

## NELCA Joint Commissioning Committee - Part 1

**Date and time:** 12.30-2.15pm Wednesday 12 September 2018

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

### Minutes

<b>Present:</b>	
Dr Atul Aggarwal	Chair, Havering CCG
Khalil Ali	Lay Member, NHS Redbridge CCG
Henry Black	Finance Lead, ELCHP
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 Anwar Khan (Chair)	Chair, NHS Waltham Forest CCG
Andrea Lippett	Lay Member, NHS Newham CCG
Dr Anil Mehta	Chair, NHS Redbridge CCG
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
Gareth Wall	Local Authority Representative, Hackney
Alan Wells	Lay Member, NHS Waltham Forest CCG
<b>In attendance:</b>	
Les Borrett	Director of Strategic Commissioning, NELCA
Simon Hall (item 3.1)	Managing Director, NHS Tower Hamlets CCG
Kate McFadden-Lewis (minutes)	Board Secretary, NELCA
Alan Steward	SRO Transition & OD, NELCA
Angela Wong (item 3.1)	Cancer Clinical Chair, ELHCP
<b>Apologies:</b>	
Richard Coleman	Lay Member, NHS Havering CCG
Jane Milligan	Accountable Officer, NELCA
Linzi Roberts-Egan	Local Authority Representative, Waltham Forest
Mark Tyson	Local Authority Representative, Barking and Dagenham
Ellie Ward	Local Authority Representative, City of London

No.	Item
1.1	<p><b>Welcome, introductions, apologies</b> The Chair welcomed attendees and members of the public to the meeting and apologies for absence were noted. There were no additional declarations of interest to those on the register of interests.</p>
1.2	<p><b>Minutes of the last meeting and matters arising</b> The minutes of the last meeting were accepted as an accurate record. All actions are complete or in progress.</p> <p>The Committee agreed the updated Terms of Reference which have been revised to reflect the recommendations from Chairs regarding quoracy.</p>
2.1	<p><b>Questions from the public</b></p> <p><b>From Michael Vidal (Hackney resident) - asked in absentia</b></p> <ol style="list-style-type: none"> <li>1. What steps does the Committee propose to take to improve its financial openness and transparency? I note that six months after the Committee became live it does not, as far as I am aware, have an approved budget.</li> <li>2. While technically a question relating to the ELHCP as there is no mechanism for a question to be posed to it may I ask for clarification on a point. It has come to my notice that there is a document in existence called ELHCP Hospital Only List. This list was not approved by the Area Prescribing Committee for City and Hackney which had in fact decided against having a single list opting to keep its own. In those circumstances can an explanation be provided how this document came to be approved and what its status is?</li> </ol> <p><b>Answers:</b></p> <ol style="list-style-type: none"> <li>1. Essentially the NELCA structure and operating model are still being developed and iterated, but the funding to cover the cost of shared posts has been set aside by each CCG separately at the beginning of the year.</li> </ol> <p>One of the benefits of collaboration across NEL is being able to do some things once where it makes sense. Having a single top tier of management to oversee the collaborative work should generate efficiencies and economies of scale.</p> <p>We expect this to result in some savings and this will be included at a high level with the next JCC pack of papers.</p> <ol style="list-style-type: none"> <li>2. An answer to this question is being sought from the CSU medicines management team and will be included on the JCC questions and answers log in due course.</li> </ol> <p><b>2. Question from Jan Savage, on behalf of NELSON- asked in absentia</b></p> <p>This question about the disposal of NHS estates is on behalf of the North East London Save Our NHS coalition.</p> <p>Background: According to the minutes of the JCC's meeting in May, the most recent estates and capital plans for the Partnership had to be submitted to the London Estates Board by 6 July and to the national team by 16 July. The capital plan had to outline all 'disposable opportunities'.</p> <p>The minutes also noted that the JCC have developed a common estates strategy for the ELHC Partnership, and agreed a single plan for investment and disposals (among other things). We understand from Hackney Healthwatch that these plans will be made public after they have been seen by NHS England.</p> <p>The question has four parts:</p> <ol style="list-style-type: none"> <li>a) How soon after plans for disposals and investments have been submitted to NHS England will the plans be made public?</li> </ol>

- b) How will they be made available?
- c) When does the ELHC Partnership or JCC plan to consult the public on these plans? and
- d) What status do the plans have, without public consultation?

**Answer:**

- a) We are anticipating publishing the strategy in early October. We cannot yet give a definitive date as regional partners (including NHSE and the GLA) at the London Estates Board have requested that all 5 London STPs make their plans public at the same time to avoid any confusion and to paint a coherent picture across London. If this causes undue delay we will consider publishing separately.
- b) They will be published on the ELHCP website and then each partner organisation in NEL will decide whether to also place on their own websites.
- c) The strategy is not a definitive plan to pursue a specific course of action. It attempts to describe the estates challenges across NEL and then set out an approach to tackling those challenges through better collaborative working. In some cases a range of options to these challenges may be described but it deliberately tries to avoid defining any specific solutions as these will need to come out of local engagement on a case by case basis. As such it would not be appropriate to consult on the strategy itself, although public engagement will be sought and welcomed. Once a business case is required for a particular site or project then the appropriate level of public consultation will be carried out.
- d) The strategy has no formal status – it is an attempt to bring together and summarise the local estates plans and strategies already in existence to reflect the fact that many large estates issues cannot be solved by any one organisation working in isolation, so the strategy provides a context for the collaborative work needed but doesn't commit any organisation to any specific action.

In response, Sam Everington raised the issue of key worker housing; a priority issue for recruitment and retention in north east London. It was agreed that a letter from Anwar Khan, on behalf of the JCC, would be sent to the London estates board outlining these concerns. **(ACTION: AK)**

**3.1 Cancer Diagnostic Hub Case for Change**

Simon Hall, Atul Aggarwal and Angela Wong presented the Cancer Early Diagnostic Centre (EDC) Case for Change to the Committee. The EDC aims to bring a number of specific cohorts of patients at increased risk of developing cancer, to a single site. The steering group, which includes representation from providers and residents across NEL, have made a recommendation of Mile End Hospital as the preferred location for the EDC. Once the location is agreed, the Business Case will be prepared for approval by the Committee.

Sam Everington declared an interest for this item as a GP partner in the Bromley By Bow Partnership, which has a surgery on the Mile End site.

Discussion points included:

- i. the Committee's expectation that there will be a referral system in place which supports patients going straight to test
- ii. the critical importance of robust IT and infrastructure to support the EDC
- iii. the need to develop and monitor robust outcome measures, such as a reduction in numbers of people receiving a cancer diagnosis in A&E and a change in referral rates
- iv. that although this may present an initial cost pressure for commissioners, this will result in better outcomes for patients as well as a long term cost reduction
- v. the benefit of mental health services being co-located on the Mile End Hospital site
- vi. that more detail is needed around the patient engagement in the development of this, such as numbers engaged, which area they represented as well as the process for recruitment

It was agreed that more detailed information on the patient engagement would be included in the next update to the Committee. **(ACTION: SH)**

	<p>The Committee endorsed the recommended location of the Mile End site for the Early Diagnostic Centre.</p>
<p><b>4.1</b></p>	<p><b>Performance update – month three</b>  Archna Mathur reported on month three performance across the East London Health and Care Partnership, highlighting where performance is compliant, areas that are improving as well as those at risk or deteriorating and the mitigations that are in place. A NEL winter plan has now been submitted to NHS England. In discussion the Committee noted:</p> <ul style="list-style-type: none"> <li>i. the need to ensure that Barts Health engage in the Referral Assessment Scheme (RAS) across all specialities. It was agreed that Sam Everington and Anwar Khan will meet with Archna Mathur to resolve. <b>(ACTION: SE/ AK/ AM)</b></li> <li>ii. the effective role that other schemes play, alongside RAS, in reducing the referral rate, such as education and training of GPs</li> <li>iii. the importance of continued learning from good performing CCGs and providers</li> <li>iv. the vital importance of effective demand management in A&amp;E, improvement of the four hour target performance, as well as LAS handovers, in the lead up to winter</li> <li>v. the need to ensure that NHS111 directly links to the GP hubs to help to shift more activity to Primary Care</li> <li>vi. a reminder of the agreement to include a patient experience metric in future reports.</li> </ul> <p>The Committee noted the report.</p>
<p><b>5.1</b></p>	<p><b>Commissioning Strategy 2018/19 - 2021/22</b>  Anwar Khan and Les Borrett presented the 2018/19 - 2021/22 Commissioning Strategy for north east London. Key points included:</p> <ul style="list-style-type: none"> <li>i. that this is an evolving collaborative document, bringing together, and aligning with, the commissioning strategies across NEL</li> <li>ii. the strategy is currently aligned to the NHS England Five Year Forward View, and will be reviewed once the ten year plan is published</li> <li>iii. the development integrated care systems as a priority for NEL.</li> </ul> <p>Discussion points included:</p> <ul style="list-style-type: none"> <li>i. that the responsibility for integration of health and social care best sits at borough level, however it would be helpful to include an overview of the unwarranted variation across NEL</li> <li>ii. that although patient and public engagement on this is a borough level responsibility, it is important to ensure that it is made clear in this strategy that the patient is at the centre of everything we do</li> <li>iii. the need to develop an implementation plan to enable progress to be monitored</li> <li>iv. the value of ensuring input and involvement from the local authorities in the development of this strategy.</li> </ul> <p>It was agreed to include an overview of the unwarranted variation across NEL, how this relates to better care for patients, as well as the implementation plan for the next update to the Committee. <b>(ACTION: LB)</b></p> <p>The Committee approved.</p>
<p><b>6.1</b></p>	<p><b>Risk register</b>  Alan Steward presented the NELCA JCC risk register to the Committee, updating on progress made on risk mitigation as well as outlining new risks to be added.</p> <p>In discussion the Committee agreed that the CCG Audit Committee Chairs would provide the necessary challenge to the mitigating actions, and that this challenge would be summarised in the risk report to the next Committee meeting, providing assurance to the Committee. <b>(ACTION: AS/ KP)</b></p> <p>The Committee noted the report.</p>

7.1	<b>Meeting planner – 2018-19</b> The Committee agreed the agenda items for 2018-19.
<b>Any other business:</b> None.	
<b>Next meeting:</b> Wednesday 14 November 2018.	