London Health and Care Strategic Partnership Board

Minutes – 29 September 2017, 11-1pm, London Councils

Present

Jane Cummings	Regional Director (London), NHS England (Chair)
Will Tuckley	Chief Executive, London Borough of Tower Hamlets; CELC Health Lead
Jane Milligan	Chief Officer, Tower Hamlets CCG; NEL CCG Lead
Andrew Blake Herbert	Chief Executive, London Borough of Havering; NEL Borough Lead
Mike Cooke	Chief Executive, London Borough of Camden; NCL Borough lead
Carolyn Downs	Chief Executive, London Borough of Brent; NWL Borough lead
Aileen Buckton	Chief Executive, London Borough of Lewisham; SEL Borough lead
John Goulston	Chief Executive, Croydon Health Services NHS Trust; SWL Provider lead
Ged Curran	Chief Executive, London Borough of Merton; SWL Borough lead
John O'Brien	Chief Executive, London Councils
Amanda Coyle	Assistant Director of Health & Communities, GLA
Jeff Jacobs	Chief Officer, Greater London Authority (GLA)
Yvonne Doyle	Regional Director, London, Public Health England (PHE)
David Slegg	Director of Finance, London region, NHS England
Marc Rowland	Chair, Lewisham CCG and Chair, London Clinical Commissioning Council
Andrew Eyres	Chief Officer, Lambeth CCG & Chair, London CCG Chief Officers Group
Aurea Jones	Local Director, Health Education England (HEE)
Shaun Danielli	Director, Healthy London Partnership

Apologies

Matthew Hopkins	Chief Executive, BHR University Hospitals Trust; NEL Provider Lead
Helen Pettersen	Chief Officer and Accountable Officer, NCL CCGs; NCL CCG lead
David Sloman	Chief Executive, Royal Free London NHS Foundation Trust; NCL Provider lead
Mohini Parmar	Chair, Ealing CCG; NWL CCG Lead
Ian Dalton	Chief Executive, Imperial College Healthcare Trust; NWL Provider Lead
Andrew Bland	Chief Officer, Southwark CCG; SEL CCG Lead
Amanda Pritchard	Chief Executive, Guys & St Thomas NHS Foundation Trust; SEL Provider lead
Sarah Blow	Accountable Officer, SWL CCGs; SRO, SWL STP; SWL CCG Lead
Steve Russell	Executive Regional Managing Director (London), NHS Improvement
Ted Baker	Chief Inspector of Hospitals, Care Quality Commission

In attendance

Jeff Buggle	Director of Finance and Investment, NHS Improvement
Mark Easton	Programme Director, SEL
Clare Parker	Accountable Officer, CWHEE CCGs
Dick Sorabji	Corporate Director: Policy and Public Affairs, London Councils
Peter Kohn	Director, Office of CCGs
Jane Barnacle	Director for Information and Technology, NHS England, London
Mike Part	Chief Information and Technology Officer, NHS England London region
Jeanelle de Gruchy	Director of Public Health, Haringey; Chair LDMWS Steering Group
Diarmaid Crean	Deputy Director of Digital, Public Health England
Richard Graham	Consultant Psychiatrist; Clinical Director, London Digital Mental Wellbeing Service
Jason Seez	Director of Planning & Governance, BHR University Hospitals NHS Trust
Julie Lowe	Chief Operating Officer, SEL STP
Clive Grimshaw	Strategic Lead: Health and Adult Services, London Councils
Keri Torney	Director of Strategic Partnerships, Healthy London Partnership
Nabihah Sachedina	Devolution Director, Healthy London Partnership
Emily Sawdon	Devolution Project Manager, Healthy London Partnership
Gus Wilson	London Health Board Secretariat Manager, GLA

Item	Agenda Item
1.	**Welcome, Minutes and actions** The minutes of the previous meeting were agreed as an accurate record of the meeting, with the addition that the Board had thanked Anne Rainsberry for all her work and wished her well.
2.	**The London Health and Care Information Exchange** Jane Barnacle introduced the item, setting out the opportunity for collaboration across health and care organisations in London around interoperability as well as population health and business intelligence. The information exchange, due to go live in November, would be a significant development, allowing information sharing and real time access to patient records across organisations. Mike Part presented the paper, explaining that the information exchange had been in development for some time, in response to the London Health Commission's 2015 report. The fundamental issues it seeks to address include the difficulty of finding records when needed, moving to a more patient-centric system and solving identity and consent issues, as well as the information management challenges associated with over 7,000 organisations delivering health and care services (e.g. information sharing agreements). The intention is for the information exchange to be a strategic and enduring system that can be used in London and beyond, putting the citizen at the heart of it. This is not just about technology and records but about working differently, helping build trust in sharing information, having a more dynamic workflow and activating patients to allow them to engage more easily with different systems. Mike noted that much of this goes beyond STP footprints and across a complex landscape in London. Initial use cases had been used to ensure a smooth rollout. Comments from the Board included: • The information exchange was broadly welcomed and expected to have great utility for service delivery across London. • Managing the market to get value for money, nationally and regionally, would be important. This would need to align with local areas that have already procured similar services and to ensure agreements are in place with those providers. • Provided the data is accurate and patient consent was enhanced, this could enrich secondary use of data and population health analytics. • Ensuring this was designed for social care and public health, as well as the NHS, was important and continuing to take account of the different sets of considerations for those organisations would be critical to realising the benefits. The Board noted that the Child Protection Information Sharing project was being rolled out nationally, connecting health, education and social care records, and so the information exchange would sit alongside and not duplicate or cut across this.

3.	**Health and care integration**
	Nabihah Sachedina presented the paper, building on discussions at the previous meeting and reiterating that the Partnership Board provides governance and oversight of this work but also acts as custodian of devolved / delegated powers as part of devolution MOU.

Integration can be seen as all-encompassing but needs to stay true to the spirit of bringing health and care systems together and enabling the best possible outcomes for citizens in London, rather than focusing on processes and organisational form. The programme is therefore conscious of ensuring this work is embedded in local areas and supportive of what they are doing, to share learning and scale things in as smooth and supportive a way as possible

Nabihah presented the draft integration narrative, building from the London aspirations contained in the London Health Commission report and the Five Year Forward View and as embedded in the next steps for London and the draft devolution agreement. The focus would remain on ensuring Londoners are at the centre of this, empowered to take ownership of their health and care, and that the narrative is compelling and truly common and shared across London.

The Working Group had been helpful and there was appetite to engage in this work and access the support available. The programme recognises the different stages of development and is taking a permissive and supportive approach.

Comments from the Board included:

- There was broad consensus about the value and importance, the direction of travel and the role of the Board in championing and steering this work.
- The Board will need to focus on delivering the devolution MOU, which once signed will allow a different approach across partners to deliver better health in London.
- There needs to be a balance between addressing the short-term financial and operating pressures and the longer-term transformation. It is important to recognise where this is not happening and to be open about it.
- The principles in the paper were welcomed but the narrative needs to focus more on outcomes and to continue to build on from the London perspective.

Action: The approach to a London framework for ACSs and Wave 2 applications to be brought back to the Board. |
| 4. | **Board updates: focus on London Workforce Board**

Aurea Jones presented the paper, providing an overview of the work programme for the Workforce Board and its membership. The Workforce Board had met three times and was establishing its approach to partnership working across the health and care system. It intends to complement and understanding what was happening in local areas and had recently focused on recruitment and retention, the impact of the apprenticeship levy and the impact of Brexit in London.

It was noted that there was a discussion at the last meeting about workforce issues in London and whether the appropriate apparatus was in place to address this. It was agreed that this would be a regular item on the agenda and would benefit from |

	partnership working and appropriate partnership resourcing.
	Comments from the Board included:
	- The workplan set out was welcomed and sat well alongside work in the GLA. - Clear links were needed with sub-regional work in STPs and other initiatives such as Skills for London, to ensure a coordinated approach and avoid duplication. - The London Workforce Board will need to focus on Pan-London issues (e.g. London weighting and key worker housing) and to use collective power across partners to address these. - The amount being invested in the apprentice levy and the return for, financially pressured public organisations in London, requires consideration.
	Action: Further updates to come back to the Partnership Board.
5.	**Current updates: Devolution and Kings Fund report on London STPs**
	Amanda Coyle presented the paper, setting out the report that had been commissioned by the Mayor and published by the King's Fund. The report makes recommendations of Mayor and he has responded by committing to looking for six assurances from STPs as set out. Efforts would be made to synchronise any meetings with STPs to the existing meeting infrastructure and to minimise any additional asks of the system.
	Nabihah Sachedina provided a verbal update on progress with the devolution agreement. Conversations that had been stalled by the General Election had picked up again and work was underway to agree the MOU and seek cross Government clearance ahead of the Autumn Budget.
	Will Tuckley thanked London partners for working together during a period of great uncertainty and was cautiously optimistic about the agreement being signed and attention could be turned to how this enables partners to improve the health and wellbeing of Londoners.
6.	**Focus on London Digital Mental Wellbeing Service: Demonstration of the new digital platform**
	Jeanelle de Gruchy presented the paper alongside Diarmaid Crean and Richard Graham. They highlighted that the service had been four years in the making, with enormous input from London partners as a collective effort. Jane Milligan as host of project, Javina Sehgal as Programme Director, and Peter Kohn at the Office of CCGs in particular with colleagues in the Steering Group had overseen development.
	The service is ambitious in its aim of meeting the large-scale need of Londoners who are looking online for ways to manage mental health and wellbeing distress. The aim is to have 50,000 users of the service next year. This is prevention at scale, enabling self help and care and patient choice whilst reducing emergency demand.
	As a collectively commissioned service there is a lot of clout to drive down costs, for example of applications associated with the service.
	Social media data analysis will be used to identify people indicating MH concerns, which can be used to see earlier signals and target individuals. The premise has been proven through an initial campaign, shifting people into a service to receive earlier

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<tr><td></td><td>treatment and have a safe and effective experience of health and care.

Comments from the Board included:

- The Board welcomed this as an impressive programme with significant potential and relevance to the NHS and Local Government.
- Important links should be made with STPs, particularly on prevention work, and with cross-system social prescribing work underway.
- The complexities of this service and the lessons learnt during the long development phase should be captured and shared.
- Expanding at pace needed to be handled carefully, ensuring that the services signposted to are of high-quality and able to meet any demand generated.

Action: An update should be brought back to the Board once the service is up and running.</td></tr>
<tr><td>**7.**</td><td>**AOB**

Amanda Coyle reminded members that the Mayor's Health Inequalities Strategy had been launched in August and would end in November. Members were encouraged to engage in this.</td></tr>
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	Action log	Meeting	Deadline	Owner	Status
1.	Share outputs of Regulation Workshop with Partnership Board members.	10 August 2017	-	Nabihah Sachedina	Workshop taking place in January
2.	The approach to a London framework for ACSs and Wave 2 applications to be brought back to the Board.	29 September 2017	January 2018	Nabihah Sachedina	For discussion at November SPB
3.	Regular updates to be brought back from the London Workforce Board	29 September 2017	-	Aurea Jones	Coming to Jan SPB
4.	London Digital Mental Wellbeing Service to report back to the Board.	29 September 2017	Once the service is up and running	Jeanelle de Gruchy Diarmaid Crean Richard Graham	Ongoing (once service is up and running)