draft to comms leads and Healthwatch
- Working in collaboration with comms leads across NCL
- Initial meeting with workstream representatives to ask ‘who needs to be at this table?’
- Representatives from Healthwatch and voluntary sector have been invited to join the workstream
- Comms and engagement leads from NCL invited to participate in the C & E workstream

# Media

- Week long in depth look at NHS on BBC
- Daily week long feature story in the i news paper <https://inews.co.uk/?s=STP>

North central London outlines a range of proposals to increase mental health support for all age groups, with initiatives to improve community resilience, increase access to primary care mental health services, improve acute mental health services, develop a female psychiatric intensive care unit, and invest in mental health liaison and dementia-friendly services.

Read more at: <https://inews.co.uk/nhs/kings-fund-report-stps-mental-health/>

Health Services Journal

- New Camden Journal

The report argues that *'STPs offer the best hope of delivering essential reforms to NHS services'*.

- All plans aim to deliver more services in the community, including by putting GPs at the heart of networks bringing together primary care, community services and social care.
- All STPs include ambitions to give greater priority to prevention, for example by tackling unhealthy behaviours and promoting mental wellbeing
- STPs aim to improve productivity and efficiency and in so doing close the NHS funding gap
- A number of STPs highlight the impact of staff shortages, and many propose new roles such as care navigators, nurse associates and physician associates to support shifting care out of hospitals and into the community.

[https://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/STPs\\_proposals\\_to\\_plans\\_Kings\\_Fund\\_Feb\\_2017\\_0.pdf](https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/STPs_proposals_to_plans_Kings_Fund_Feb_2017_0.pdf)

# Branding

- [www.healthiernorthwestlondon.nhs.uk](http://www.healthiernorthwestlondon.nhs.uk)

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- Our plan for south west London (STP)





Some of the suggestions put forward include;

- Partners in health and care
- Health and care working together for a healthier NCL
- Healthy Life partnership
- NCL Better Together Partnership
- NCL 'Care for Health' Partnership
- Changing health for better care
- Health for all partnership
- Care for all Partnership
- NCL Partners in Care partnership
- The good health partnership
- North Central London Health and Care Partnership

# Website

- Using the NEL framework we have been able to commission a low cost website
- We will have total content control eliminating the need for a third party to update and maintain the content
- A platform for sharing NCL information publicly
- Platform for online surveys and regular and guest blogging
- Other NCL organisations can drive traffic to our site
- Embedded feedback form to enable people to easily communicate with us



## North east London Sustainability and Transformation Plan

[Home](#) [Overview](#) [Five Year Forward View](#) [FAQs](#) [Progress to date](#) [Contact us](#)



### Five Year Forward View

The Five Year Forward View sets out a clear direction for the NHS – showing why change is needed and what it will look like.

[Find out more »](#)

### FAQs

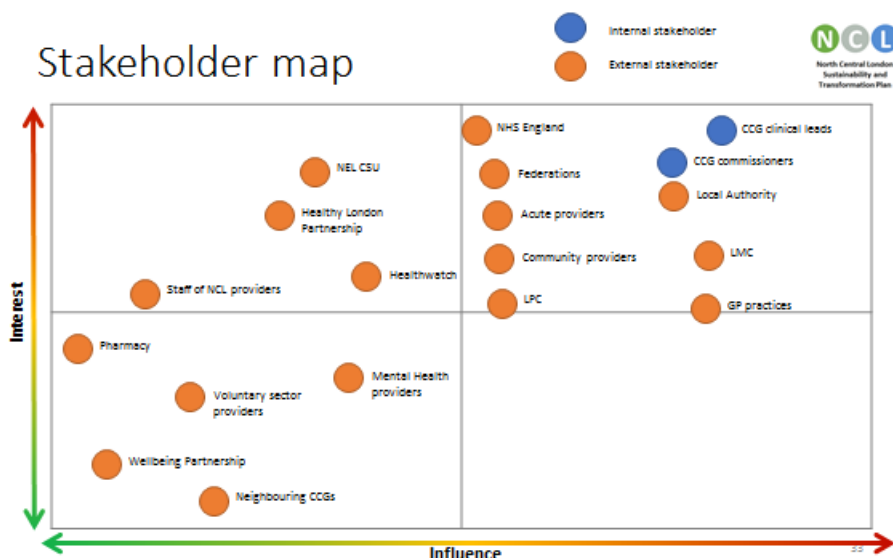
Find answers to common questions about the NEL Sustainability and Transformation Plan.

[Read the FAQs »](#)

### Useful links

- Local Digital Roadmaps
- Briefing for committees
- Delivery plans
- Engagement events
- Equality Analysis
- Sustainability and Transformation Plan - Draft - 21 October
- Developing the STP

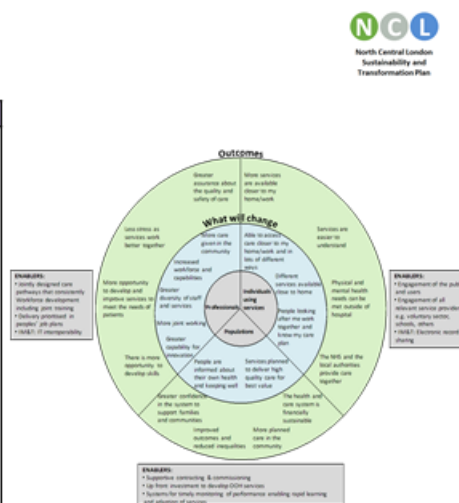
## Stakeholder map



## Key messages

**Overarching message**

- Health and care will be available closer to home for all, ensuring that people receive care in the best possible setting at a local level and with local accountability.
- NCL has good services, the health and care closer to home model will focus on scaling these services up, reducing variation and making this the CHIN model the default approach to care and place based commissioning of services. Ensuring services are focused on the care of people within neighbourhoods.
- Social care and the voluntary sector will play a key role in the design, development and expansion of the future model.
- We will address the sustainability and quality of general practice, including workforce and workload issues. It is recognised that for some people, health and care being delivered closer to their home is not always the best choice, and therefore high quality hospital-based and care home services will continue to be available when needed.
- At the heart of the care closer to home model is a 'place-based' population health system of care delivery which draws together social, community, primary and specialist services underpinned by a systematic focus on prevention and supported self-care.



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## Key messages – CHINs and Extended Primary Care

**Overarching message**

**CHINs/ QISTs**

- CHINs may be virtual or physical, and will most likely cover a population of c.50,000 people. They will be home to a number of services including the voluntary and community sector to provide a more integrated and holistic, person-centred community model, including health and social care integrated multi-disciplinary teams (MDTs), care planning and care coordination for identified patients.
- Interventions focused on the strengths of residents, families and communities;
- Improving quality in primary care, and;
- Reducing unwarranted variation will also operate from CHINs, including Quality Improvement Support Teams (QIST) to provide hands-on practical help for individual GP practices to ensure a consistent quality standard and offer to all patients which will include support for case finding and proactive management of high blood pressure, atrial fibrillation and diabetes.

**Extended Access**

- Patients will be able to access consultations with GPs or other primary care professionals in their local area for pre-bookable and unscheduled care appointments between 8am and 8pm 7 days a week.
- Telephone triage, virtual consultations and online booking systems will be available for all patients.

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## Key messages – Social prescribing, patient education and supporting healthier choices

### Overarching message

- In line with our prevention agenda, the care closer to home model will include upscaling our smoking cessation activities by 9-fold to reduce prevalence and hospital admissions;
- increasing alcohol screening and the capacity of alcohol liaison services and alcohol assertive outreach teams across NCL;
- scaling up weight management programmes with integrated physical and wellbeing activities;
- reducing unplanned pregnancies by increasing the offer and uptake of long acting reversible contraception.
- the care closer to home model will include a greater emphasis on social prescribing and patient education.
- Support will be available for patients, carers and professionals to be confident users of information and IT solutions that enable self-management and care, as well as care navigation support to direct patients to the right services

## Stakeholder map



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## Key messages



## Overarching message

- Our vision is for North Central London to be the place of choice to train and work
- Our ambition is to develop a sustainable and affordable workforce fit for the future and deliver a transformed service
- We aim to attract, develop and support a workforce fit for purpose to meet the changing healthcare landscape
- We will work with NCL organisations across all care settings to support them to deliver the new care models in a range of settings and train people currently working in hospitals to gain the skills and confidence to work across the care pathway in community settings and delivering care closer to home
- We will educate and support patients, carers and those in the communities in self-care and self-management
- Phase 1 of our Delivery Plan brought together the health and social care workforce community under the strategic leadership of the Local Workforce Action Board
- Programmes of work have been initiated to improve staff retention, manage temporary staff rates of pay and significant savings have been identified. Collaboration on procuring a shared Bank provider has also been initiated
- In 2017/18 collaborative work on Learning and Development and apprenticeships will also be rolled out
- The Workforce community will also explore ways in which shared employment policies and processes and back-office capacity can improve mobility and flexibility of staff between settings while producing savings

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## Outline Stakeholder Engagement Plan



Date(s)	Type of initiative	Aim / rationale	Priority	Support needed
28.02.17	SRO and Programme Managers Workshop	Identify main priorities and determine the workforce issues arising from delivery plans. To increase the pace and develop a more granular level of detail so workforce impacts can be ascertained	• High	PMO support
20.03.17	Meeting with Local Authority Workforce Leads	To discuss how to engage fully with social care in addition to inclusion in the formal governance arrangements	• High	• None
01.03.17	Mental Health Workshop	To identify work force impacts on new models of care	• High	• None
LWAB 29.03.17 17.05.17 11.07.17 20.09.17 05.12.17	Board meeting	To ensure that NCL has the right staff, with the right skills in the right place to deliver high quality care to the local population	• High	• None

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## Outline Stakeholder Engagement Plan



Date(s)	Type of initiative	Aim / rationale	Priority	Support needed
23.02.17 and then monthly	NCEL PGME	To engage with the Post graduate Dean education and training across the NCEL footprint on the STP plans	Medium	None
03.02.17 and then fortnightly	HR Directors Network Meeting	To brief on progress on STP Plans and get buy in to future plans. To act as a reference group.	Medium	None
Fortnightly	1) SRO Steering Group 2) Project Managers meetings	Two way feedback between the programme and those accountable for delivery	High	None
February April June	Newsletter	To provide information to managers, staff and wider stakeholders across the footprint on the STP plans	High	To provide a slot in the STP newsletter for workforce and support in providing the narrative

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## Outline Stakeholder Engagement Plan



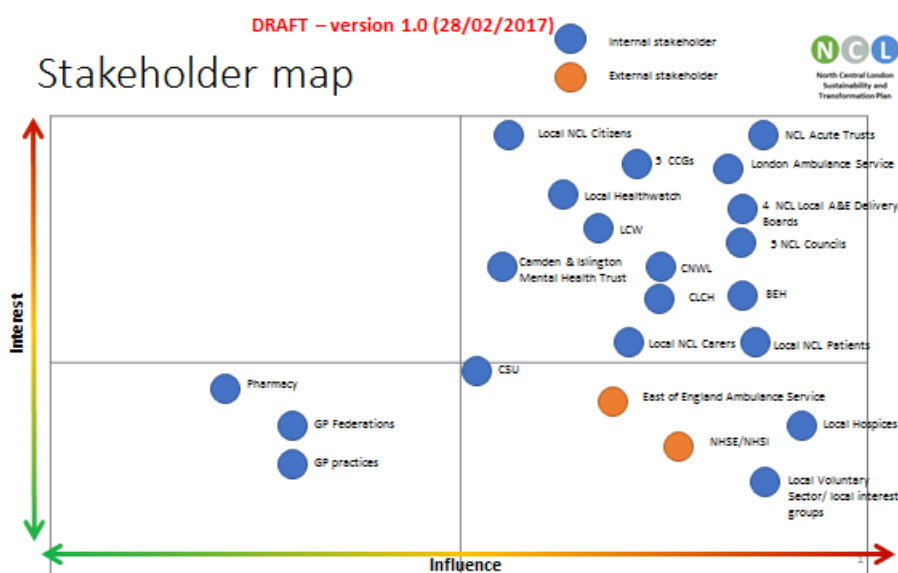
Details	Stakeholder Group	Feedback / issues	Recommendations	Key contact
28.02.17 SRO and Programme Managers Workshop	SROs for new models of care and Programme Managers			• Charles Allen
February 2017 (date tbc)	Meeting with Local Authority Workforce Leads to discuss Social Care engagement			• Charles Allen
01.03.2017	Mental Health Workshop			• Charles Allen

## Lead for Comms and Engagement

Charles Allen - Workforce Programme Director  
 Contact Details - Email: [charlesallen@hee.nhs.uk](mailto:charlesallen@hee.nhs.uk) Mobile: 07773260076

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**DRAFT – version 1.0 (28/02/2017)**

### Key messages

**Overarching message**

Over the next five years, we will deliver urgent and emergency care (UEC) services that are reliable, work well together and are easily understood. Our services will be consistent and inspire confidence in patients and professionals; supported by the use of an integrated digital care record that can be accessed across organisations.

The Health and Social Care services within our five Boroughs will be working collectively to solve problems that affect someone's care. We will explore new ways of delivering our services to provide the best quality services for the resources we have available. This will span from the moment somebody identifies that they have an urgent or emergency need through to when they return home.

The focus on urgent and emergency care services will reduce confusion about which service people should access, will reduce the number of unplanned admissions to hospital and will support people to return home from hospital as soon as possible. This will improve people's experience of the care they receive when unwell or in crisis and will make sure that people have their care on a planned basis wherever possible.

To do this we need to work with local people to understand the urgent and emergency care services that they need and would choose to access. We will work with local people in designing our services and in understanding the way they choose to use services for an urgent or emergency need.

The projects that we will be starting with first in NCL will focus on:

- Developing high quality, responsive community-based services that work 7 days a week, and support someone to have their care closer to home and therefore not requiring admission to hospital or the need to attend an emergency department
- Improving the quality of peoples' care within the last phase of their life, to support them to die in their place of choice
- Developing the care we provide for frail older people who become unwell to support them to be assessed and treated quickly, so they can remain in their home for as long as possible
- Addressing the multiple different reasons that mean somebody's discharge from hospital back to their home is delayed

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**North Central London Sustainability and Transformation Plan**

**DRAFT – version 1.0 (28/02/2017)**

### Outline Stakeholder Engagement Plan

**Plan to 31 March 2017**

**NCL Stakeholder Engagement**

Engagement in detail of delivery plan:

- Individual phone calls with key stakeholders
- Workshop to review outcomes of calls, discuss potential options for bringing forwards savings and design the Enhanced Community Based Admission Avoidance Model
- NCL UEC Board to review draft delivery plan and then have final sign off in March

NCL UEC Board on a monthly basis to testing design, planning and implementation plans with stakeholders

NCL CAG on a monthly basis for clinical input into emerging designs of projects

NCL-wide project working groups to have inaugural meeting by March 31<sup>st</sup> 2017 – to include stakeholders from across the system to develop high-level, NCL-wide principles to then be delivered locally

Local Authority engagement and links – Sanjay Madhok of Haringey LA providing link in to ADASB and input to plans

**NCL Citizen Engagement**

For each individual project, communication and engagement plans will be detailed in the Project PID, with three key levels of engagement:

- Participate: the opportunity to participate in the stakeholder groups or target engagement activities;
- Engage: the opportunity to receive and comment on detailed information about the emerging service designs, process, progress and recommendations;
- Inform: the opportunity to receive summary information and recommendations

**Plan for 2017/18**

**NCL Citizen Engagement**

April – July 2017 second wave of NCL citizen design events, focused on specific initiatives to be delivered later in 2017 or in 2018

October – December 2017 final wave of NCL citizen design events, refining ideas to be delivered in 2018 and beyond

January to March 2018 evaluation and handover to governance structures for development and implementation

**NCL Stakeholder Engagement**

NCL UEC Board on a monthly basis to testing design, planning and implementation plans with stakeholders

NCL CAG on a monthly basis for clinical input into emerging designs of projects

Workshop/event to launch testing/implementation of each project

**Lead for Comms and Engagement**

Liz McAndrew, North Central London Urgent and Emergency Care Programme Director

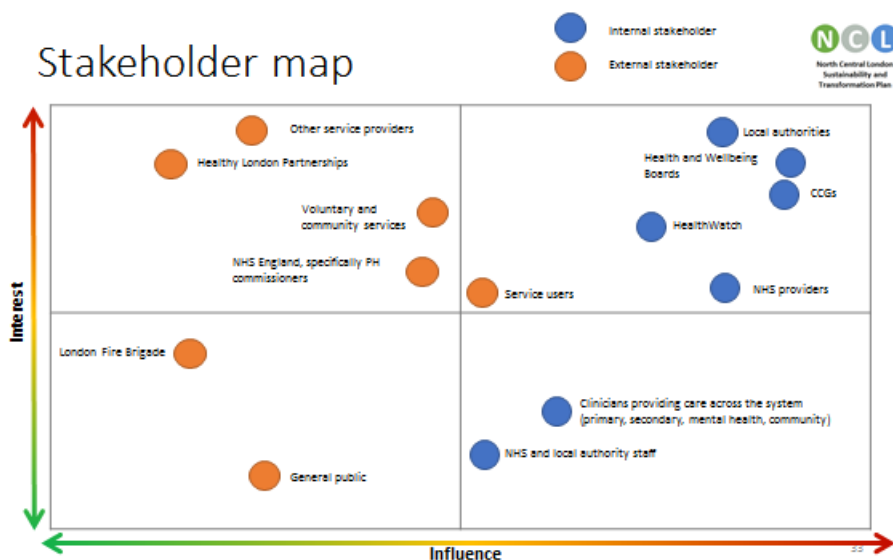
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**North Central London Sustainability and Transformation Plan**

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## Stakeholder map



## Key messages

Oversarching message
Every member of the local public sector workforce in NCL will be a champion for prevention and will take proactive steps to close the health and wellbeing gap;
Our residents, families and communities will be supported to look after their health: smoking and drinking less, eating more healthily, and being more active, as well as looking after their sexual health and mental health wellbeing;
There will be far fewer hospital admissions from preventable causes such as smoking, alcohol, and falls, and reductions in associated ill health and early deaths;
We will make NCL a fairer place to live, through disproportionately greater improvements in health for people with mental health problems and learning disabilities, specific BAME groups, and those in the most deprived communities;
We will start to reverse the trend in childhood obesity, by proactively working across different settings to promote healthier eating and more physical activity among children and young people, as well as using our regulatory powers;
Through a focus on workplace wellbeing, those working in NCL will become healthier, through increased levels of active travel, supporting positive mental health wellbeing, by supporting employees to quit smoking and to eat more healthily, leading to reduced absences and increased productivity.

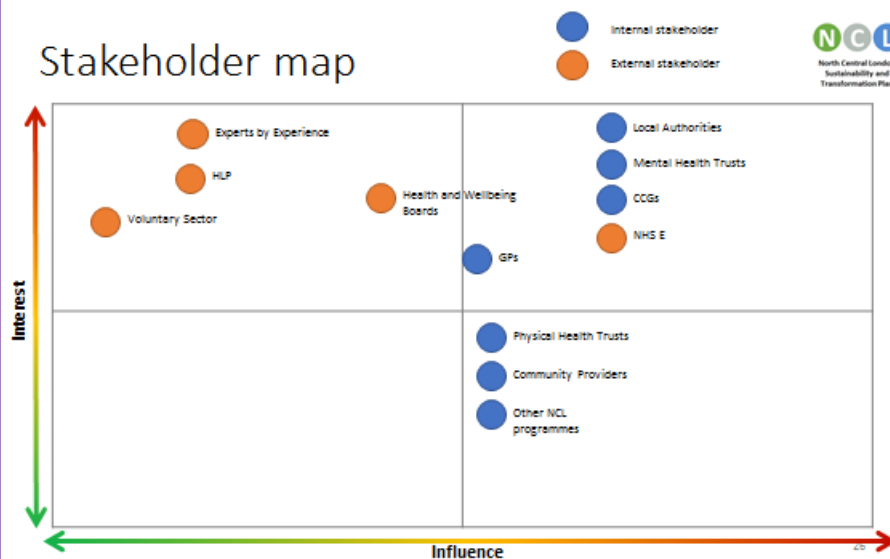
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## Outline Stakeholder Engagement Plan

Plan to 31 March 2017
<ul style="list-style-type: none"> <li>The evidence-based initiatives proposed within this workstream are already being delivered at a smaller scale within NCL and have been developed following appropriate engagement with service users, residents and those providing services. We have collated information on all of this engagement activity that has been undertaken over the past 2 years.</li> <li>We have established a Prevention Board and a Prevention Delivery Group with representation from key internal stakeholders from across the health and care system within NCL.</li> <li>As soon as the investment is identified and confirmed, we will specifically engage with the HWBBs, and start conversations with the voluntary and community sector, alongside HealthWatch, to further shape and deliver the interventions.</li> </ul>
Plan for 2017/18
<p>There are a number of diverse interventions proposed within the prevention workstream which will require communications and engagement with different groups of people at different levels.</p> <ul style="list-style-type: none"> <li>Depending on the size of the contracts for other interventions there may need to be formal consultation with residents and providers, in which case we will follow the standard policies and procedures for doing this. As we do with most of our preventative programmes, where we do not already have qualitative information on what residents want, then we will seek to address this gap through specific engagement work to understand the needs of the whole population for example, or particular 'at risk' groups to inform the design and delivery of the interventions. We will use a mixture of methods to achieve this, depending on the specific requirements.</li> <li>Where appropriate, we will engage with clinicians on implementation through established groups, e.g. LMCs GPs, LPCs pharmacists</li> <li>Workforce initiatives on training and workplace wellbeing will require us to communicate with and engage with staff groups which we will do in partnership with the workforce workstream</li> </ul>
Lead for Comms and Engagement
Donna Kelly, PH officer, Camden & Islington Public Health ( <a href="mailto:donna.kelly@islington.gov.uk">donna.kelly@islington.gov.uk</a> )

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## Key messages

Oversarching message
<ul style="list-style-type: none"> <li>We will develop a 'stepped' model of care supporting people with mental ill health to live well, enabling them to receive care in the least restrictive setting for their needs.</li> <li>We recognise the key role and accountabilities of social care for people with long-standing mental ill health and drawing on this will be central to the success of the stepped model.</li> <li>In the development of this model of care we are committed to coproducing with those who have lived experience. We have established an experts by experience group, the EbyE Board, with representation from across our 5 boroughs. The group formed in December 2016, and going forward will be involved in all of our areas of work, and support us in further engagement and coproduction across NCL.</li> <li>By investing in community based care, we aim to reduce demand on the acute sector and mitigate the need for additional mental health inpatient beds. This will improve overall mental health outcomes across NCL, reduce inequalities for those with mental ill health, enable more people to live well and receive services closer to home and ensure that we are treating both physical and mental ill health equally.</li> <li>Our ambition is that unless someone requires highly specialised care, they will be able to receive the care they need with NCL, and not require an out of area placement.</li> <li>Through this work we aim to bring all of NCL up to the same level of care, so that no matter where in NCL you live, you can expect to receive the same high quality care.</li> </ul>

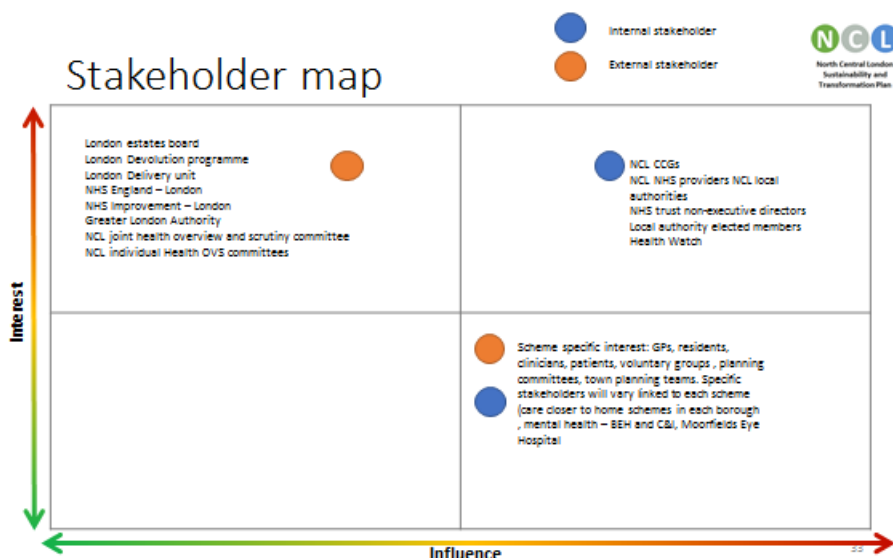
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## Outline Stakeholder Engagement Plan

Plan to 31 March 2017
<p>Proposed engagement activity by stakeholder:</p> <ul style="list-style-type: none"> <li>CCGs, LAs and MH Trusts engaged through Steering Group and wider governance structure</li> <li>Experts by Experience engaged through EbyE Board and 2 workshops to be held in March</li> <li>Physical health care providers to be engaged through Transformation Board and collaborative working with other NCL programmes</li> </ul>
Plan for 2017/18
<p>Proposed engagement activity by stakeholder:</p> <ul style="list-style-type: none"> <li>As above</li> <li>Further stakeholder workshops to be held in 17/18 including specific workshops for experts by experience, as well as wider stakeholder workshops</li> <li>Connecting with other NCL programmes to ensure representation at other events</li> <li>Engagement plan to be developed for each of the prioritised initiatives</li> </ul>
Lead for Comms and Engagement
<p>Named lead: Pippa Wady</p>

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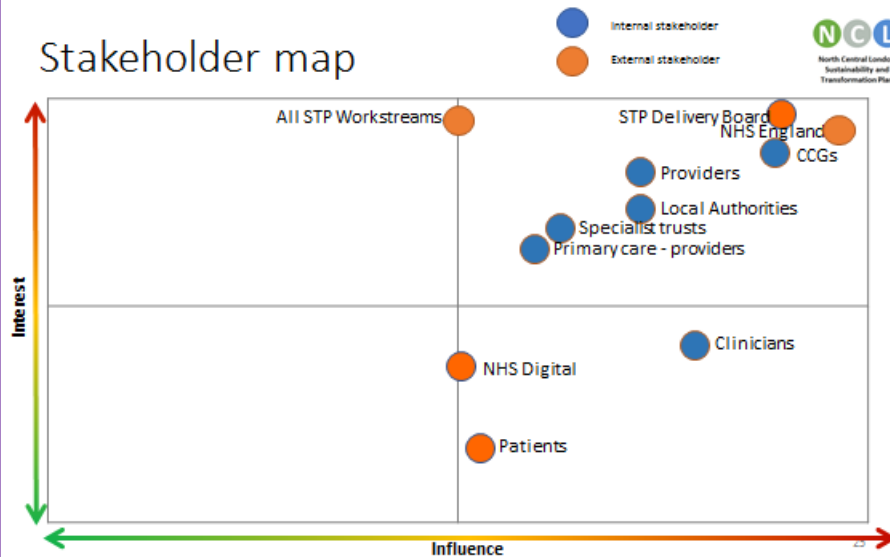
## Key messages

Overarching message
<ol style="list-style-type: none"> <li>Our vision for the NCL estate is to provide a fit for purpose, cost-effective, integrated, accessible estate which enables the delivery of high quality health and social care services for local residents. The health and care estate will act as an enabler to the clinical and service transformation set out in the STP.</li> <li>Devolution of powers from the centre to London and to NCL alongside new flexibilities can support delivery of estates change to meet those requirements. The NCL STP is a devolution pilot working as part of the London devolution programme.</li> <li>The principles underpinning our developing estates strategy are: <ul style="list-style-type: none"> <li>Better health and care outcomes through the transformation of health and social care delivery, based in a fit for purpose estate;</li> <li>Partnership between commissioners, providers and other public sector organisations to align incentives for estate release and support the delivery of new models of care; and</li> <li>Optimising the utilisation and costs of the health and care estate.</li> </ul> </li> <li>The benefits we anticipate from the estates workstream include: <ul style="list-style-type: none"> <li>A whole system approach to health and care estates development across NCL</li> <li>Focused action on the development of the out of hospital estate, to deliver clinical strategies and better outcomes for patients;</li> <li>Contribution to affordability of estates across NCL;</li> <li>Greater efficiency and flexibility in the estate, reducing voids and improving utilisation and co location, to deliver financial benefits;</li> <li>Increased capital receipts, achieved through the incentives of devolution;</li> <li>Release of land for housing and other purposes, resulting from improved utilisation and disposals.</li> </ul> </li> <li>We will develop care closer to home hubs in each NCL borough, based in primary care settings. These will enable NCL residents to get the care they need without going to hospital.</li> <li>We will implement ambitious plans to transform our mental health inpatient estate.</li> <li>We will implement ambitious plans to transform the estate of Moorfields Eye Hospital.</li> </ol>

## Outline Stakeholder Engagement Plan

Plan to 31 March 2017
<p>Briefing to NCL organisations via transformation board and programme board.</p> <p>Representative briefing and development of delivery plan via members of steering group and reference group</p> <p>Briefing to London Estates Board via update reports</p> <p>Liaison meetings with CHP/NHSPS, NHSE and NHSI</p> <p>Liaison with CCG leads for estates and primary care on ETT/IG schemes</p>
Plan for 2017/18
<p>Engagement on specific schemes will take place, linked to the timescale for each scheme. These will be led by the host/lead organisation for each scheme, e.g. the specific CCG for a care closer to home hub. Engagement will be done linked to the clinical STP workstream rather than in isolation.</p> <p>Engagement will also take place through statutory planning processes which will involve some public consultation.</p> <p>Large schemes may require statutory consultation. This will be determined by the lead organisation for each scheme.</p>
Lead for Comms and Engagement
<p>Temp lead – Courtney Davis</p>

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## Key messages



Oversarching message
<p>The digital work-stream is an enabler for all the other work-streams and needs to be responsive to national digital policy direction.</p> <p>Our ability to deliver the STP workstream requirements and the LDR ambitions is highly constrained by resource and funding. Therefore, we will strive to achieve maximum return on the available investment in digital technology.</p>

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## Outline Stakeholder Engagement Plan

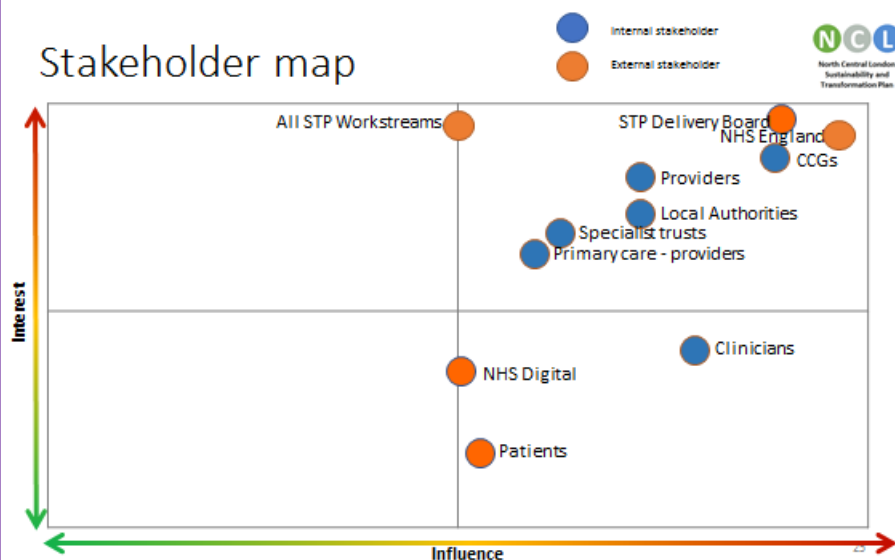


Plan to 31 March 2017
<p>The programme will:</p> <ul style="list-style-type: none"> <li>- Develop and refine the programme management structure and governance processes;</li> <li>- Develop individual terms of references for roles;</li> <li>- Develop project terms of reference for the 3 enabler projects, ready for governance approval;</li> <li>- Confirm project resourcing and the related funding requirement to support the plan.</li> <li>- Engage with NHS England to clarify available funding to support the STP, and plan any constraints.</li> </ul>
Plan for 2017/18
<p>Work closely with STP work-streams and clinical representatives to determine and prioritise digital requirements. Complete the "Analyse and Plan" stage for the Connectivity, Integration &amp; Data Strategies, and IM&amp;T Provider Productivity. Prepare and implement an NCL-wide Information Sharing Agreement. Work closely with NHS England to ensure alignment and engagement with London and National initiatives where practicable.</p>
Lead for Comms and Engagement
<p>Not yet identified.</p>

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## Key messages



### Oversarching message

The digital work-stream is an enabler for all the other work-streams and needs to be responsive to national digital policy direction.

Our ability to deliver the STP workstream requirements and the LDR ambitions is highly constrained by resource and funding. Therefore, we will strive to achieve maximum return on the available investment in digital technology.

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## Outline Stakeholder Engagement Plan



### Plan to 31 March 2017

- The programme will:
- Develop and refine the programme management structure and governance processes;
  - Develop individual terms of references for roles;
  - Develop project terms of reference for the 3 enabler projects, ready for governance approval;
  - Confirm project resourcing and the related funding requirement to support the plan.
  - Engage with NHS England to clarify available funding to support the STP, and plan any constraints.

### Plan for 2017/18

Work closely with STP work-streams and clinical representatives to determine and prioritise digital requirements. Complete the "Analyse and Plan" stage for the Connectivity, Integration & Data Strategies, and IM&T Provider Productivity. Prepare and implement an NCL-wide Information Sharing Agreement. Work closely with NHS England to ensure alignment and engagement with London and National initiatives where practicable.

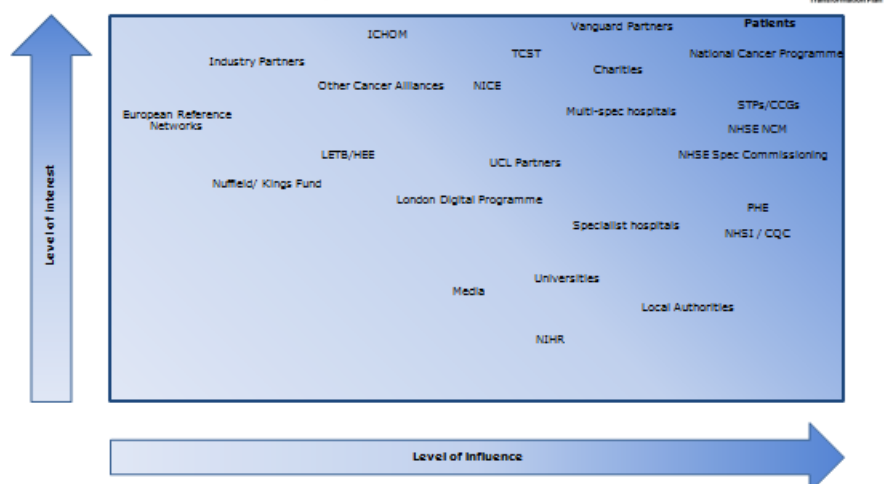
### Lead for Comms and Engagement

Not yet identified.

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## Stakeholder map



## Key messages

Oversarching message
<ul style="list-style-type: none"> <li>- Increase engagement with Public Health</li> <li>- Strengthen relationship between Cancer Collaborative Board and STP lead representation across NCEL</li> <li>- Ensure coherent approach across NCEL</li> <li>- Maintain and strengthen joint working pan-London</li> <li>- Clarify shared work streams and collaboration with Essex</li> <li>- Update Cancer Collaborative Board representation to reflect emergence of STPs and broader mandate resulting from Alliance agenda</li> </ul>

## Outline Stakeholder Engagement Plan

Plan to 31 March 2017
Activities undertaken in development of Alliance bid application and before that in development of the Vanguard application.
Plan for 2017/18
National Cancer Vanguard Alliance engagement event: 23 March 2017 UCLH Cancer Collaborative Annual Review: 27 June 2017 Monthly Cancer Collaborative Board meetings Bimonthly NEL and NCL Cancer Commissioning Board meetings CMO & Programme Director attendance at provider cancer board meetings CMO & Programme Director meetings with COG and specialised commissioning leads
Lead for Comms and Engagement
Joanna Olason Sam Coombs

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<b>NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW &amp; SCRUTINY COMMITTEE</b>	<b>London Boroughs of Barnet, Camden, Enfield, Haringey and Enfield</b>
<b>REPORT TITLE</b> North Central London Joint Health Overview and Scrutiny Committee: Work Planning 2016-17	
<b>REPORT OF</b> Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
<b>FOR SUBMISSION TO:</b> NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	<b>DATE</b> 17 <sup>th</sup> March 2017
<b>SUMMARY OF REPORT</b>  This paper provides an outline of the 2016-17 work programme of the North Central London Joint Health Overview & Scrutiny Committee  <b>Local Government Act 1972 – Access to Information</b>  The following document(s) has been used in the preparation of this report:  No documents that require listing were used in the preparation of this report  <b>Contact Officer:</b>  Sarah Moyies Senior Officer Strategy and Change London Borough of Camden, 5 Pancras Square, London N1C 4AG T. 020 7974 4129 Email: sarah.moyies@camden.gov.uk	
<b>RECOMMENDATIONS</b>  The North Central London Joint Health Overview & Scrutiny Committee is asked to: <ul style="list-style-type: none"> <li>• Note the contents of the report</li> <li>• Agree the work programme for the remainder of 2016-17</li> <li>• Reflect on its work of the last year and whether there are any particular areas further to those listed in Appendix B under its terms of reference it wishes to explore in 2017-18</li> </ul>	

## **1. Introduction**

1.1. This paper provides a summary of the work undertaken by the North Central London Joint Health Overview and Scrutiny Committee (JHOSC) during the current municipal year and provides an outline of key areas of interest for the 2017-18 work programme.

## **2. Terms of Reference**

2.1. The Committee has been set up with the following terms of reference:

- To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;
- To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;
- To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the area of Barnet, Camden, Enfield, Haringey and Islington;
- The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities,
- although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;
- The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and
- The joint committee will aim work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people.

## **3. Review of 2016-17 work programme**

3.1. Over the past year, the Committee has covered a broad range of areas in line with its terms of reference around health and health services across the region. The Committee has been successful in scrutinising some of the key priority issues around health, and through considering community-raised items, service provision items and key strategic and organisational performance related items has helped raise the profile and provide valuable recommendations around a number of these including:

- NCL Sustainability & Transformation Plan
  - NCL Strategic Transformation Programme
  - Case for change
  - Estates devolution pilot
- Whittington Health Estate strategy

- London Ambulance Service Quality Improvement Plan
- Whittington Lower Urinary Tract clinic
- Residential & Nursing Care Homes - support including primary care support

3.2. To support the work considered by the Committee, during 2016-17, committee members established two special meetings of the Committee to receive evidence in respect of the draft North Central London Sustainability and Transformation Plan (NCL STP). Following these meetings, the Committee produced a number of key principles and recommendations to help inform and challenge the development and delivery of the NCL STP.

3.3. The committee is asked to reflect on its work of the last year and whether there are any particular areas further to those listed in Appendix B under its terms of reference it wishes to explore further in 2017-18.

#### **4. Meeting dates for 2017-18**

4.1. The following dates have been scheduled for the committee's meetings in 2017-18

- Friday, 9<sup>th</sup> June 2017 (Haringey)
- Friday, 22<sup>nd</sup> September 2017 (Barnet)
- Friday, 24<sup>th</sup> November 2017 (Enfield)
- Friday, 26<sup>th</sup> January 2018 (Camden)
- Friday, 23<sup>rd</sup> March 2018 (Islington)

## Appendix A: Committee agenda for remainder of 2016/17

21st April 2017

Item	Lead Organisation
Quality Accounts a. Royal Free b. UCLH c. Whittington	Royal Free UCLH Whittington
NCL Sustainability and Transformation Plan: Children and Adolescent Mental health Services (CAMHS); Lead - Councillor Pippa Connor	NCL STP Project Management Office
NCL Sustainability and Transformation Plan: Estates strategy (St Pancras and St Anne's sites); Lead - Councillor Alison Kelly	NCL STP Project Management Office
NCL Sustainability and Transformation Plan: Final plan including finance; Lead - Councillor Alison Kelly	NCL STP Project Management Office
Dementia Pathway: To report following a meeting between borough commissioners to share good practice on provision within each borough including relevant statistics and work with acute providers; Lead – Councillor Graham Old	Borough CCGs;
NCL JHOSC Terms of Reference	Haringey Committee Services



**Appendix B: Areas of interest suggested at previous meetings for future consideration:**

- STP
- Health devolution
- Patient safety
- NNUH – Achievement of Foundation Status
- 7 day NHS
- Stop Gap Services (Maternity)
- Sexual Health Services
- UCLH (Lead – Councillor Alison Kelly)
- Whittington Hospital – Development of Estates: Update; Lead – Councillor Martin Klute
- Health Tourism at the Royal Free; Lead – Councillor Alison Cornelius
- LAS Handover procedures and times report following LAS trial in A&E; NHS England
- Out of hours
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