



**North East London
Commissioning Alliance**

NEL Joint Commissioning Committee Meeting Part 1

12.30-2.30pm Wednesday 8 May 2019

Committee rooms, Unex Tower

5 Station Street, Stratford, E15 1DA

An alliance of North East London Clinical Commissioning Groups

City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs

Chair: Dr Anwar Khan | Accountable officer: Jane Milligan

NELCA Joint Commissioning Committee - Part 1

Date and time: 12.30-2.30pm Wednesday 8 May 2019

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

Agenda

No.	Time	Item	Page	Action required	Owner
1.	Welcome				
1.1	12.30pm	Welcome, introductions, apologies <ul style="list-style-type: none"> Declarations of interest 	Verbal		Chair
1.2	12.35pm	Minutes of the last meeting and matters arising <ul style="list-style-type: none"> Action log 	19 21	Approve Monitor	Chair
2.	Patient and public engagement				
2.1	12.40pm	Questions from the public	Verbal	Discussion	Chair
3.	Strategy				
3.1	1.10pm	Early Diagnosis Centre: update on patient engagement	22	Note	Simon Hall
4.	Commissioning				
4.1	1.20pm	STP refresh	Verbal	Note	Simon Hall
4.2	1.30pm	North East London Spending Money Wisely Programme - update	24	Note	Les Borrett
5.	Performance				
5.1	1.45pm	Performance report – month 11	29	Note	Archna Mathur
6.	Risk Register				
6.1	1.55pm	Risk register	35	Note	Chair
7.	Forward planning				
7.1	2.05pm	Meeting planner	45	Discussion	Chair
Any other business					
Date of next meetings:					
<ul style="list-style-type: none"> 10 July 2019 11 September 2019 					



North East London Commissioning Alliance

ACRONYM	MEANING
A&E	Accident & Emergency
APMS	Alternative Provider Medical Services (a type of Primary care contract)
AQP	Any qualified provider
BAF	Board Assurance Framework
Bart's / BHT	Barts Health NHS Trust
BHRUT	Barking, Havering and Redbridge University Hospitals NHS Trust
BMA	British Medical Association
CAS	Clinical Assessment Service
CCG	Clinical Commissioning Group
CCU	Critical Care Unit
CEG	Clinical Effectiveness group
CEPN	Community Education Provider Network
CHP	Community Health Partners
CIL	Construction Industry Levy
CPD	Continuing Professional Development
CQC	Care Quality Commission
CQRM	Clinical Quality Review Meeting
CQUINs	Commissioning for Quality and Innovation (Payment Framework)
CSU	Commissioning Support Unit
CYP	Children and Young People
DES	Direct Enhanced Service
DoH/ DH	Department of Health
DToC	Delayed Transfers of Care
ED	Emergency Department
ELFT	East London Foundation Trust
ELHCP	East London Health and Care Partnership
ELHCP ODG	East London Health and Care Partnership Operational Delivery Group

NELCA JCC - Acronyms List

EMIS web	Egton Medical Information Systems (System that records patient consults)
EPCS	Extended Primary Care Service
EPCT	Extended Primary Care Team
EPR	Electronic Patient Record
ETTF	Estates and Technology Transformation Fund
FOI	Freedom of Information
GB	Governing Body
GIA	Gross internal area
GLA	Greater London Authority
GMC	General Medical Council
GMS	General Medical Services (a type of Primary care contract)
GP	General Practitioner
HBPoS	Health Based Places of Safety
HEE	Health Education England
HLP	Healthy London Partnership
HMT	Her Majesty's Treasury
HUH	The Homerton University Hospital NHS Foundation Trust
IAPT	Increasing Access to Psychological Therapy
ICP	Integrated care partnership
IG	Information Governance
IMT	Information Management and Technology
INEL	Inner north east London
IPS	Individual placement and support schemes
ITU	Intensive Therapy Unit
IUC	Integrated urgent care
JCC	Joint Commissioning Committee
JSNA	Joint Strategic Needs Assessment
KGH	King George Hospital
KPI	Key Performance Indicator
LAP	Local Area Partnership
LAS	London Ambulance Service
LAs	Local Authorities
LBN	London Borough of Newham
LBWF	London Borough of Waltham Forest
LCFS	Local Counter Fraud Specialist
LD SAF	Learning Disability Self-Assessment Framework

NELCA JCC - Acronyms List

LEB	London Estates Board
LEDU	London Estates Development Unit
LES	Local enhanced service
LMC	Local Medical Committee
MoLCV	Medicines of limited clinical value
MOU	Memorandum of Understanding
MPIG	Minimum Practice Income Guarantee
NAFO	Newham Alternative Funding Option
NCCG	Newham Clinical Commissioning Group
NDPP	National diabetes prevention programme
NEL	North East London
NELCA	North East London Commissioning Alliance
NELCSU	North East London Commissioning Support Unit
NELFT	North East London Foundation Trust
NHS PS	NHS Property Services
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute of Health and Care Excellence
NUH	Newham University Hospital
ONEL	Outer north east London
OOH	Out of hours
OPD	Outpatient department
OPE	One Public Estate
PALS	Patient Advice and Liaison Service
PCCC	Primary Care Commissioning Committee
PCT	Primary Care Trusts
PHE	Public Health England
PMS	Personal Medical Services (a type of Primary care contract)
PoLCV	Procedures of low clinical value
PoICE	Procedures of low clinical effectiveness
PPE	Patient and Public Engagement
PPG	Patient and Public Group
PREM	Patient Reported Experience Measure
PROM	Patient Reported Outcome Measures
PTL	Patient Tracking List
QIPP	Quality, Innovation, Productivity and Prevention

NELCA JCC - Acronyms List

QOF	Quality Outcome Framework (Assessor Validation Reports)
R&D	Research & Development
RAG	Red, Amber, Green
RAS	Referral assessment service
RAID	Rapid Assessment Interface Discharge
RICS	Royal Institute of Chartered Surveyors
RLH	Royal London Hospital
ROI	Return on Investment
RTT	Referral to treatment
SEP	Strategic Estates Plan
SMI	Severe mental illness
SMW	Spending Money Wisely
SPA	Single Point of Access
SPR	Service Program Review
STP	Sustainability and Transformation Plan or Partnership

Joint Commissioning Committee Register of Interests

Date	May 2019
Edited by	Kate McFadden-Lewis, Board Secretary

Voting Members								
Name	Title	Name of organisation and nature of its business	Position Held/Nature of Interest	Type of Interest			Date Declared	Date Updated
				Financial	Non-financial Professional	Non-Financial Personal		
Jane Milligan	Accountable Officer – NELCA/NEL STP	NEL Commissioning Support Unit	Partner is employed substantively		X		2014 - Present	1 May 2019
		NHS England	Partner on secondment to Central London Community Healthcare as Director of Primary Care Development.		X		April 2019 - present	
		Action For Stammering Children	Partner is a Trustee for Action for Stammering Children			X	Oct 2013 – Present	
		Stonewall	Ambassador			X	Oct 2014 – Present	
		Peabody Housing Association Board	Non-Executive Director			X	Jan 2017 – Present	

Anwar Khan	Chair – JCC & Chair Waltham Forest CCG	Churchill Healthcare (Churchill and Ching Way Medical Centres)	Partner, Trainer and Education lead for	X			2003- present	25 June 2018
		Churchill Healthcare (Churchill and Ching Way Medical Centres)	Wife, Dr Alesya Alekseeva, is a Partner	X			2003- present	
		AAK Healthcare Ltd - Provision of Healthcare Consultancy – usually abroad	Director		X		2007- present	
		E4 Healthcare - E4 Healthcare involved with Oliver Road GP-led Health Centre	Director		X		2010- present	
		Community Specialist Services Ltd - Provision of Specialist Clinics in colorectal and gynaecology	Director	X			2008- present	
		Stonebrites Ltd - Development and selling real estate	Shareholder	X			2003- present	
		AAKHAN & Son Ltd - Letting property	Director			X	2009- present	
		FedNet	Waltham Forest GP	X			2013- present	
		Healthcare Vocational	Director		X		2016- present	

		<p>Training Services (VTS) Ltd - Provides Clinical Leadership/ Management/ Admin of Registrar Training – sub contractor available to provide services to any provider commissioned to deliver OOH or Urgent Care Services. Intended to be a CIC</p> <p>Not directly commissioned by WF CCG but declared as may be a sub-contractor to a provider who is commissioned by WF CCG.</p>						
		RCGP STP - Liaising with NCL STP re: RCGP Forward View vision	Ambassador			X	2016- present	
		University of East London Stratford)	Honorary Academic Fellow		X		15 September 2018 - present	
Muhammad Naqvi	Deputy Chair JCC & Chair Newham CCG	Woodgrange Medical practice	GP partner	X			2015-present	10 March 2019
		Frenford clubs for young people (registered	Trustee			X	2012-present	

		charity/ voluntary organisation)						
		NHC - Newham GP Federation, Woodrange practice is a shareholder	GP partner	X			2015-present	
		Novartis	Clinical Mentor		X		2018-present	
		Primary care APMS contract for GP caretaking – Dr Abiola’s practice		X			March 2019-present	
Anil Mehta	Deputy Chair Elect JCC & Chair Redbridge CCG	Fullwell Cross Medical Centre	GP Partner	X			April 2013 – present	28 Feb 2019
		Metropolitan Police	Forensic examiner	X			November 2015 – present	
		The Cleaning Company	Sister-in-law is the owner			X	2013 – present	
		NHSE	GP appraiser	X			February 2015 – present	
		Healthbridge Direct	Shareholder	X			September 2014 – present	
		Fouress Enterprises Ltd	Director	X			2015 – present	
		Prescon	Ad-hoc screening work	X			January 2018 – present	
		London Healthwise Ltd (non trading)	Director			X	2009 - present	
Sam Everington	Chair THCCG	Bromley By Bow Partnership - based at the Bromley by Bow Centre Charity 1999	GP	X			1989-present	7 March 2019

		Chair of Chairs	London CCGs	X			2018-present	
		East London Health Partnership (STP)	Clinical Lead		X		2011- present	
		Tower Hamlets health and wellbeing board	Deputy chair		X		2016- present	
		BMA	Council member and Vice President		X		1989- present	
		Queen Mary University of London.	Fellow and Honorary Professor		X		2014- present	
		Tower Hamlets CCG	Wife Linda Aldous is the practice nurse Board Member			X		
		Bromley by Bow partnership	Wife Linda Aldous is a Partner			X		
		MDDUS (insurance for the GP partnership)	As a GP partners member	X			2005- present	
		Queens Nursing Institute	Vice President		X		2017- present	
		College of medicine	Vice President and Council member		X		2016- present	
		NHS property board	Board member		X		2018- present	
		NHS resolution	Associate Director				July 2018-present	
Atul Aggarwal	Chair Havering CCG	Maylands Healthcare	GP Partner	X			April 2013 – present	28 Feb 2019
		Maylands Healthcare Ltd	Director and shareholder in on-site pharmacy	X			April 2013 – present	

		Parkview Dental Practice	Sister is NHS dentist within Havering			X	1996 – present	
		Essex Medicare LLP	Part owner which owns Westland Clinic, Hornchurch. Space rented out to Inhealth (Diagnostic), Nuffield Health (Brentwood), Communitas Clinics (Dermatology & Gynaecology)	X			2014– present	
		Havering Health Ltd.	Shareholder.	X			September 2014 – present	
		Barking, Dagenham and Havering LMC	Co-opted member				2013 – present	
		Westlands Clinic (Langton dental) have an outsourced contract with BHRUT for oral surgery.	Spouse is a dentist.			X	May 2018-present	
Mark Rickets	Chair C&H CCG	GP Confederation	Nightingale Practice is a Member	X				
		HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	X				
		Homerton University Hospital NHS	CCG Representative on Board of Governors – historic		X			

		Foundation Trust						
		Nightingale Practice (CCG Member Practice)	Sessional GP	X				
Jagan John	Chair, B&D CCG	King Edwards Medical Group	GP Partner	X			June 2010-present	28 Feb 2019
		King Edwards Medical Group	Other GPs are family members			X	June 2010-present	
		Proactive Care - Healthy London Partnerships NHS England	Clinical Lead		X		Mar 2017-present	
		North East London Foundation Trust - Barking & Dagenham Community Cardiology Service	GPWSI in Cardiology		X		Aug 2018-present	
		Together First Limited (GP Federation)	Practice is a Shareholder	X			May 2014-present	
		Harley Fitzrovia Health Limited	Director and Shareholder	X			Jan 2018-present	
		Monifieth Limited	(Director and Shareholder)	X			Mar 2018-present	
		Health 1000	Director Prime Ministers Challenge Fund Lead BHR		X		Dec 2014- Nov 2018	
Kash Pandya	Vice Chair JCC and Lay	NHS Havering CCG	Lay member, Governance and Audit Chair	X			2013-19	26 June 2018

	member B&D CCG	Redbridge CCG	a Lay member governance and audit chair	X				
		University of Essex	Independent Audit Committee member		X			2013-19
		Southend-on-Sea Borough Council	Independent Audit Committee member		X			2016-18
		Brentwood Citizen's Advice Bureau	General Advisor		X			2009 – present
		Essex Ministry of Justice Advisor Committee	Lay member, Governance and Audit Chair		X			2010-19
		PriceWaterhouse Cooper	Son is employed as a management Consultant				X	2013 - present
		Accenture	Son is employed as Legal Counsel				X	2015 – present
		Historic - Her Majesty's Inspector of Constabulary	Associate Inspector					2011 – January 2018
		Historic - Hillcroft College for Women (Surbiton)	Council member & honorary treasurer		X			May 2017 – present
		Historic - Health & Safety Executive	Independent Audit Committee member		X			May 2017 – present
Richard Coleman	Lay Member Havering CCG	BHR CCGs	Brother-in-law is Independent GP on the Primary Care Commissioning Committee			X	January 2017- present	13 March 2019
		Price Waterhouse Cooper	Nephew is a partner		X	X	August 2013 – present	

Khalil Ali	Lay Member Redbridge CCG	Dr Joseph GP practice, Collier Row	Family Doctor			X	April 2017 – present	13 March 2019
		St Francis Hospice	Spouse is a regular donor			X	April 2017 – present	
		Cancer Research UK	Spouse is a regular donor			X	April 2017 – present	
Sue Evans	Lay Member C&H CCG	Loughton Youth Project (registered charity)	Trustee and Treasurer			X	October 2017 – Sept 2018	18 March 2019
		Worshipful Company of Glass Sellers Charity Fund	Secretary to Trustees,			X	October 2017 – present	
		St Aubyn's School Charitable Trust/Limited Company	Trustee and Director			X	October 2017 – present	
		Essex Advisory Committee for Justices of the Peace	Lay Member			X	October 2017 – July 2018	
		Barts Health Trust/BHRUT	Self and family are patients in the NELCA area.			X	October 2017 – present	
Alan Wells	Lay Member WFCCG	Capacity Ltd - A policy, research and training body, pledged to promote the needs of young children, their families and communities	Director		X	X	2007 – present	25 June 2018
		The Simplification Centre	Director			X	2010 – present	

		Alzheimer's Brain Bank UK, Alzheimer's Society	Trustee/Director			X	2013- present	
		Alzheimer's Society	Nominations and Appointments Committee			X	2013 - present	
		Independent Chair.	Joint Committee, North West London CCGs.		X		1 Nov 2018 – present	
		Sir George Monoux College	Chair of the Corporation			X	2013 – present	
Noah Curthoys	Lay Member THCCG	Bridgenor Group Ltd	Director & Owner	X			June 2015 - current	15 March 2019
		Northshott Consulting Ltd	Director & Owner	X			March 2011-current	
		The Democratic Society (not-for-profit organisation)	Senior Partner	X			July 2016-current	
Vacant	Lay Member, Newham CCG							

Non-Voting Members								
Name	Title	Name of organisation and nature of its business	Position Held/Nature of Interest	Type of Interest			Date Declared	Date Updated
				Financial	Non-financial Professional	Non-Financial Personal		
Henry Black	Financial Representative JCC & NEL STP	BHRUT	Wife works as Deputy Director of Income and Planning at BHRUT			X	Feb 2018 - Present	4 January 2019
		East London Lift Accommodation Services Ltd	Director		X		Feb 2018 – Present	
		East London Lift Accommodation Services No2 Ltd	Director		X		Feb 2018 - Present	
		East London Lift Holdco No2 Ltd	Director		X		Feb 2018 - Present	
		East London Lift Holdco No3 Ltd	Director		X		Feb 2018 – Present	
		East London Lift Holdco No4 Ltd	Director		X		Feb 2018 - Present	
		ELLAS No3 Ltd	Director		X		Feb 2018 - Present	
		ELLAS No4 Ltd	Director		X		Feb 2018 – Present	
		Infracare East London Ltd	Director		X		Feb 2018 - Present	
Mark Tyson	Barking & Dagenham Local Authority	NIL						
Mark Ansell	Havering Local Authority	NIL						
Adrian Loades	Redbridge Local Authority	Redbridge Living, a company 100% owned by LB Redbridge to	Director		X		October 2018 - present	29 April 2019

		develop housing schemes within the Borough.						
Ellie Ward	City of London Corporation	NIL						
Gareth Wall	Hackney Local Authority	NIL						21 July 2018
Linzie Roberts-Egan	Waltham Forest Local Authority	NIL						
Vacant	Newham Local Authority							
Denise Radley	Tower Hamlets Local Authority	CACI	Family member (Marc Radley) is a director of CACI (supplier of information and IT systems to public sector)			X	April 2016 – present	13 March 2019
		Hertfordshire Partnership NHS Foundation Trust	Ordinary member			X	April 2016 – present	
Fiona Smith	Chief Nurse, NELCA JCC	Director & co-owner	Honesta Partners Ltd, a LLP Healthcare Consultancy company	X				1 November 2018
		Spouse is also a director	Honesta Partners Ltd, a LLP Healthcare Consultancy company		X			
		Registered Board Nurse	NHS Newham CCG		X			
Charlotte Harrison	Secondary Care Consultant, NELCA JCC	Consultant Psychiatrist and Deputy Medical Director	South West London and St Georges MH NHS Trust		X		May 2005 - present	13 March 2019

NEL Joint Commissioning Committee – part 1

4.45-5.15pm Wednesday 30 January 2019

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

Minutes

Present:	
Khalil Ali	Lay Member, NHS Redbridge CCG
Dr Atul Aggarwal	Chair, Havering CCG
Henry Black	Chief Finance Officer, NELCA
Richard Coleman	Lay Member, NHS Havering CCG
Sue Evans	Lay Member, City & Hackney CCG
Charlotte Harrison	Secondary Care Consultant, NELCA
Dr Anwar Khan (Chair)	Chair, NHS Waltham Forest CCG
Dr Anil Mehta	Chair, NHS Redbridge CCG
Jane Milligan	Accountable Officer, NELCA
Dr Muhammad Naqvi	Chair, NHS Newham CCG
Denise Radley	Local Authority Representative, Tower Hamlets
Fiona Smith	Chief Nurse, NELCA
Alan Wells	Lay Member, NHS Waltham Forest CCG
In attendance:	
Kate McFadden-Lewis (minutes)	Board Secretary, NELCA
Alison Glynn	Deputy Director, Transformation Delivery, NEL CSU
Matthew Henry	NEL CSU
Ian Tritschler	Associate Director, Newham CCG and commissioning lead on Clinical Reference Group
Dr Victoria Tzortziou Brown	Tower Hamlets CCG Board Lead on Integrated Care and Research Chair of the Spending Money Wisely Clinical Reference Group
Apologies:	
Mark Ansell	Local Authority Representative, Havering
Noah Curthoys	Lay Member, NHS Tower Hamlets CCG
Professor Sir Sam Everington	Chair, NHS Tower Hamlets CCG
Dr Jagan John	Chair, NHS Barking and Dagenham CCG
Adrian Loades	Local Authority Representative, Redbridge
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	London Borough of Newham
Mark Tyson	Local Authority Representative, Barking and Dagenham

No.	Item
1.1	<p>Welcome, introductions, apologies The Chair welcomed attendees to the meeting, and apologies for absence were noted as above. There were no declarations of interest.</p>
1.2	<p>Minutes of the last meeting and matters arising The minutes of the last meeting were accepted as an accurate record.</p>
2.1	<p>North East London Spending Money Wisely Programme Les Borrett introduced the NEL Spending Money Wisely Programme. Alison Glynn, Matthew Henry, Ian Tritschler and Victoria Tzortziou Brown joined the meeting to present on this item. Key points included:</p> <ul style="list-style-type: none"> i. that the NEL Spending Money Wisely programme incorporates the National Evidence Based Interventions programme. This would ordinarily become effective in contracts as of 1 April 2019. While there has been a national consultation on these procedures, including engagement with national clinical institutions and national press coverage, there has been no locally targeted engagement ii. that the recommended option is to include and implement the National Evidence Based Interventions in the overall NEL policy, following the local public engagement process. <p>Discussion points included:</p> <ul style="list-style-type: none"> i. the need for detailed, clear communication to patients, the public, GPs, consultants and health professionals ii. the importance of identifying and outlining the risks and mitigations, as well as a comprehensive quality impact assessment, to help to inform the JCC's final decision iii. that the timeline is dependent on the NHS England guidance on whether a formal consultation is necessary, or a public engagement exercise is to be completed. <p>The Committee agreed the recommendation on the timeline, to include and implement the national policy alongside the NEL policy following the local patient engagement and final JCC approval.</p>
3	<p>Any other business: None.</p>
<p>Date of next meeting: Wednesday 8 May 2019</p>	



North East London Commissioning Alliance

Highlighted items represent a recommendation to remove from register

NEL JCC action log -8/5/2019

Reference	Meeting date	Minute reference	Action	Owner	Target completion date	Comment
JCC - 5	09/05/2018	4.1	NEL Performance report: Include a patient experience metric in future reports.	Jane Milligan/ Archna Mathur	May-19	JM/ AM to update at 8 May meeting.
JCC - 12	11/07/2018	3	Specialised Commissioning plans: Give assurance to the Committee that patients will be able to access specialist services diagnostics locally.	Jane Milligan	May-19	
JCC - 14	11/07/2018	7	ELCHP digital programme: Share the governance rules on work programmes and road map with members.	Luke Readman/ Kambia Boomla	May-19	
JCC - 16	12/09/2018	3.1	Cancer Diagnostic Hub: Detailed information on the patient engagement to be included in the next update to the Committee.	Simon Hall	May-19	Considerable engagement with patients has been undertaken since September 2018 and the JCC will receive a full update.
JCC - 18	12/09/2018	5.1	Commissioning Strategy 2018/19 - 2021/22: 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.	Les Borrett	Sep-19	The commissioning strategy update will form part of the STP long term plan refresh.
JCC - 21	14/11/2018	5.1	Risk register: - 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 - consider the establishment of a short term risk sub-committee	Alan Steward	May-19	
JCC - 23	09/01/2019	5.1	IT capability to be in place to allow direct booking from NHS111 into urgent treatment centres and GP appointments	Luke Readman	May-19	

Joint Commissioning Committee

8 May 2019

Title of report	Early Diagnosis Centre: Update on Patient Engagement
Item number	3.1
Author	Sarah Watson, Senior Project Manager – UCLH Cancer Collaborative
Presented by	Simon Hall
Contact for further information	Sarah Watson – sarah.watson59@nhs.net
Executive summary	<p>Patient engagement and involvement is central to the development of an Early Diagnosis Centre (located at Mile End Hospital) for north east London.</p> <p>A patient engagement strategy was signed off by the EDC steering group in November 2019 and includes three key strands:</p> <ol style="list-style-type: none"> 1) A patient advisory group 2) Stakeholder open events 3) External patient survey and engagement <p>Please find below an update on each of the three strands:</p> <ol style="list-style-type: none"> 1) A patient advisory group was formed in August 2018, and includes a cohort of 12 members who live and/or are treated in North East London, or have/had a family member who has been diagnosed with cancer. There are regular patient meetings whereby a number of the group attend to get involved in identified areas of the project; to-date these have included estates design, ICT, and communications. There is also opportunity for the group to get involved via email or telephone, if unable to attend meetings. The group are all engaged, enthusiastic and passionate about co-developing the EDC to meet the needs of local patients. 2) It was agreed to develop a series of open events, across NEL, and invite all stakeholders to attend to find out more about the EDC, ask any questions, and get involved where appropriate. A plan for these has been developed, however it was agreed in the EDC steering group in March 2019 to start these following sign off of the business case. In the meantime, members of the project team attend pre-established patient groups and forums when updates are requested; for example patient engagement forums across Barking and Dagenham, Havering and Redbridge, the Whipps Cross patient forum, and IBD groups within the local area. Feedback from patient groups to-date has been very positive with great support for the EDC model and an interest in continuing to receive updates. 3) Following a competitive procurement exercise, an external company was commissioned to undertake bespoke patient engagement work; the company is called COGS and works within

	Healthwatch Enfield. A key part of this work is a patient survey, which will collect data and information on the distance patients are willing to travel to get a diagnostic, collect further feedback on the EDC and what else could be added to make it more attractive, and further promote and educate the local community on the purpose, rationale and benefits of the EDC. The survey is currently in development and has been circulated for feedback, prior to being circulated more widely.
Action required	For information only.
Where else has this paper been discussed?	N/A
Strategic fit <ul style="list-style-type: none"> • <i>Commissioning implications</i> • <i>Local authority/integrated commissioning implications</i> 	Fully in line with CCG's commissioning intentions and the direction of travel of the NHS Long Term Plan. Additionally, NHS England have set aside resource nationally to improve screening and surveillance, and are aware that this will be utilised to support their increased commissioning costs. There are no local authority/integrated commissioning implications of this case.
What does this mean for local people?	The additional capacity will mean that more people in north east London are diagnosed with cancer sooner leading to improved life expectancy for these individuals and – in the longer term – lower cancer treatment costs. There will also remain an element of choice for local people in where they have their procedure as this is new, supplementary capacity. Local people should also see an improvement in quality of diagnostics, as all three local providers are now working closely together to provide services to a common specification and will ultimately use a joined up IT platform to book appointments and for results to be viewed using the East London Patient Record.
How does this drive change and reduce health inequalities (unwarranted variation)	The whole tenet of this commissioning development is to improve access to earlier diagnosis and treatment for cancer, in particular, which will improve life expectancy and begin to address health inequalities across the patch. Additionally the new EDC will be located in Mile End, and the starkest health inequalities for cancer are in the inner east London part of our Alliance.
Impact on finance, performance and quality	The commissioner case was signed off in January 2019. A full provider business case is in development.
Risks	A separate risk register is monitored by the SPM for the project.

Joint Commissioning Committee

Wednesday 8 May 2019

Title of report	North East London Spending Money Wisely Programme
Item number	4.2
Author	Alison Glynn, Deputy Director, Transformation Delivery Matt Henry, Senior Transformation Delivery Manager
Presented by	Alison Glynn, Deputy Director, Transformation Delivery
Contact for further information	Les Borrett, les.borrett@nhs.net
Executive summary	The following paper provides an update to Joint Commissioning Committee on progress against the NEL CCG Spending Money Wisely Programme with a focus on the upcoming engagement exercise. Members are asked to review the update and propose any further actions that may be required.
Action required	Note.
Where else has this paper been discussed?	Not applicable.
Strategic fit <ul style="list-style-type: none"> • <i>Commissioning implications</i> • <i>Local authority/integrated commissioning implications</i> 	This aligns with the NELCA Commissioning Strategy in that it would introduce a common approach to PoLCV across the whole of north east London.
What does this mean for local people?	The aim of this work is to ensure that North East Londoners have equal access to these treatments based on evidence based clinical criteria.
How does this drive change and reduce health inequalities (unwarranted variation)	A single common policy across North East London CCGs would further reduce variation across the health economy and provide consistency for providers.
Impact on finance, performance and quality	There is a potential financial opportunity through alignment of the current WEL, C&H and BHR CCG policies, and implementing the recent additional procedures in the National Consultation on Evidence Based Interventions.
Risks	If JHOSCs request a longer engagement period, the above timeline may slip by at least a month WEL are yet to agree the process for Prior Approval for GPs and Providers. City & Hackney are still to agree preferred prior approval process for the Homerton

Title:	North East London Spending NHS Money Wisely Programme
Date:	25 April 2019
Submitted to:	Joint Commissioning Committee/Clinical Senate
Presented by:	Alison Glynn, Deputy Director, Transformation Delivery, NEL Matt Henry, Senior Transformation Delivery Manager, NEL

1.0 Summary of Paper

The following paper provides an update to the Joint Commissioning Committee on progress against the NEL CCG Spending NHS Money Wisely Programme. Members are asked to review the update and propose any further actions that may be required.

2.0 Progress on the current programme of work

Since the previous update provided to JCC on 13 March 2019, a number of developments have occurred.

2.1 Communications and Engagement

1. NHSE and comms have advised that a public engagement is required for the proposed NEL wide POLCE policy to cover any proposed new procedures and procedures where there are proposed changes to clinical criteria.
2. An options paper on engagement plans was presented to NEL SMT on 26th March and the following was agreed as the preferred engagement approach:
 - Write to JHOSCs, to inform them of the proposed policy, and ask for their views.
 - Write to Healthwatch and other key stakeholders/patient groups about the changes and direct them to the website
 - Produce Engagement document and brief survey
 - FAQs document
 - Information on CCG websites and social media
 - Open/available for six weeks.
 - Evaluation of feedback to inform decision making document

The CSU Communications Team is currently drawing up a detailed plan for engagement and a list of stakeholders and forums for engagement.

3. Comms documents have been drafted. These are being sent to CSU Comms for review. The Comms team has agreed to commission an easy read version of document. Comms documents will be shared with JCC post review by the CSU Communications Team.
4. Email account has been set up to receive responses from public engagement.

2.2 Equality and Quality Impact Assessment

An Equality Impact Assessment (EIA) and Full Quality Impact Assessment (FQIA) for the policy were completed. It was agreed to use the Newham CCG template. The completed EIA and FQIA were

presented to Newham CCG Quality, Performance and Finance meeting for approval. The EIA and QIA were approved and will form part of the PID/Business Case which will be taken through the BHR, WEL and City & Hackney Boards for final sign off post engagement.



FQIA - NEL Spending
Money Wisely_V5.doc



EIA - NEL Spending
Money Wisely_V4.doc

2.3 Monitoring the Policy

1. An initial meeting of WEL Chairs has been held to discuss the options for Prior Approval. A final decision will be made in the next two weeks.
2. City & Hackney CCG has held discussions regarding their preferred approach for monitoring prior approval. They have agreed that GPs will continue to complete prior approval requests where they have all the information to do so. City & Hackney have asked that a meeting be arranged to include Homerton representatives so that an agreement can be made as to the preferred approach for consultants.
3. BHR CCGs have agreed to retain their existing prior approval processes which entails prior approval by GPs and consultants.

3.0 Key project milestones and Governance processes

Milestone	Date
Progress update Clinical Senate	November 2018
Engagement at contract review meetings	December 2018
National Consultation Results	December 2018
Finish Clinical Discussions	End January 2019
Proposed Spending Money Wisely Policy drafted	February 2019
Equality Impact Assessment & Quality Impact Assessment completed	March 2019
Clinical Senate and JCC – Proposed Spending Money Wisely policy	March 2019
Agreement on engagement process	April 2019
Complete public engagement (6 weeks)	May/June 2019
NEL Spending Money Wisely Policy approved at relevant Governing Bodies	July/August 2019
Contract variation for new policies applied	August 2019
New policy implemented (following one month notice period)	August/September 2019

4.0 Risks and Issues

- If JHOSCs request a longer engagement period, the above timeline may slip by at least a month
- WEL chairs preference on prior approval process may change following further discussion
- City & Hackney are still to agree preferred prior approval process for the Homerton

5.0 Recommendation:

- Members are asked to note the update, review the risks highlighted above and make any recommendations for resolution or mitigation.

APPENDIX 1 - Summary of main changes to current POLCE policies

BHR

New policies:

1. Dilation & Curettage (D&C) for heavy menstrual bleeding in women (IFR)
2. Chalazia removal (PA)
3. Surgical treatment of carpal tunnel syndrome (PA)
4. Shoulder Decompression (PA)
5. Interventional treatments for back pain without sciatica (PA)
6. Repair of split ear lobes (IFR)
7. Herbal medicines (IFR)
8. Treatment for scarring and skin hyper- or hypo- pigmentation (IFR)

Policies where clinical criteria has changed:

1. Trigger Finger (PA)
2. Sympathectomy for severe hyperhidrosis (PA)
3. Pinnaplasty/Otoplasty (PA)
4. Rhinoplasty, Septoplasty and Rhinoseptoplasty (PA)
5. Dupuytren's contracture release (PA)
6. Cataract Surgery (PA)
7. Bariatric surgery (PA)
8. Female breast reduction (PA)
9. Grommets for glue ear in children (PA)

WELC

New policies:

1. Injections for non-specific low back pain (IFR)
2. Surgical interventions for snoring in the absence of obstructive sleep apnoea (IFR)
3. Chalazia removal (PA)
4. Haemorrhoidectomy (PA)
5. Shoulder Decompression (PA)
6. Interventional treatments for back pain without sciatica (PA)
7. Cataract Surgery (PA)
8. Hip arthroplasty (PA)
9. Knee arthroplasty (PA)
10. Laser surgery for short sightedness (IFR)
11. Spinal surgery (PA)
12. Functional electrical stimulation (FES) for foot drop (PA)
13. Abdominal wall hernia management and repair (PA)
14. Bariatric Surgery (PA)

Policies where clinical criteria has changed:

1. Pinnaplasty/Otoplasty (PA)
2. Rhinoplasty, Septoplasty and Rhinoseptoplasty (PA)
3. Dupuytren's contracture release (PA)
4. Female breast reduction (PA)
5. Grommets for glue ear in children (PA)
6. Trigger Finger (PA)

Joint Commissioning Committee

Wednesday 8 May 2019

Title of report	Month 11 Performance Report/19-20 Operating Plan final performance trajectory submission
Item number	5.1
Author	Archna Mathur, Director of Performance & Assurance, NELCA
Presented by	Archna Mathur, Director of Performance & Assurance, NELCA
Contact for further information	Archna Mathur, Director of Performance & Assurance, NELCA archnamathur@nhs.net
Executive summary	<p>The paper outlines the performance headlines as at M11 2018/19 and provides an update on the Operating Plan Performance trajectories for 2019/20. Key points for the JCC to note:</p> <p>A&E Performance March & final operating plan submission:</p> <ul style="list-style-type: none"> • Barts Health: 83.45% which requires an improvement of 1.97% in order to secure delivery of the April 19 A&E trajectory which should be achievable • BHRUT: 82.63% which ensures a compliant position against the April 19 trajectory of 82.1% which should be achievable • Homerton: 94.1% • All operating plan trajectories have been submitted demonstrating continuous improvement. The Barts Health trajectory takes trust-level performance to 90% by September 2019 and again in March 2020 and site level trajectories supporting the Trust level trajectory have been determined. There are however risks to delivery with performance on the Whipps Cross and Newham Sites, fragile <p>The BHRUT trajectory assumes a 4% improvement on 18/19 actuals with the exception of January (7% improvement), February (5% improvement), March (2% improvement) closing the year at 84.3%.</p> <p>NHS 111 % Calls Closed as Self-care (Standard 33%):</p> <ul style="list-style-type: none"> • In Feb-19, NEL (LAS provider) performance of calls closed as self-care / Consult and Complete was 25%, down from 29% in Jan-19. NEL did not achieve the standard of 33%. <p>RTT Performance March & final operating plan submission:</p> <ul style="list-style-type: none"> • Barts Health performance for February was 85.5% with a reduction in PTL on track to meet the March 19 target size & over 52 weeks waits of 24. The operating plan submission for 19/20 is forecasting 10 over 52 week waiters in March 20 which was challenged by regulators but agreed with commissioners and therefore submitted as final • BHRUT performance for January was c82% with a growth in PTL which risks the delivery of a PTL less than at March 18. The operating plan trajectory for 19/20 is aiming to ensure reduction of the PTL in March 20 and have zero over 52 week waiters

- Homerton have highlighted an in year and 19/20 risk related **to growth in the PTL which risks in year 18/19 and 19/20 delivery** of the request to maintain or reduce size of PTL. The reason for the growth is presently unclear and rapid work to clarify the position is underway
- There remains a risks in terms of STP level mutual aid for challenged specialities and a need to urgently review the process for ERS capacity alerts which currently have not demonstrated any significant impact but remain a logical method for managing short term capacity challenge within a speciality.

Diagnostics (DM01) Performance March & final operating plan submission:

- Barts Health did not achieve the DM01 standard for January but confident of recovery in February. Risks to delivery relate to **MRI and Endoscopy capacity**. The 19/20 operating plan trajectory is forecasting a compliant position throughout the year
- BHRUT are challenged in their delivery of the diagnostic standard performing at 9.22% for February vs the 1% standard, although this is improving. Challenges are in non-obstetric ultrasound, **MRI and Endoscopy**. The 19/20 operating plan is forecasting **compliance from September 19 onwards**
- In order to understand the capacity for endoscopy better, by virtue of the NELCA Demand and Capacity Group, CCGs and Trusts were asked to outline current waiting times for endoscopy procedures. The return demonstrates a present, although improving position at BHRUT, and potential risks at Barts relating to colonoscopy and flexi sigmoidoscopy, and potential available capacity at the Homerton. The risks are lightly to heighten as STPs also work towards the new 28 day faster diagnosis standard for cancer.

Mental Health latest performance & final operating plan submission CYP Access Rate:

- CYP Access performance is subject to regional and heightened local STP level oversight and assurance. Work has been undertaken to ensure clarity on the reasons for variance between published and local data and the impact this is likely to have on out-turn performance for 2018/19
- Provisional published data for December is 19.3% STP level performance (below the 32% standard), with BHR CCGs and Waltham Forest CCG most below the standard
- Current forecasting information suggests if all local data was reported through MHSDS, STP performance outturn for March 18 is set to be 24%.
- For the 19/20 operating plan, all CCGs have submitted compliant trajectories **with the exception of Waltham Forest CCG**, however it is set at a realistic level based on 18/19 in year performance.

CYP Eating Disorders:

- The INEL CCGs have submitted compliant trajectories for 19/20 for both urgent and routine cases. BHR CCGs trajectories for both urgent and routine are below the 95% standard but reflecting realistic performance levels

	<p>IAPT Access rate:</p> <ul style="list-style-type: none"> NEL STP performance for November (latest) was 4.52% against the 4.75% Q4 targets. BHR and Tower Hamlets CCGs underperformed against the standard although improvement seen from previous months, and high confidence that Tower Hamlets will achieve the standard for March 18 For the 19/20 operating plan, BHR CCGs have submitted non-compliant trajectories for Q1 and Q4 but is a realistic assessment within available capacity. <p>Inappropriate out of area placements:</p> <ul style="list-style-type: none"> NELFT reported sending 125 inappropriate out of area placements during Nov 18 (latest data) to other providers including ELFT (30), The Priory Ticehurst House (30) and the Huntercombe hospital Roehampton. ELFT has not reported any inappropriate out of area placements since June 18. The STP level trajectory for both NELFT and ELFT is compliant however there are significant risks for NELFT whose internal assessment of bed days lost to inappropriate out of area placements is significant quarter on quarter in 19/20. Work is underway to review the NELFT model and capacity gap with NELFT for BHR and Waltham Forest CCGs under the mental health programme. <p>PHB (Personal Health Budgets):</p> <ul style="list-style-type: none"> February data for uptake of PHBs in each CCG demonstrate significant shortfall against plan with the exception of Tower Hamlets and risk raised at March STP Exec in terms of the 19/20 operating plan trajectories SRO leadership for the programme has widened to the broader personalisation agenda to drive uptake and track delivery. <p>CHC (Continual Health Care) assessments completed within 28 days:</p> <ul style="list-style-type: none"> Although not an operating plan performance metric, timeliness of CHC assessments is a key measurable within the STP priority programmes and underpins the urgent and emergency care programme also In February 19, NEL STP performance was 65.1% below the 80% standard with City and Hackney, Tower Hamlets and Waltham Forest CCGs achieving the standard. BHR CCGs accounts for the majority of breaches on account of increased referrals. The CHC Programme is under new SRO leadership. <p>CHC Assessments taking place in an acute setting:</p> <ul style="list-style-type: none"> STP level performance in Feb-19 was 14.5%, below the <15% maximum target BHR and Waltham Forest CCGs achieved the <15% target in Feb-19. The three exceptions were City & Hackney, Newham, and Tower Hamlets who between them reported a total of 5 breaches Q4 projections indicate that the STP is currently on track to achieve the Q4 location target.
Action required	To note.

<p>Where else has this paper been discussed?</p>	<ul style="list-style-type: none"> • Presently oversight of all performance standards is via monthly meetings with CCG Managing Directors, and AO (Accountable Officer), SMT (Senior Management Team) to include programme SROs (Senior Responsible Officers), and STP executive to include provider CEOs. • Target specific groups and programmes of work are also in place or in development for mental health assurance, PHB, CHC and the NELCA Demand and Capacity Group for recovery of elective standards (RTT and Diagnostics).
<p>Strategic fit</p> <ul style="list-style-type: none"> • <i>Commissioning implications</i> • <i>Local authority/integrated commissioning implications</i> 	<p>Commissioning Implications: Underperformance against constitutional standards creates a case for change in the way in which services are commissioned and how both elective and non elective demand is planned and managed by commissioners and primary care.</p> <p>Local Authority/integrated commissioning implications: As above with implications specifically for integrated commissioning around urgent care, reducing lengths of stay, commissioning of care home capacity for example.</p>
<p>What does this mean for local people?</p>	<p>Local people will be aware of how services that are commissioned to meet their needs around quality, safety and access perform and the processes in place to provide assurance.</p>
<p>How does this drive change and reduce health inequalities (unwarranted variation)</p>	<p>The performance report highlights national standard performance which means that all services across England are measured in the same way for equitable delivery.</p>
<p>Impact on finance, performance and quality</p>	<p>The performance report highlights where increases in activity could be driving commissioning costs e.g. A&E attendances or unplanned admissions, with the consequence of under performance against a national standard. If a performance standard is not delivered, this could impact on patient quality e.g. waiting times for outpatient appointments or planned surgery, resulting in the need to ensure processes are in place gain assurance on patient safety and minimising the risk of clinical harm. Equally, if performance standards are met, then the impact on patient outcomes will be seen e.g. delivery of the 62 day cancer standard driving improving early diagnosis and one year survival.</p>
<p>Risks</p>	<p>As highlighted in this report.</p>

Executive Summary

Summarises the key issues from this months STP Performance Report; identifies key changes from previous month's report including changes between the categories of performance achievement on the next slide.

Areas of Particular Concern	Improvement	Issues
<p>No metrics showed a deterioration which moved them down a performance category.</p> <p>A number of metrics remain in the lowest category, 'not improving' and of particular note are:</p> <ul style="list-style-type: none"> • RTT: The NEL PTL position is 3,713 pathways over-plan for the month, driven by HUH (circa 1,124 pathways over-plan) and BHRUT (circa 3,694 pathways over). 52ww reduced in January to 33 but waiting list backlog remains a risk for BHRUT 52ww. • Diagnostics: NEL STP was non compliant against the diagnostics (DM01) standard in Jan-19 with a performance of 7.36% against the target of 1%. This is a further deterioration from the previous months performance of 5.92%. The under-performance continues to be driven by BHRUT. 	<p>One metric improved to 'on track', the highest category.</p> <ul style="list-style-type: none"> • EIP waiting time: NEL STP achieved the waiting times element of EIP across 7 of 7 CCGs in Jan-19 reporting 82.9%, above the 53% standard. <p>One metric moved from 'not improving' to 'improving'</p> <ul style="list-style-type: none"> • A&E: NEL STP A&E performance in Feb-19 was 81.29%, 9.75% below the STP trajectory of 91.04%. This is an improvement of 0.21% from the Jan-19 position of 81.08 driven by improvement in performance at BHRUT (75.04%). Bart's Health achieved (82.53%) and Homerton (91.89%). 	<ul style="list-style-type: none"> • CHC completed within 28 days: In Feb-19, NEL STP performance was 65.1%, an improvement on the previous month but below the 80% target. The underperformance at BHR and TH CCGs reflected process delays, social service engagement and staffing capacity issues. Compliance with target at year end is now unlikely to be achieved. • MH CYP Access: NEL STP 2018/19 Apr-Jan YTD performance was 21%, below the informal YTD target of 30%. Significant divergence between local and national data remains an important issue being addressed. This is potentially under-reporting achievement by an estimated 2.5% • IAPT Access rate performance in Nov-18 was 4.52%, 0.09 percentage points below the NHSE 4.61% target • LAS handovers: In Feb-19 NEL STP handovers within 15 minutes performance improved to 27.7% and handovers within 30 minutes improved to 85.0%. • MH Inappropriate Out of Area Placements: Barking and Dagenham, Havering, Redbridge and Waltham Forest CCG's reported a total of 270 days in Dec-18, significantly increasing from 130 days in Nov-18. STP quarterly target is 108. NELFT performance reflects demand pressures and low bed capacity with the Trust.

Key:

RED: Denotes areas of Particular Concern

GREEN: Denotes areas of Improvement

ISSUES: Denotes areas where issues persists

ELHCP STP Executive Performance update – M11 2018/19

Performance On Track against trajectory/ performance standard					ON-TRACK (1)	Currently compliant against trajectory/performance standard but performance at risk	AT RISK (2)
Mental Health IAPT waiting times	Primary Care Extended Hrs	Cancer 62 day	CHC assessments in acute setting	Mental Health EIP waiting time		Mental Health Dementia	
NEL STP achieved both the 6 week IAPT waiting time standard (reporting 97.9%, above the 75% standard) and 18 week standard (reporting 99.4%, above the 95% standard across all 7 CCGs in Dec-18.	NEL STP achieved the primary care 7-day extended hours access target in evenings and weekends across all 7 CCGs, with 100% population coverage in Jan-19.	NEL STP achieved the 62 day standard in Jan-19 with performance of 86.20% above the 85% threshold.	STP level performance in Feb-19 was 14.5%, below the 15% maximum target.	NEL STP achieved the waiting times element of EIP across 7 of 7 CCGs in Jan-19 reporting 82.9%, above the 53% standard.		NEL STP performance during Feb-19 was 67.4%, above the 66.7% national standard.	
9	10	6	2	1		11	

Not compliant and performance trajectory deteriorating /not improving					NOT IMPROVING (4)			Performance improving but not yet on track		IMPROVING (3)		
Elective Care RTT	Mental Health CYP Access	CHC referrals completed within 28 days	LOS >21 Days	LAS Handovers	Diagnostics	NHS 111	Transforming Care IP reduction LD	Mental Health IAPT Access	Mental Health IAPT recovery	U&EC DTOC	Minors Breaches	A&E 4 Hour Wait
NEL STP achieved 85.65% in Jan-19. The NEL PTL position is 3,713 pathways over-plan for the month, mainly driven by HUH (1,124 pathways over-plan) and BHRUT (3,694 pathways over-plan).	NEL STP 2018/19 Apr-Jan YTD was 21% below YTD indicative target 30%.	STP level performance in Feb-19 was 65.1%, below the 80% target.	In Jan-19 NEL STP failed to achieve the LOS>21 days with a total of 649 beds occupied from 606 in Dec-18. The position is primarily driven by Barts.	In Feb-19 NEL STP handovers within 15 minutes performance improved to 27.7%. In Feb-19 NEL STP handover within 30 minutes improved to 85.0%.	NEL STP achieved 7.36% in Jan-19 and was non-compliant with the 1% diagnostics (DM01) standard. This is driven by underperformance at both Barts and BHRUT.	In Feb-19, performance for % calls answered within 60 seconds deteriorated to 65.3%. % Calls abandoned within 30 seconds was 6.6%.	NEL STP level performance at Jan-19 showed 45 learning disabilities patients in receipt of inpatient care, 4 patients above the target of 41.	NEL STP performance in Dec-18 was 4.35%, 0.26 percentage points below 4.61% target. 3/7 CCGs met the target.	NEL STP IAPT recovery rate 3 month performance was 49.8%, similar to the previous month, and below the 50% standard. 3/7 CCGs achieved the standard in Dec-18.	NEL STP average bed days lost to DTOCs in Jan-19 was 80, above the target of 69. The position improved from Dec-18.	NEL STP achieved 99.1% in Feb-19 from 99.4% the previous month. NEL STP reported 218 breaches, up from 152 in the previous month.	NEL STP A&E performance in Feb-19 was 81.29%, 9.75% below the STP trajectory but a 0.21% improvement from Jan-19.
10	10	11	3	5	3	2	2	9	3	3	2	1

Issues / Action / Mitigation	Diagnostics	Elective Care RTT	Mental Health
	NEL STP deterioration in performance was driven by underperformance at both BHRUT (20.06%) and Barts Health (1.64%) against the 1% Standard . BHRUT (DM01) Trajectory forecasts delivery in Apr-19. The Trust has worked up recovery actions for the challenged modalities which is discussed at the planned care programme board and at CRG. BHRUT's financial position is having a significant impact on overall delivery.	NEL STP performance remains challenged across Bart's Health and BHRUT. At Bart's Health the number of 52ww improved from 44 in Dec-18 to 25 in Jan-19. BHRUT continues to be monitored against the revised trajectory which is to deliver 88.43% by Mar- 19. Unvalidated position for March as of 31/03/19 is 80.4%. BHRUT and BHR CCGs agreed 19/20 RTT Trajectory as part of the Operating planning round submissions, this sees BHRUT achieve 88.1% by Mar-20 with a PTL size of 34,153.	IAPT access and recovery rates have shown an overall improvement across the STP. The current underperformance within four CCGs reflects the impact of increased annual IAPT access target, against a background of constrained financial investment within BHR, and in-year service re-procurement within TH. BHR and TH recovery plans are in place, with oversight through STP MH Assurance Group. CYP Access Rate is underperforming across NEL reflecting difficulties by providers to report CYP MHS data to NHS Digital. CCGs are working with providers to improve flow of CYP data. Local recovery plans are in place, with oversight through STP MH Assurance Group.

Key:	Consecutive months in 18/19 that performance is in assigned category. Arrows denote movement between categories.	URGENT AND EMERGENCY CARE	ELECTIVE CARE	CANCER /DIAGNOSTICS	PRIMARY CARE	MENTAL HEALTH	TRANSFORMING CARE
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Title of report	Joint Commissioning Committee Risk Register
Item number	6.1
Author	Alan Steward, System Transition and OD, BHR CCGs
Presented by	Alan Steward
Contact for further information	Alan Steward Email: alansteward@nhs.net Tel: 07500 559031
Executive summary	<p>The report presents the NELCA Joint Commissioning Committee (JCC) risk register for review.</p> <p>Good governance requires each committee to hold a risk register for its responsibilities. The paper identifies 11 risks held by the NELCA JCC and indicates the mitigating action. These cover:</p> <p>S1 Robust demand and capacity planning across NEL</p> <p>S2 Improving self care and demand management and increasing care closer to home</p> <p>S3 Securing the future of NEL health and social care providers and commissioners</p> <p>S4 Improving the commissioning of specialised care</p> <p>S5 Securing local council leadership for key NEL programmes</p> <p>S6 Delivery of primary care at scale</p> <p>E1-3 Enabling programmes of workforce, digital and estates</p> <p>AD1 Streamlined and robust assurance on system transformation and improvement plans</p> <p>AD2 Integrating CSU services into CCGs where required.</p>
Action required	<p>The committee is asked to:</p> <ul style="list-style-type: none"> • Review the risks and mitigating action and advise on any gaps or concerns for further action • Note the risk register.
Where else has this paper been discussed?	None.
Strategic fit <ul style="list-style-type: none"> • Commissioning implications • Local authority/integrated commissioning implications 	The risk register notes the main risks and mitigating actions to deliver the NELCA priorities. The risks should be considered and integrated into local CCG Board Assurance Frameworks where required.
Impact on finance, performance and quality	The risk register sets out the key actions being implemented to address any finance, performance or quality risks.
What does this mean for local people?	This report highlights the main risks to deliver the NELCA priorities within the Scheme of Delegation and the actions taken to minimise the impact of those risks. It is part of making sure the work of the JCC is transparent and accountable to local people.

Risks	<p>This report also links to the following JCC papers being presented to this meeting that provide greater detail on the key risks and the mitigating action:</p> <ul style="list-style-type: none">3.1 Cancer Diagnostic Hub4.1 STP Refresh5.1 Performance report – month 11
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Purpose of the report

1. The purpose of the Joint Commissioning Committee risk register is to set out the key risks to the North East London Commissioning Alliance (NELCA) in achieving its objectives and priorities and the actions in place to manage those risks.

Background

2. The Joint Commissioning Committee has a responsibility to maintain sound risk management processes and ensure that internal control systems are appropriate and effective and where necessary to take remedial action. It is a key part of Good Governance.
3. The risk review uses the standard NHS methodology that considers the likelihood of the risk alongside its severity. Both measures are scored out of 5 (with 5 being the most likely and worst impact). The risk score takes account of the mitigating action proposed. This then gives a risk score and categorisation of:

Risk rating	Risk Score
Low	1 – 3
Medium	4 – 6
High	8 – 12
Severe	15 - 25

4. The risk register is now organised around the NEL corporate objectives. The JCC has set out its forward plan that includes updates on its key strategies and programmes. The risk register will be updated each time to reflect the progress being made, as well as identifying any new risks from the consideration of its business.
5. As the JCC is a collaborative committee of all CCGs, each Governing Body must own the risk and associated mitigating action through its risk management arrangements. The risk assessment and mitigation are set out in appendix 1. For risks that are red-rated (scored 15 or greater), CCGs should ensure that these are covered in their own risk registers and Board Assurance Frameworks.
6. Following a discussion with Audit Chairs at the NELCA Audit meeting, it was agreed to keep the risk management and the risk register under review to ensure the risk arrangements were robust and embedded firmly within the ELHCP, Alliance and its member CCGs. Further work is underway – aligned to the review of NEL risk management arrangements – to improve the register. Many of the risks identified in the register are ones that apply equally to the ELHCP as much as to NELCA. Given this, it is intended to explore how we can move potentially to a common NEL risk register while recognising the formal accountability back to CCG members.

Current Risks on the JCC Risk Register

7. There are 11 risks on the JCC risk register and appendix 1 shows the full detail of these risks and the mitigating action.

Progress on Risk Mitigation

8. Since the last JCC in January 2019, three risks have been removed from the register. These are:

C2 – Winter Plan

9. The winter plan helped manage NEL pressures on A&E and urgent care, particularly from Jan to Mar 19. This included the introduction of key escalation triggers for each of our

systems. A winter washup event has been held to facilitate delivery of 19/20 winter plan with quarterly delivery milestones as described in the NEL System Operating Plan. This highlighted learning around escalation triggers, surge team operation and partner support. This will be applied to develop the NEL 19/20 Winter Plan.

E4 – Cancer Early Diagnostic Centre

10. The business case has been agreed for the EDC and the funding allocated to Barts Health as the lead agency. The IT issues have been resolved and this project is now in mobilisation. An update on user engagement is on the agenda.

R1 - Reputational risk from the perception that the JCC is removing responsibilities from local decisionmaking

11. Following 12 months of successful operation of the JCC including questions from the public on committee items, the minutes being published within 4 weeks and updates provided to all GBs and wider stakeholders, the reputational risk has been reduced. This will be kept under review however, as the East London Health Care Partnership refreshes its STP as required under the NHS Long Term Plan (published in January 2019).
12. There are 11 remaining risks and a brief update on progress is given below:

S1 - Robust demand and capacity planning across NEL

13. The 19/20 System Operating plan has been agreed. This aligns commissioner and provider approaches to key programme and issues and includes a consolidated approach to system savings. This was approved through the ELHCP Executive and is available on the ELHCP website. Finance and activity continues to be managed through the ODG. The commissioning strategy will be revised as part of agreeing the ELHCP STP refresh by Oct 19. There is an update on this under item 4.1

S2 - Improving self-care and demand management and increasing care closer to home

14. The NELCA prevention programme continues to deliver existing projects including stopping smoking, diabetes and TB. These have a focus on secondary prevention interventions including interest in exploring the Ottawa model on reducing smoking as adopted in Greater Manchester. As part of the NEL response to the LTP, the programme is being refreshed including developing the network / locality approach that will be a major focus for work with local communities. In addition, the LTP makes further commitments around personalisation that will assist with self-care. This will include social prescribing where we have significant good practice from Tower Hamlets, City & Hackney and Waltham Forest that can assist wider learning.

S3 - Securing the future of NEL health and social care providers and commissioners

15. Payment reform is on-going and developing through the wider commissioner and provider collaboration embedded in the NEL approach to integrated care and the 19/20 System Operating Plan. This will be one of the key areas considered in the refresh of the NEL STP. A risk share is in place across NEL CCGs.

S4 - Improving the commissioning of specialised care

16. The guidance is still awaited from NHSE / NHSI on the delegation of specialised commissioning and this is now anticipated to be included in the NHS Long Term Plan. There was a focus on SpecComm and provider alignment in the 19/20 System Operating Plan. There is ongoing engagement with NHSE to influence any proposals and current plans and commissioning of specialised commissioning by NHSE.

S5 – Local Council Engagement

17. The main vehicle for local council involvement is through each of the integrated care systems and engagement is good. Regular updates on NELCA and ELHCP are provided to HWBBs and OSCs. Engagement with local councils is ongoing around the INEL Transformation Board (Waltham Forest, Newham, Tower Hamlets and City & Hackney). This involves both commissioners, providers and local councils. Local council chief executives are engaged with the ELHCP Partnership Executive and there is ongoing liaison between the Single Accountable Officer and her local MDs and local council leaders (both politicians and officers).

S6 – Primary Care at Scale

18. The focus on primary care recruitment and retention continues. A review of all Federations has been undertaken using the national maturity matric tool. This will be used to inform the best use of primary care transformation funds in 19/20 and beyond. In addition, the new GP contract changes aimed at supporting the introduction of Primary Care Networks is being supported both locally and across NEL. It is aligned to the ongoing work with local GP Federations.

E1 – Workforce

19. Delivery of a number of initiatives from external funding bids continues. This includes physician associates, nursing associate apprentices, workforce support around cancer and mental health and provider collaboration on the use of bank and agency. Workforce is seen as one of the key enablers to deliver long term sustainability for NEL and it is likely to be a priority within the STP Refresh.

E2 – Digital

20. The focus continues on the delivery of the NEL Local Health and Care Record Exemplars including clinical access, public access to care records and improving data quality. The development of a digital front door to the NHS continues with funding in place to deliver the Primary Care Digital Accelerator.

E3 – Estates

21. The NEL estates strategy was published fully in October on the ELHCP website. Although no funding was secured in the Wave 4 bids, each of the NEL priority schemes are assessing potential alternative funding. The Whipps Cross business case continues to be developed with the involvement of local stakeholders. There has been significant engagement with local councils around the NEL strategy including local briefings and presentation to the BHR and INEL Joint Overview and Scrutiny Committees.

AD1 - Streamlined and robust assurance on system transformation and improvement plans

22. There is continued discussion with regulators on the 19/20 assurance process following the integration of NHS England (commissioners) and NHS Improvement (providers). A framework is being developed for earned autonomy and this being tested in key areas such as mental health and A&E. The NEL reporting framework is now agreed and a regular rhythm established for the JCC, ELHCP Executive and NELCA chairs. This ensures much greater oversight and awareness of current performance issues.

AD2 – CSU Integration

23. The NEL programme has been paused by the national team pending the outcome of an NHS England commissioned audit by Deloitte. It is anticipated that the review will be published in May. This will allow fresh consideration of any key areas for inhousing. Until the outcome of the review is known, NEL is working with three other London STPs to develop an interim operating model to allow staff to work more closely and flexibly with CCG leadership.

8 May 2019, item 6.1 - Appendix 1
 Joint Commissioning Committee – Risk Register

Ref	Category	Date added	Description	Prev. rating	Current risk rating			Risk owner (SRO)	Escalated to CCG GBAFs	Mitigating actions	Target	Target date
					Likelihood (1-5)	Severity (1-5)	Total Score (1-25)					
Objective 1: Improving Quality of Care for local people												
S1	Strategy	May-18	Unless there is robust demand and capacity planning and approaches across NEL, the quality of services, health outcomes and the sustainability of both commissioners and providers will be affected negatively.	16	4	4	16	LB	N	<ul style="list-style-type: none"> STP reviewed and refreshed with transformation programmes to deliver on key priorities including maternity, outpatients, mental health and others. NEL focus on enablers around workforce, digital and estates 19/20 System Operating Plan agreed with review and monitoring through Operational Delivery Group. NEL Commissioning strategy agreed at the Sep 18 JCC with further work being undertaken through engagement with local stakeholders to refine it further. Overarching strategy will be refreshed to the NHS Long Term Plan (Oct 19). 	8	31/10/19
Objective 2: Securing financial stability												
S2	Strategy	May-18	Unless self care and demand management is improved and high quality care offered closer to home, the pressure on services will continue with a consequent effect on performance, quality and outcomes.	12	3	4	12	SH	N	<ul style="list-style-type: none"> STP refresh of all programme underway for Oct 19. NEL prevention programme focused on secondary prevention programmes around smoking and diabetes. Local prevention programmes focused on boroughs and localities to allow tie into Primary Care Networks and local communities. New personalisation programme to be developed as part of the STRP Refresh that will include social prescribing drawing on the good practice in some NEL CCGs Integrated Urgent Care continues to provide better clinical advice and signposting to reduce pressure at ED Primary care improvement strategy to enhance capacity and quality. 	8	31/10/19





Ref	Category	Date added	Description	Prev. rating	Current risk rating			Risk owner (SRO)	Escalated to CCG GBAFs	Mitigating actions	Target	Target date
					Likelihood (1-5)	Severity (1-5)	Total Score (1-25)					
S3	Strategy	May-18	Unless the future of NEL health and social care providers and commissioners is secured financially there may need to be significant reductions in services with a consequent impact on health outcomes.	20	3	5	15	HB	Y	<ul style="list-style-type: none"> 19/20 System Operating Plan agreed to align commissioner and provider savings schemes Risk share mechanisms in place across NEL NEL Transformation programmes to address demand and capacity issues Monthly monitoring at ODG meeting to consider risk and mitigation Financial Strategy Committee manages payment reform and other STP wide finance issues. 	12	31/03/20
S4	Strategy	May-18	Unless specialised services are aligned with current CCG commissioned services, there is a risk of duplication and inefficiencies, as well as financial pressure on NEL commissioners and providers.	9	3	3	9	LB	N	<ul style="list-style-type: none"> Delegation of Specialised Commissioning under review as part of NHS England new arrangements with further guidance expected with Long Term Plan. Further alignment proposed between specialised commissioning and providers as part of 19/20 Operating Plan Ongoing SAO engagement with NHSE to influence future proposals and current (NHSE) specialised commissioning plans 	6	31/03/20
Objective 3: Developing the local integrated care system												
S5	Strategy	Jul-18	Unless there is full engagement and involvement of local councils in developing and delivering integrated care systems and political leadership on and support of NEL-wide priorities, transformation will not be achieved fully	12	3	3	9	SH	N	<ul style="list-style-type: none"> Approach to Integrated Care fundamental to the Refresh of the NEL STP with a focus on place-based partnerships Regular engagement and participation through HWBB and local integration programmes Collaborative CCG framework in development across Waltham Forest, Newham and Tower Hamlets CCGs with INEL System Transformation Board with providers and City & Hackney. Regular NELCA / ELHCP updates provided to HWBB and OSCs SAO and CCG leadership engaging regularly with Council leadership 	6	31/10/19

Ref	Category	Date added	Description	Prev. rating	Current risk rating			Risk owner (SRO)	Escalated to CCG GBAFs	Mitigating actions	Target	Target date
					Likelihood (1-5)	Severity (1-5)	Total Score (1-25)					
Objective 4: Primary care transformation												
S6	Strategy	Jul-18	Unless primary care at scale organisations develop at sufficient scale and pace, the improvement in resilience and quality and the primary care role in integrated care systems will not be achieved	12	3	4	12	CJ	Partial	<ul style="list-style-type: none"> STP primary care programme oversight and local delivery – being refreshed to ensure adequate plans Governance structure with provider forum GPFV transformation funding to support local development, ensuring that best practice achieved via funding is shared across all NEL at-scale organisations. New model of care workstream included in new PC Transformation programme with group being established Review of Federations and progress to date to be developed through New Model of Care Workshop Review of Federations against maturity framework undertaken in all CCG patches. Results to be collated and used to inform use of 2019/20 transformation funding New GP contract changes relating to introduction of PCNs being supported at CCG and NELCA level and aligned to existing work on GP Federations 	8	30/10/19
Objective 5: Progressing integrated commissioning with local councils												
Objective 6: Partnerships and collaboration across north east London												
E1	Enablers	May-18	Unless the large scale enabling programme around workforce is delivered with all providers being aligned, working collaboratively and understanding the implications of the new models of care, local transformation and the drive towards integration of services will not be delivered.	12	3	4	12	AB	N	<ul style="list-style-type: none"> Bank and Agency project progressing Coordinated approach to establishing training capacity and placement allocation Workforce strategy being refreshed and aligned to the resources available in each system as part of the STP Refresh Additional resources secured from HEE, funding for cancer and Mental Health programmes. Maternity recruitment and retention programme underway. New Models of Care, Recruitment of Physician Associates graduates ongoing, Nursing Associate Apprentice programme in Primary Care 	6	31/10/19

Ref	Category	Date added	Description	Prev. rating	Current risk rating			Risk owner (SRO)	Escalated to CCG GBAFs	Mitigating actions	Target	Target date
					Likelihood (1-5)	Severity (1-5)	Total Score (1-25)					
E2	Enablers	May-18	Unless the large scale enabling programme around technology is delivered with all providers aligned and understanding the implications of the new models of care, local transformation and the drive towards integration of services will not be delivered	12	2	4	8	LR	N	<ul style="list-style-type: none"> Funding has been secured to deliver the One London LHCRE, key elements of the programme now need to be delivered in NEL STP LTP response will include significant input from Digital Workstream NHSI&E review of Digital investment underway Funding in place for Primary Care Digital Accelerator needed to help create 'digital front door' to the NHS 	6	31/10/19
E3	Enablers	May-18	Unless the large scale enabling programme around estates is delivered with all providers aligned and understanding the implications of the new models of care, local transformation and the drive towards integration of services will not be delivered	20	4	4	16	HB	N	<ul style="list-style-type: none"> STP refresh of deliverables planned for Sep / Oct 19 Estates Board established to oversee NEL strategy and funding bids under London Devolution Estates strategy published and engagement programme delivered. Following no funding under Wave 4 bids potential alternative funding is being explored. 	6	31/10/19
AD1	Assurance and Delivery	May-18	Unless the assurance process with NHS England is streamlined, it will be difficult to release capacity to support delivery of local priorities and the Sustainability and Transformation Plan. Unless NEL delivers robust assurance on its improvement plans to regulators, it may lead to additional costs and a lack of control and influence over local services.	9	3	3	9	JM/AM	N	<ul style="list-style-type: none"> NEL ICS performance and assurance framework in development following the London Regional Team Operating model for earned autonomy. Testing of approach in place with respect to RTT delivery, mental health performance and A&E performance at BHRUT/Royal London and Whipps Cross Reporting documentation and rhythm established for JCC, STP Executive and NELCA chairs. Regular bi-meetings with regulators to discuss and test approach 	6	30/03/19
Objective 7: Organisational effectiveness / organisational development												
AD2	Assurance and Delivery	June-18	Unless the significant programme of in-housing from the CSU is delivered through close joint working with NELCSU; with due regard to maintaining support services before, during and after the TUPE transfers, support for clinical services, finance and control mechanisms may be compromised.	16	4	4	16	LB (CF)	N	<ul style="list-style-type: none"> Steering Committee established to oversee programme National audit underway to review current arrangements and rebase contracts (May 19) Interim operating model being developed in partnership with three other London STPs to achieve some benefits of closer working until the national approach is agreed. 	9	31/10/19

Risk grading matrix

											Likelihood					
											Rating	1	2	3	4	5
											Description	Rare	Unlikely	Possible	Likely	Certain
											Probability	<10%	10% - 24%	25% to 45%	50% - 74%	>75%
Severity	Rating	Description	A Objectives/ projects	B Harm/injury to patients, staff visitors & others	C Actual/potential complaints & claims	D Service disruption	E Staffing & competence	F Financial	G Inspection/ Audit	H Adverse media						
	1	Insignificant	Insignificant cost increase/time slippage. Barely noticeable reduction in scope or quality	Incident was prevented or occurred and there was no harm	Locally resolved complaint	Loss/ interruption more than 1 hour	Short term low staffing leading to reduction in quality (less than 1 day)	Small loss <£1000	Minor recommendations	Rumours	1	1	2	3	4	5
	2	Minor	Less than 5% cost or time increase. Minor reduction in quality or scope	Individual(s) required first aid. Staff needed <3 days off work or normal duties	Justified complaint peripheral to clinical care	Loss of one whole working day	On-going low staffing levels reducing service quality	Loss of 0.1% budget. <£10,000	Recommendations given. Non-compliance with standards	Local media column	2	2	4	6	8	10
	3	Moderate	5-10% cost or time increase. Moderate reduction in scope or quality	Individual(s) require moderate increase in care. Staff needed >3 days off work or normal duties	Below excess claim. Justified complaint involving inappropriate care	Loss of more than one working day	Late delivery of key objectives/service due to lack of staff. On-going unsafe staff levels. Small error owing to insufficient training	Loss of more than 0.25% of budget. <£100,000	Reduced rating. Challenging recommendations. Non-compliance with standards	Local media front page story	3	3	6	9	12	15
	4	Major	10-25% cost or time increase. Failure to meet secondary objectives	Individual(s) appear to have suffered permanent harm. Staff have sustained a "major injury" as defined by the HSE	Claim above excess level. Multiple justified complaints	Loss of more than one working week	Uncertain delivery of services due to lack of staff. Large error owing to insufficient training	Loss of more than 0.5% of budget. <£500,000	Enforcement action. Low rating. Critical report. Major non-compliance with core standards	Local media short term	4	4	8	12	16	20
	5	Severe	>25% cost or time increase. Failure to meet primary objective	Individual(s) died as a result of the incident	Multiple claims or single major claims	Permanent loss of premises or facility	No delivery of service. Critical error owing to insufficient training	Loss of more than 1% of budget. >£500,000	Prosecution. Zero rating. Severely critical report.	National media more than 3 days. MP concern	5	5	10	15	20	25

Risk Category	Severe	
	High	
	Medium	
	Low	

Joint Commissioning Committee and Clinical Senate meeting plan – 2019/20

Regular items:

- Minutes / Action log/ Questions from the public
- Performance report – tailored to the agenda items and include friends and family test
- Risk register
- Meeting plan

Clinical Senate		Joint Commissioning Committee	
Month	Subject / Topic	Month	Items
10 April	<ul style="list-style-type: none"> • Urgent Care 	10 April	<ul style="list-style-type: none"> • Moorfields Hospital proposals - Pre Consultation Business Case – part II
8 May		8 May	<ul style="list-style-type: none"> • STP refresh update • Cancer Diagnostic Hub: update on patient engagement • North East London Spending Money Wisely Programme update
12 June		12 June	OD session: <ul style="list-style-type: none"> • Primary care at scale • Workforce strategy
10 July		10 July	<ul style="list-style-type: none"> • NELFT update • Neurosurgery • Social prescribing – and commissioning arrangements and implications • Prevention – areas for collaboration across NEL (ie, Diabetes, obesity in children) • North East London Spending Money Wisely Programme – for approval

14 August	No senate to be held (Summer holiday season).	14 August	OD session - Progress on digitalisation
11 September		11 September	<ul style="list-style-type: none"> • ELFT update • LTP strategy refresh, to include: <ul style="list-style-type: none"> ○ Mental Health Strategy- including crises intervention, suicide and veterans and Early Intervention in Psychosis ○ Mental Health contract management/ Section 136/ HBPOS
9 October		9 October	OD session –
13 November		13 November	
11 December		11 December	OD session –
8 January		8 January	
12 February		12 February	OD session -
11 March		11 March	<ul style="list-style-type: none"> • Operating Plan 20/21 • JCC Review: <ul style="list-style-type: none"> ○ Terms of Reference ○ 2020/21 programme

JCC to be scheduled:

- Homerton University Hospital update
- Transforming care/ LD
- Update on specialised commissioning
- Medicines Optimisation strategy
- Pathology business case
- Vascular
- Acute paediatrics
- Estates strategy update
- Development and delivery of BCFs across NEL.