

NELCA Joint Commissioning Committee - Part 1

Date and time: 12.30-1.45pm Wednesday 14 November 2018

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

Minutes

Present:	
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
Jagan John	Chair, NHS Barking and Dagenham CCG
Dr Anwar Khan (Chair)	Chair, NHS Waltham Forest CCG
Andrea Lippett	Lay Member, NHS Newham CCG
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
Dr Mark Rickets	Chair, NHS City & Hackney CCG
Grainne Siggins	Local Authority Representative, Newham
Fiona Smith	Chief Nurse, NELCA
Alan Wells	Lay Member, NHS Waltham Forest CCG
In attendance:	
Les Borrett	Director of Strategic Commissioning, NELCA
Kate McFadden-Lewis (minutes)	Board Secretary, NELCA
Johanna Moss (item 4.1)	Director of Strategy and Business Development, Moorfields Eye Hospital NHS Foundation Trust
Alan Steward	SRO Transition & OD, NELCA
Apologies:	
Dr Atul Aggarwal	Chair, Havering CCG
Mark Ansell	Local Authority Representative, Havering
Professor Sir Sam Everington	Chair, NHS Tower Hamlets CCG
Denise Radley	Local Authority Representative, Tower Hamlets
Linzi Roberts-Egan	Local Authority Representative, Waltham Forest
Mark Tyson	Local Authority Representative, Barking and Dagenham
Gareth Wall	Local Authority Representative, Hackney

No.	Item
1.1	<p>Welcome, introductions, apologies</p> <p>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>Minutes of the last meeting and matters arising</p> <p>The minutes of the last meeting, held 12 September 2018, were accepted as an accurate record, subject to the amendment of the title of agenda item 3.1 to ‘Cancer Diagnostic Hub – update and preferred site’.</p> <p>All actions are complete or in progress.</p>
2.1	<p>Questions from the public</p> <p>Question from Jan Savage, on behalf of NELSON:</p> <p>This question about the disposal of NHS estates is submitted on behalf of the North East London Save Our NHS coalition.</p> <p>In response to previous questions that we have put to the JCC about the ELHCP’s plans for the disposal of NHS property, we have been told that the estates strategy “is not a definitive plan to pursue a specific course of action”.</p> <p>However, a response to an FOI request dated 28 September revealed that a number of disposals have already been identified from local estates strategies and Provider Estates Plan reports.</p> <p>These disposals include sites at:</p> <ul style="list-style-type: none"> o Whipps Cross, o Newham General, o King George’s and o St Leonards hospitals, <p>as well as five unidentified, 'commercially sensitive' sites belonging to Barts Health and the London Ambulance Service NHS Trusts.</p> <p>Our questions to the JCC are:</p> <ol style="list-style-type: none"> 1. When will plans to sell these sites, including 'commercially sensitive' sites, be made fully public (and how)? 2. When will the business cases for selling these sites be made available (and how), 3. Why were sites previously part of the RLH estate sold to the DHSC without public consultation? and 4. What assurances will the JCC provide that there will be public consultation on the proposed sale of NHS land or buildings in future? <p>Answer:</p> <p>1. The above mentioned sites are part of our Investment Plan priorities and funding for future health and social care capacity requirements. Land at the sites has not been declared surplus to requirements and is part of a medium to long term strategic plan for NEL.</p> <p>We make a strong request in our Strategic Estates Plan (SEP) for The Department of Health and Social Care and the Treasury to provide robust assurance that any sale receipts will not be recovered centrally, so they can be reinvested locally. Until we have reassurance on this, no plans will be accelerated for any land release.</p> <p>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.</p>

The process for disposing of any NHS land would follow Estate code guidance, and prior to any site being declared surplus, the owner organisation should produce a business case setting out the case for disposal and considering the level of consultation or engagement required. For specific developments such as the Whipps Cross site, there will be consultation on any reconfiguration or major service change required.

2. These sites present an opportunity to generate proceeds for reinvestment into new modern facilities. In all cases, public engagement would be required and ELHCP would not support any proposal that didn't offer clear patient and public benefit.

Land at the above mentioned sites has not yet been declared surplus to requirements but presents an opportunity to generate capital required for local reinvestment and re-provision. This is aligned to the Sir Naylor report. We estimate that these site opportunities will not come forward before 2021. Consequently, we have not started business case development for these opportunities.

We also note the need to take account of the demand for affordable housing especially among lower paid staff, and the recommendation that surplus NHS land should be prioritised for the development of residential homes for NHS staff.

3. The sale of the Whitechapel site was within the overall DHSC group, supported by two independent valuations. Barts Health, Queen Mary University of London and DHSC remain committed to the development of a life sciences hub on the site, creating health improvement, jobs and economic growth for local people. There will be public consultation as plans for the new campus are developed over the next two years.

In the case of the Whitechapel sale, the land was declared surplus by the Trust and all estates code requirements were followed. This does not required public consultation as there is no change to service provision. The land remains in the public sector as it was purchased by DHSC.

4. The ELHCP through its partners, CCGs and providers, is committed to undertaking a full programme of engagement with patients, residents and healthcare professionals into the future of the above sites. Proposals for the sites will be developed with input and engagement from patient and resident representatives.

Redevelopment decisions will be subject to a review of the sites which will need to be sent to approve by NHS England. Any redevelopment of the sites will centre on the health and care needs of local residents and patients and will be approved internally via agreed governance.

The Partnership expects to have an ongoing conversation with the public about the work that is happening across north east London to deliver sustainable health and care services for local people, including the ambition to have the right infrastructure in place. This engagement will happen through the Citizens Panel for the Partnership, and a range of other appropriate channels including health & wellbeing boards, Trust/CCG and local authority meetings as more detailed strategies and plans develop.

In discussion:

- i. it was agreed that clarity is needed around the roles and responsibilities of the NHS Trusts, CCGs and the JCC on the NEL Estates Strategy. A meeting was offered to discuss this in more detail with the patient and public representatives. (**ACTION: JM**)
- ii. the importance of community engagement in planning services was highlighted
- iii. it was agreed that ideally the estates strategy would follow the clinical strategy, however, due to the London Estates Board deadline for submitting bids it has been necessary to prioritise the Estates Strategy.

<p>3.1</p>	<p>Performance update – month five</p> <p>Les Borrett reported on month five 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. In discussion the Committee noted:</p> <ul style="list-style-type: none"> i. that access to CAMHS is a national priority. NEL commissioners meet regularly with the providers, NELFT and ELFT, around improving access ii. the national issue concerning recruitment of psychologists, and the resulting strain on access to services for patients experiencing a mental health crisis. A JCC discussion on the mental health strategy is scheduled for 2019 iii. that there is a robust recovery plan in place for BHR IAPT services iv. the need for clinical harm reviews being undertaken on each patient waiting over 52 weeks v. an update on performance of the winter plan will be included in the next update to the Committee vi. this overview of performance across NEL as an opportunity to share learning across the system, such as from well performing services and successful turnaround or recovery programmes. <p>The Committee noted the report.</p>
<p>4.1</p>	<p>Moorfields relocation - Consultation</p> <p>Les Borrett, Alan Steward and Johanna Moss updated on the proposed relocation of Moorfields Eye Hospital from its current City Road site, to a planned new development in Kings Cross. The proposed relocation is planned for 2024-26. Discussion points included:</p> <ul style="list-style-type: none"> i. the need to ensure effective engagement with politicians, as well as the community, patients and carers, ensuring that the clinical strategy underpinning this relocation is clearly communicated ii. that the capital for the new premises will most likely be derived from the sale of the old site, Moorfields charity and a bid for funding from the NCL STP. The proposed new site is owned by Camden and Islington Mental Health Trust, and this relocation is included in their estates strategy iii. clarity that this consultation is solely on the relocation of the City Road site to Kings Cross; there are currently no plans to relocate any of the satellite sites iv. the pre-consultation business case will be discussed at the next meeting. <p>The Committee noted.</p>
<p>5.1</p>	<p>Risk register</p> <p>Alan Steward presented the NELCA JCC risk register to the Committee, updating on progress made on the risk mitigations as well as outlining new risks that have been added. Discussion points included:</p> <ul style="list-style-type: none"> i. that as the risk register develops, responsibilities, accountabilities, arrangements for escalating and deescalating risks will be incorporated as well as how progress is indicated against the trajectory ii. to consider the impact of engagement with Trust Chief Executives on the score for risk S5 and the impact that the progress on social prescribing is making on the score for risk S2 iii. the potential for the establishment of a short term risk sub-committee to consider: <ul style="list-style-type: none"> a. arrangements for scrutiny of the mitigating actions, which is currently undertaken by the NELCA senior management team b. developing a template for risk registers across NEL c. establishing a process for risk escalation from CCG registers to the JCC. (ACTION: AS) <p>The Committee noted the report.</p>
<p>6.1</p>	<p>Meeting planner – 2018-19</p> <p>The Committee reviewed, discussed and agreed the agenda items for 2018-19. The NEL commissioning response to the NHS England Long Term Plan will be discussed at the next meeting, and will inform the timing of agenda items for 2019/20.</p>
<p>Any other business: None.</p>	
<p>Next meeting: Wednesday 9 January 2019.</p>	