NHS
North East London Commissioning Alliance

NEL Joint Commissioning Committee - Part 1

Date and time: 12.30-2.30pm, Wednesday 11 July 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
Henry Black	Finance Lead, ELCHP
Richard Coleman	Lay Member, NHS Havering CCG
Noah Curthoys	Lay Member, NHS Tower Hamlets CCG
Sue Evans	Lay Member, City & Hackney CCG
Dr Jagan John	Chair, NHS Barking and Dagenham CCG
Dr Anwar Khan (Chair)	Chair, NHS Waltham Forest CCG
Adrian Loades	Local Authority Representative, Redbridge
Dr Anil Mehta	Chair, NHS Redbridge CCG
Jane Milligan	Accountable Officer, NELCA
Dr Muhammad Naqvi	Chair, NHS Newham CCG
Kash Pandya	Lay Member, NHS Barking and Dagenham CCG
Denise Radley	Local Authority Representative, Tower Hamlets
Dr Mark Rickets	Chair, NHS City & Hackney CCG
Mark Tyson	Local Authority Representative, Barking and Dagenham
Alan Wells	Lay Member, NHS Waltham Forest CCG
In attendance:	
Les Borrett	Director of Strategy Commissioning, NELCA
Anne-Marie Keliris	Company Secretary, BHR CCGs
Alan Steward	SRO Transition & OD, NELCA
Ian Jackson	NHSE – for item 3 only
Archna Mathur	NELCA – for item 4 only
Kate Adams	NELCA – for item 4 and 5 only
Selina Douglas	NELCA for item 5 only
Alwen Williams	Chief Executive, Barts Health - for item 6 only
Bill Boa	Financial Improvement Director, Barts Health - for item 6 only
Luke Readman	NELCA – for item 7 only
Kambia Boomla	NELCA – for item 7 only

Apologies:	
Mark Ansell	Local Authority Representative, Havering
Professor Sir Sam Everington	Chair, NHS Tower Hamlets CCG
Linzi Roberts-Egan	Local Authority Representative, Waltham Forest
Andrea Lippett	Lay Member, NHS Newham CCG
Grainne Siggins	Local Authority Representative, Newham
Gareth Wall	Local Authority Representative, Hackney
Ellie Ward	Local Authority Representative, City of London

No.	Item	Action
1.1	**Welcome, introductions, apologies** The Chair welcomed attendees and members of the public to the meeting. There were no additional declarations of interest to those on the register of interests. Dr Mark Ricketts referred to his historic declaration at Homerton Hospital, it was noted that this was not a financial interest and it was agreed that the register would be updated to show it was both historic and non-financial. A member of the public questioned how the public can be assured that the declared interests of members would not influence any decisions made by the Committee. JM gave assurance that there are robust processes in place to manage conflicts of interest. Apologies for absence were noted. The Chair requested that the quorum within the terms of reference is reviewed as 12 out of 15 voting members was too high.	**KML** **KP**
1.2	**Minutes of the last meeting and matters arising** The minutes of the meeting held on 9 May 2018 were agreed as a correct record and it was noted that all actions were complete or in progress.	
2.1	**Questions from the public** The Chair invited members of the public to ask their pre-submitted questions to the Committee. **Question from Jan Savage, Save our NHS** Following the June meeting of the Estates Board, can the Committee give an update on the Estates Strategy in terms of the disposals and investments currently under consideration" **Answer:** The Estates strategy draws together the individual objectives and plans for the organisations within the Partnership. Commissioners are working closely with Trusts and NHS Property Services which own the majority of the NHS estate and are therefore responsible for identifying and, if appropriate, disposing of surplus assets. Commissioners recognise that buildings not currently in use, or those that are unfit for use, and which incur costs, may release money that could be used for patient care if they were sold. In line with national policy we would also wish to see proceeds from any sales reinvested directly into patient care, modern fit-for-purpose health and care facilities and to provide affordable housing for NHS staff and local people. In all cases public consultation would be needed, and neither commissioners nor the East London Health and Care Partnership would support any proposal that did not offer clear patient and public benefit.	

Questions from Terry Day

Q1. Implementation of the Urgent and Emergency Care Strategy for North-East London:

In the report introducing this item the expected outcomes include 10% reduction in London Ambulance Service Emergency Department conveyances and 20% reduction in Emergency Department attendances overall, but these expected outcomes are not referred to in the presentation.

When are these outcomes expected to be achieved by?

How much money is expected to be saved, if these outcomes are achieved?

Does the contract for provision of the new service include targets for these expected outcomes, with any financial incentives for achieving them?

Will call handlers be aware of the service having any targets for reducing London Ambulance Service conveyances and Emergency Department attendances?

Answer:
The NHS 111 and clinical assessment service will have a contributory impact on the overall strategic aims described in the cover paper. There are other schemes which will have the joint objective to reduce the impact of rising populations on our hospitals across NEL. These include for example the ability for our ambulance crews and care homes to call a clinician in 111 through a special direct line, streaming at the front door of our urgent treatment centres, same day care at our emergency departments for certain conditions.

For NHS 111 and Clinical Assessment Service in particular we expect there to be an incremental achievement to reduce the level of unnecessary attendances at our emergency departments with full achievement by 20/21.

The plan to introduce NHS 111 and Clinical Assessment Service was not a financial one within North East London we are expecting to see a high percentage of population growth and need to make sure the current urgent and emergency care system can meet this growing demand through right time/first time principles.

We estimated that by 20/21 £24m could potentially be saved from reduced Emergency Department attendances and ensuring people are safely directed to the right place, first time. However these savings are offset by further investment needed within the care close to home space.

There are quality financial targets which include:

- 33% closure to self-care
- 80% reassessments of low level ambulance call outs which may not need and ambulance but another right service instead
- 51% of people assessed and treated by a clinician

Yes however they will be aware thorough training around the main objectives of the Integrated Urgent Care 111 and Clinical Assessment Service which is to take pressure off downstream services.

Q2. Is there a target for the % of calls closed as self-care? Will there be any way of monitoring what proportion of the people making those calls end up coming back into the Emergency Department as emergencies?

Answer:
We have a target of 33% close to self-care we are looking to map NHS Numbers and currently reviewing General Data Protection Regulations (GDPR) around this. London Ambulance Service have not normally recorded NHS Numbers we have asked this within the reporting elements of the contract and understand the rationale of needing to map the whole system re patient flow

1) Will part of the 111 triage include identifying patients deemed ineligible for free NHS care? If so, how will this work?

Answer:
If a patient phones 111 and is unregistered they are given 3 nearest GP practices for them to potentially register with. Fuller information re the eligibility of NHS Free care would need to be done at the point of face to face contact and not with 111.

Question from Paul Rosenbloom, and Brian Steedman, from Waltham Forest Save Our NHS, submitted on behalf of Mary Logan, also WFSONHS:

Has the Sustainability and Transformation Plan been audited, and if so, is the outcome publicly available?

Answer:
The STP is not a statutory body and as such is not subject to NHS external audit processes. CCG external auditors in considering the standards of governance in the CCG will have regard to the arrangements in place in relation to STPs and no significant risks were identified during the 17/18 audit process.

Are there plans for a Public Health Doctor to sit on the Committee?

Answer:
We do have a public health representative on the committee: Mark Ansell is the public health lead for Havering and is the nominated representative for the borough. Additionally, as part of the Joint Commissioning Committee we will also be reviewing the membership before Christmas and will consider public health as part of this. We are also in the process of recruiting a Secondary Care Consultant and a Nurse for the Committee too.

Question from Andy Walker, BHR

refer to page 22 of your minutes

'Will the committee be lobbying for funding for more critical care beds at King George or Queens?'

This was not a recommendation of the Redbridge Health Scrutiny Committee, although they did call for two more general and acute wards to be opened at Barking, Havering and Redbridge University Trust (BHRUT).

King George Critical Care beds were full up 12 times in February 2018 and on three occasions, both King George and Queens Critical Care beds were full up on the same days.

There is irrefutable evidence linking not only improved mortality rates with critical care bed usage, but also better recoveries from serious illness as well. Keith Prince AM and other elected representatives will be going to 10 Downing Street tomorrow to seek more funding for these lifesaving beds.

Will anyone in this committee support their call for more funding for critical care beds or at least support a review of existing provision?

This committee may not have direct control of BHRUT, but it does have the power of advocacy.

Answer:
Barking & Dagenham Councillor Maureen Worby had also raised a question regarding critical care beds at a recent health and wellbeing board and it was noted that the local health and social care economy continue to request assurance on critical care beds for its population.

	Mr Walker also requested clarification around surgical step down beds and it was suggested that he direct this question to local Trusts.	
3.	**Specialised Commissioning plans** Ian Jackson presented a report on the latest plans for specialised commissioning in North East London which highlighted the transformative work taking place on Genomics, Renal and Cancer services as well as highlighting the financial challenges within specialised commissioning in 2018/19. Discussion points included: i. The importance of clinical ownership and leadership of schemes and how specialised commissioning link with STP programmes. ii. A communications strategy for liver transplantation to ensure the public are aware of all options for patients. Ian Jackson welcomed the input of a member of the Committee who had personal experience in this area. iii. What formal arrangements are in place to engage patients and carers. It was noted that there are six programmes which each have a patient engagement plan. iv. The QIPP target for specialised commissioning is £160m. If this target is reached specialised commissioning will not have a deficit at year end. v. The importance of ensuring that primary care colleagues are aware of specialist services. It was suggested that the clinical senate could support this. vi. The Committee asked for assurance that patients will be able to access diagnostics locally. The Committee noted the report.	**JM** **JM**
4.	**Implementation of the urgent and emergency care strategy for North East London (NEL)** Archna Mathur and Kate Adams presented a report on the implementation of the urgent and emergency care strategy for NEL which explained the new 111 / clinical assessment service (CAS) in north east London which is due to go live on 1 August 2018. Discussion points included: i. The importance of ensuring that patients continue to use their GPs in the first instance as there was concern raised that escalation of activity through 111 could impact primary care. It was noted that there are pilots underway to get patients back into practices along with other options i.e. hubs to meet patient need. ii. That early evaluation of activity figures would be required to understand any impact on activity into primary care and A&E. The Committee were assured that the service will be closely monitored and robust governance processes are in place. iii. Members congratulated the team on the successful procurement which was noted as a very different service to that provided in the past. iv. Patients are confused by a succession of services in recent years and communications will be key to the success of the service. v. Increased access to GPs will support the success of the service and it was noted that outer north east London has significantly less GPs than inner north east London. vi. Next steps will include the development of the clinical strategy, monitoring and refining the service if required. The Committee endorsed the general principles of the urgent and emergency care strategy for NEL and noted the report.	
5.	**LAS strategy** Selina Douglas and Kate Adams presented the London Ambulance Service (LAS) strategy. In discussion the Committee noted: i. There is a real commitment by LAS to improve quality at the clinical quality review group.	

	ii. Each CCG has a plan of action to support frequent users of LAS. iii. The need for a consistent service across outer north east London (ONEL) and inner north east London (INEL). iv. A review of productivity of longer shifts will be starting shortly v. The delay of conveyances to ONEL requires further scrutiny. Kate Adams agreed to discuss this with Dr John after the meeting. The Committee noted the report.	**KA/JJ**
6.	**Barts Health update on quality and financial recovery** Alwen Williams and Bill Boa presented an update on the quality and financial recovery of Barts Health. In discussion the Committee noted and discussed: i. The importance of relationships with all stakeholders and the Trust's commitment to respond to views of stakeholders ii. The Committee questioned what support it could offer the Trust to achieve its aspirations whilst safeguarding patients and CCGs. The Trust welcomed closer working particularly around alignment of transformation and the development of stronger clinical leadership. It was suggested that clinical forums would be suitable forum to review pathways with the Trust. iii. The Committee asked whether there were any plans for site development at Newham Hospital A&E. The Trust confirmed that it had recently bid for funding for the development of A&E and would update on the outcome of this. iv. The Trust welcomed joint working on the reasons for highest ever attendance rates at the Royal London Hospital A&E. v. The Trust reported that its highest risk was the delivery of the financial plan and welcomed the support of CCGs to deliver this. vi. The Trust confirmed it was committed to improving quality as well as effectiveness and welcomed the support of stakeholders to achieve this. vii. The Committee highlighted the important of transformational services referring to the cardiac pilot which uses virtual technology. viii. The Committee requested assurance of the financial impact of referral to treatment (RTT). The Trust confirmed that it has retained the RTT team since returning to reporting with strong systems and processes in place and acknowledged the need to re-educate managers. It was noted that reporting to date had shown a degree of stability, metrics are presented to the Trust Board every month and there is strong governance at each hospital site. The Chair thanked the Trust for their attendance and welcomed the green shoots of recovery. He also highlighted that retention of staff along with collaborative working with CCG colleagues will be crucial to continue this recovery. *2.20pm Denise Radley left the meeting*	
7.	**ELCHP digital programme** Luke Readman and Kambia Boomla presented a review of the digital programmes across ELHCP including, • East London Patient Record(eLPR) • Population Health (Discovery) • Patient Access (GP Online) • Paper Switch Off (eRS) • Infrastructure • One London, Local Health Care Record Exemplar(LHCRE) In discussion the Committee discussed and noted: i. Assurance that appropriate governance of data is a priority and it was suggested that patients were the majority on the governance committee.	

	ii. The aim of the programme is for GPs to be able to access hospital records where appropriate. iii. Consistency across sites is required iv. Audit sharing needs to be built into procurements and pathways. v. The governance rules on work programmes and road map would be shared with members. The Committee noted the report.	**KB/LR**
8.	**STP programme update** The Committee noted the STP programme update.	
9.	**Risk Register** The Chair presented the JCC risk register and welcomed any questions following the meeting.	
10.	**Forward plan** The Committee noted the forward plan.	
11.	**AOB:** There was no other business.	
	Next meeting: Wednesday 12 September 2018	