NHS
North East London
Commissioning Alliance

NEL Joint Commissioning Committee – part 1

12.30-2.20pm Wednesday 10 July 2019
Committee Rooms, Unex Tower, 5 Station Street, Stratford, E15 1DA

Minutes

Present:	
Khalil Ali	Lay Member, NHS Redbridge CCG
Dr Ken Aswani (items 1 & 4.1)	Chair, NHS Waltham Forest CCG
Henry Black	Chief Finance Officer, NELCA
Richard Coleman	Lay Member, NHS Havering CCG
Sue Evans	Lay Member, City & Hackney CCG
Professor Sir Sam Everington (items 1, 2, 4.1)	Chair, NHS Tower Hamlets CCG
Charlotte Harrison	Secondary Care Consultant, NELCA
Phil Horwell	Lay Member, Newham CCG
Dr Jagan John	Chair, NHS Barking and Dagenham CCG
Jane Milligan	Accountable Officer, NELCA
Dr Muhammad Naqvi (Chair)	Chair, NHS Newham CCG
Kash Pandya	Lay Member, NHS Barking and Dagenham CCG
Gareth Wall	Local Authority Representative, Hackney
In attendance:	
Les Borrett	Director of Strategic Commissioning, NELCA
Navina Evans (item 4.1)	Chief Executive, ELFT
Archna Mathur	Director of Performance & Assurance, NELCA
Kate McFadden-Lewis (minutes)	Board Secretary, NELCA
Simon Hall (items 1-4.1)	Director of Transformation, ELHCP
Apologies:	
Mark Ansell	Local Authority Representative, Havering
Dr Atul Aggarwal	Chair, Havering CCG
Noah Curthoys	Lay Member, NHS Tower Hamlets CCG
Dr Anil Mehta	Chair, NHS Redbridge CCG
Denise Radley	Local Authority Representative, Tower Hamlets
Dr Mark Rickets	Chair, NHS City & Hackney CCG
Linzi Roberts-Egan	Local Authority Representative, Waltham Forest
Fiona Smith	Chief Nurse, NELCA
Ellie Ward	Local Authority Representative, City of London

No.	Item
1.1	**Welcome, introductions, apologies** Dr Muhammad Naqvi welcomed attendees to the meeting, and apologies for absence were noted as above. There were no declarations of interest. Dr Naqvi noted that the Waltham Forest CCG Board members, Dr Anwar Khan and Alan Wells, had come to the end of their term, and thanked them for their valuable contributions to the work of the Committee. Dr Naqvi welcomed Dr Ken Aswani, the newly elected Chair of Waltham Forest CCG, to the meeting. The Lay Member representative will be identified and attend the next meeting.
1.2	**Minutes of the last meeting and matters arising** The minutes of the last meeting were accepted as an accurate record. **Actions update:** • an update on Specialised Commissioning plans will be discussed by the Committee in September • the ELHCP digital roadmap is included in the pack for information and closes off action JCC – 7.
2.1	**Questions from the public** **Questions from Meenakshi Sharma:** **1)** Could you please explain how pooling resources for the Better Care Fund leads to reduction in inequalities across NEL, in light of what appears to be substantially lower funding for BHR as compared to the other boroughs? **Answer:** Allocations for the BCF are made at borough level and there is no mechanism for sharing across NEL. Each borough is able to decide to what degree health and social care budgets are placed into the BCF as long as minimum contributions are met - this should not be confused with overall funding for local services (eg Newham have opted to pool a larger amount than other boroughs) **2)** You have made clear that there are no plans to close the King George A&E site, as there is a clear need for A&E provision at the site both now and into the future but could you also please confirm that it is possible the A&E will be limited to access for the frail elderly, as indicated in the bid submitted by the ELHCP, which is now seeking alternative funding? **Answer:** The proposal for a more specialist A&E dedicated to frail and elderly patients is no longer the preferred option. Recognising the broad and growing demographic pressures, the local health system is in the process of considering all options for the service model for urgent and emergency care which will best serve the whole population needs. These plans are in early stage of development and full engagement with all stakeholders will take place in due course to help shape them, including public consultation if this is appropriate. On 29 March, the local NHS and Council Leaders shared a joint statement which said: “We want to be very clear – the threat of closure of the Accident and Emergency unit arising from decisions in 2011 has been removed. The local population has changed significantly since 2011 and is forecast to change further, there is a clear need for Accident and Emergency provision at King George Hospital both now and into the future. “The review of the clinical strategy of BHRUT is an important development. This will create an opportunity to consult with all stakeholders - particularly the public - on the Trust’s future clinical

	strategy. It will provide an opportunity for us all to contribute to shaping a long term vision and plan for services at King George Hospital including the Accident and Emergency unit." The joint statement made on 29 March still stands – nothing has changed. The proposal in the previous ELHCP bid that you refer to is not being pursued.
3.1	**Development of the Long Term Plan – update** Simon Hall updated the Committee on the NEL response to delivering the Long Term Plan (LTP), following the recently published guidance from NHS England/ Improvement. An initial plan will be submitted to NHSE/I by 27 September, with the final submission due 15 November 2019. A number of engagement events are planned over the next few weeks to ensure local input into the plan. In discussion the Committee noted: i. the robust partnership working that is in place across the STP, and the many examples of good practice being shared across the patch ii. the LTP as an enabler to becoming a fully integrated care system iii. the importance of clear communication to patients, public and community on these plans iv. the strong research and development already in place in NEL and good relationship with our AHSN (UCLPartners), as well as the innovation projects within the STP that have already improved outcomes for patients.
3.2	**ELHCP Transformation Programme – update** Simon Hall presented the ELHCP transformation programme update. With most of the content discussed under the previous item, the Committee noted.
4.1	**East London NHS Foundation Trust – update** Navina Evans presented on the Trust Strategy which has been recently reviewed, incorporating feedback and input from staff, patients and the community. The strategy document can be found on the Trust's website here. The Trust mission is to 'improve the quality of life for the community we serve', by striving to meet the four strategic objectives, underpinned by robust plans, which are regularly reviewed and monitored: 1. Population health outcomes 2. The experience of care 3. Staff experience 4. Value – to increase our productivity, reduce waste and cut out variation in clinical practice. Discussion points included: i. the strong patient focus and patient and carers engagement and involvement ii. the successful initiatives around workforce, including: o close working with training institutions for mental health nursing o the QI programme, 'Enjoying Work', where teams run their own improvement projects to improve morale and bring back joy in work o an initiative on reducing violence on wards, which has impacted positively on a number of measures, including staff satisfaction and sickness levels. iii. the effective joint commissioning arrangements between the providers, local authorities and the CCG across the three boroughs for children and young people's mental health services, as well as initiatives beyond CAMHS, such as early intervention programmes in schools and the community iv. the good links and relationships with the acute providers across NEL, at all levels, from the frontline to the executive team.
4.2	**Better Care Fund update** Les Borrett updated the Committee on progress on the local systems' implementation of the national requirements of the Better Care Fund (BCF), and plans for 2019/20. Key discussion points included:

	i. that although there is clear guidance on the requirement for pooled budgets between Local Authorities and CCGs, with a minimum contribution amount set and specific targets to be met, there is no maximum contribution requirement. The budgets already committed to services from each organisation are pooled, the BCF is not 'new' money available to commission new services, rather a different way of using already committed money to better commission joined up health and care services ii. with the guidance for 2019-20 not yet available, there is some uncertainty around the future arrangements for the services commissioned through the BCF. It was agreed to discuss this again in six months' time, with the paper to include: • comparative performance across the key BCF indicators and initiatives • sharing of good practice across the patch, such as personal health budgets, continuing healthcare and winter planning. (**ACTION: LB**)
5.1	**Performance report – month 12** Archna Mathur presented on the month 12 performance across the STP area, highlighting that A&E performance remains the most challenging area. Key focus areas include: i. reducing ambulance handovers, which is now an addendum to the operating plan ii. the national requirement of a weekly detailed PTL submission, showing patients who have been in hospital longer than 21 days, with a focus on the harm of these extended length of stays iii. same day emergency care (ambulatory care). In discussion the Committee noted that the learning from the evaluation of last winter will be embedded into the next winter plan. The main challenge remains the increasing demand on A&E, and therefore the importance of signposting patients to other services other than A&E, and other initiatives to reduce demand on A&E was noted. The Committee suggested for inclusion in future reports; to show numbers of patients for out of area placements as well as bed days lost, and to periodically carry out brief deep dives into key areas, such as patients waiting over 52 weeks from referral to treatment, diagnostics and continuing healthcare. (**ACTION: AM**)
6.1	**Risk Register** Kash Pandya presented the NELCA JCC risk register to the Committee, highlighting the main risks and mitigating actions to deliver the NELCA priorities. Kash Pandya then outlined the proposed changes to risk reporting, which will link to and reflect the ambitions of the Long Term Plan, as well as the required milestones to becoming an ICS. The format of the report will also change, to show more clearly how the risk score changes over time. In discussion, Dr Jagan John raised the national pensions issue, which is having an impact on capacity in primary care as well as, potentially, workforce retention. It was agreed to ensure that this is addressed on the risk register. Khalil Ali suggested that the progress being made on the BHR recovery plan is included as an important mitigation on the financial risk, S3. (**ACTION: KP/ KML**)
7.1	**Meeting planner:** noted.
8	**Any other business:** None.
Date of next meeting: 12.30-2.30pm Wednesday 11 September 2019	