

NEL Joint Commissioning Committee - Part 1

Date and time: 12.30-2.30pm, Wednesday 9 May 2018

Venue: Committee Rooms, Unex Tower, 5 Station Street, Stratford, E15 1DA

Minutes

Present:	
Dr Atul Aggarwal	Chair, Havering CCG
Khalil Ali	Lay Member, NHS Redbridge CCG
Mark Ansell	Local Authority Representative, Havering
Henry Black	Finance Lead, ELCHP
Dr Prakash Chandra	Chair, NHS Newham CCG
Richard Coleman	Lay Member, NHS Havering CCG
Noah Curthoys	Lay Member, NHS Tower Hamlets CCG
Sue Evans	Lay Member, City & Hackney CCG
Professor Sir Sam Everington	Chair, NHS Tower Hamlets CCG
Dr Jagan John	Chair, NHS Barking and Dagenham CCG
Dr Anwar Khan (Chair)	Chair, NHS Waltham Forest CCG
Andrea Lippett	Lay Member, NHS Newham CCG
Adrian Loades	Local Authority Representative, Redbridge
Dr Anil Mehta	Chair, NHS Redbridge CCG
Jane Milligan	Accountable Officer, NELCA
Kash Pandya	Lay Member, NHS Barking and Dagenham CCG
Dr Mark Rickets	Chair, NHS City & Hackney CCG
Linzi Roberts-Egan	Local Authority Representative, Waltham Forest
Grainne Siggins	Local Authority Representative, Newham
Mark Tyson	Local Authority Representative, Barking and Dagenham
Gareth Wall	Local Authority Representative, Hackney
Ellie Ward	Local Authority Representative, City of London
Alan Wells	Lay Member, NHS Waltham Forest CCG
In attendance:	
Nichola Gardner	Programme Director, ELHCP
Kate McFadden-Lewis (minutes)	Board Secretary, NELCA
Dr Muhammad Naqvi	Deputy Chair, NHS Newham CCG
Satbinder Sanghera	Director of Partnerships and Governance, NHS Newham CCG
Apologies:	
Denise Radley	Local Authority Representative, Tower Hamlets

No.	Item
1.1	<p>Welcome, introductions, apologies</p> <p>Anwar Khan welcomed attendees and members of the public to the meeting, and introductions were made.</p> <p>There were no declarations of interest. It was noted that the interests register would be updated for the next meeting.</p>
1.2	<p>Governance update</p> <p>Satbinder Sanghera presented the Terms of Reference of the Committee, as agreed through each of the NEL CCG Governing Bodies. The Committee noted.</p> <p>Satbinder Sanghera then presented on the required changes to all CCG constitutions to formally establish the JCC and the Single Accountable Officer/Managing Director posts within the CCG structures. These have been, or are in the process of being, approved through each of the CCG Governing Bodies and NHS England. The Committee approved.</p>
2.1	<p>Questions from the public</p> <p>The Chair invited members of the public to ask their pre-submitted questions to the Committee.</p> <p>1. From Michael Vidal, Hackney resident – asked by Phil Edwards as Michael was unable to attend in person:</p> <p>‘It is noted that no provision is made in the Terms of Reference for the approval of the Budget for the Joint Committee or the North East London Commissioning Alliance. As CCGs are not allowed to exceed their Running Costs Allowance can an explanation be given as to how the budget for the Joint Commissioning Committee:</p> <ul style="list-style-type: none"> • is approved and the proportions payable by each CCG agreed • when is the budget and the amount payable by each CCG is notified to each CCG • what mechanism is in place to ensure that where the notification of the budget and the proportion payable by each CCG is made after a CCG has allocated its budget the payment of the proportion of the costs would not cause a CCG to exceed its running costs allowance.’ <p>Answer: The CCGs have agreed that any changes to structures that are needed to create the Commissioning Alliance should be cost neutral on a recurrent basis, so this will not affect the requirement to keep spend within the running cost allowance. These details are being worked through now and in the coming months as the structures are discussed and decisions taken through the established governance structures of each CCG.</p> <p>During the process of transition and mobilisation there may be some one-off start up costs and the CCGs have set aside some funding to cover this within existing budgets to ensure the running cost allowance is not breached.</p> <p>2. From Andy Walker, Ilford resident:</p> <p>‘Will this committee accept the recommendation of Redbridge Health Scrutiny committee to open 2 acute wards at BHRUT?’</p> <p>and</p> <p>‘Will the committee be lobbying for funding for more critical care beds at King George or Queens?’</p> <p>Answer: This was a suggestion by Redbridge Scrutiny Committee following a presentation on BHRUT ED to scrutiny on 28 March. At the meeting, BHRUT explained that staffing remains a real challenge at Queen’s and King George Hospitals now, so staffing any additional wards would be even more difficult. This is an operational matter for the Trust.</p> <p>NEL CCGs do work with providers to agree resources, including bed capacity and funding.</p>

<p>3.1</p>	<p>East London Health and Care Partnership Joint Strategic Needs Assessment Nichola Gardner presented the ELHCP JSNA, highlighting key challenges around population growth, deprivation and health inequalities, obesity, diabetes and cancer. An easy read version is in development. In discussion the Committee noted:</p> <ul style="list-style-type: none"> i. the potential to incorporate key areas including smoking and respiratory diseases, obesity and diabetes, mental health, learning disabilities and social and wellbeing themes, such as key worker housing and workforce ii. aligning to the health inequalities identified by the London Mayor’s office will advantage NEL in any bids for funding that may arise from the devolution plans for London iii. the link to Health and Wellbeing Boards and their approach to these priorities, across NEL, London and England iv. the ambition of equity of care across NEL and to eradicate unwarranted variation. <p>(ACTION: NG)</p>
<p>3.2</p>	<p>East London Health and Care Partnership Business Plan Nichola Gardner presented on the ELHCP summary business plan, outlining the key priorities of the partnership for 2018-19. Discussion points included:</p> <ul style="list-style-type: none"> i. that it would be useful for the Committee to see more detailed information around the measurable outcomes and objectives, as well as the governance arrangements ii. that it is important that the information in this business plan helps to inform demand and capacity planning for the system iii. the key role of patient engagement and the need to include, and utilise, the expert patient programme iv. the need to ensure collaborative working with Health Education England on the education and training and workforce planning v. the important role of payment reform in supporting the transformation plans and programmes. <p>(ACTION: NG)</p>
<p>4.1</p>	<p>NEL Performance update Jane Milligan presented on the performance against key national targets across NEL. In discussion the Committee noted:</p> <ul style="list-style-type: none"> i. that Barts Heath will soon return to reporting, and asked for sight of the three year recovery plan ii. that it would be useful to include a patient experience metric in future reports. <p>(ACTION: JM)</p>
<p>5.1</p>	<p>North East London Outpatient Transformation overview Sam Everington presented on the required commissioner actions for delivery of the Outpatients Transformation plans. Key points included:</p> <ul style="list-style-type: none"> i. that the aim is to improve patient experience across NEL with more appropriate referrals, and improved joined up working between primary and acute care ii. a move to improving the quality and consistency of care, as well as improving efficiency iii. the plan to expand the level of data, particularly around outcomes and patient experience, to enable a focussed patient mobilisation plan locally iv. the plan to include metrics on health and wellbeing, and the potential roll out to social prescribing. <p>Discussion points included:</p> <ul style="list-style-type: none"> i. the many opportunities for diagnostic and phlebotomy serviced to be offered locally, in primary care ii. the need to reduce the variance across NEL on effectiveness of communication between consultants, GPs and patients GP as well as access to patient records iii. opportunities for rollout of this to include other services such as headaches, gastroenterology, back pain and social care.

	The Committee agreed this approach to transforming outpatients across NEL, to be incorporated into commissioning plans and local delivery programmes. (ACTION: All)
5.2	<p>Strategic Estates Plan update</p> <p>Jagan John updated the Committee on progress with the NEL Strategic Estates Plan. Key points included:</p> <ol style="list-style-type: none"> i. that this is a draft collaborative strategy document, owned by all 20 organisations in the STP, bringing together the existing schemes and programmes of work ii. bidding for opportunities capital will be managed through the STP Strategic Estates Board iii. plans are progressing to establish the London Estates Board iv. the final plan will be discussed at the next meeting. <p>In discussion, the Committee noted:</p> <ol style="list-style-type: none"> i. that this joined up collaborative approach is key to ensuring innovative and efficient use of the estate in NEL ii. that ensuring sustainable, fit for purpose, primary care estate is of critical importance iii. that a healthy population is dependent on many factors, such as the availability of affordable homes, key worker housing, parks, transport and lighting; therefore the link with other strategies, such as workforce development and self care, as well as local government health and wellbeing, housing and social care strategies is fundamental to this.
6.1	<p>Risk Register</p> <p>Anwar Khan presented the JCC risk register. In discussion it was agreed that timescales should be reviewed to align with the relevant mitigating programmes of work. (ACTION: KP)</p>
7.1	<p>Forward plan</p> <p>The Committee discussed and agreed the meeting planner for 2018-19, agreeing to formally meet bi monthly. (ACTION: Secretariat)</p>
	AOB: None.
	Next meeting: Wednesday July 2018