

NEL Joint Commissioning Committee – part 1

12.30-2.15pm Wednesday 11 September 2019

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

Minutes

Present:	
Khalil Ali	Lay Member, NHS Redbridge CCG
Dr Ken Aswani	Chair, NHS Waltham Forest CCG
Henry Black	Chief Finance Officer, NELCA
Richard Coleman	Lay Member, NHS Havering CCG
Noah Curthoys	Lay Member, NHS Tower Hamlets CCG
Sue Evans	Lay Member, City & Hackney CCG
Phil Horwell	Lay Member, Newham CCG
Dr Anil Mehta	Chair, NHS Redbridge CCG
Jane Milligan	Accountable Officer, NELCA
Dr Muhammad Naqvi (Chair)	Chair, NHS Newham CCG
Kash Pandya	Lay Member, NHS Barking and Dagenham CCG
Denise Radley	Local Authority Representative, Tower Hamlets
Dr Mark Rickets (items 1-3.2)	Chair, NHS City & Hackney CCG
Gareth Wall	Local Authority Representative, Hackney
Caroline White	Lay Member, NHS Waltham Forest CCG
In attendance:	
Les Borrett	Director of Strategic Commissioning, NELCA
Sarah Garner - for Colin Ansell	Associate Director of Collaborative Commissioning, NCCG/ LBN
David Maher	Managing Director, NHS City & Hackney CCG
Kate McFadden-Lewis (minutes)	Board Secretary, NELCA
Chris Neill	Executive Director of Commissioning and Performance and Deputy Managing Director, NELCA
Simon Hall (items 1-3.2)	Director of Transformation, ELHCP
Apologies:	
Colin Ansell	Local Authority Representative, Newham
Linzi Roberts-Egan	Local Authority Representative, Waltham Forest
Professor Sir Sam Everington	Chair, NHS Tower Hamlets CCG
Charlotte Harrison	Secondary Care Consultant, NELCA
Dr Jagan John	Chair, NHS Barking and Dagenham CCG
Adrian Loades	Local Authority Representative, Redbridge
Archna Mathur	Director of Performance & Assurance, NELCA
Fiona Smith	Chief Nurse, NELCA

No.	Item
1.1	<p>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.</p>
1.2	<p>Minutes of the last meeting and matters arising The minutes of the last meeting were accepted as an accurate record, and all actions are complete or in progress.</p>
2.1	<p>Questions from the public</p> <p>Questions from Paul Rosenbloom and Brian Steedman, Waltham Forest Save our NHS:</p> <p>1. What are the key performance indicators of the success of the STP, and will these indicators be carried forward to measure success of the Long Term Plan?</p> <p>Answer: There are currently 30 metrics being worked up as part of the long term plan (LTP) across the following eight areas, with improvement trajectories being set over a 5 year period via an STP data collection tool. Trajectories for the below areas will be set during the current LTP planning process:</p> <ol style="list-style-type: none"> 1. Cancer 2. Mental Health 3. PHB/Personalisation 4. Diabetes 5. Stroke 6. Maternity 7. Primary Care 8. Learning Disabilities and Transforming Care Partnerships <p>Referral to treatment targets, and Cancer and A&E waiting time measures have not been included in the data collection tool at present. There is an ongoing clinical review into these metrics due to report in April 2020. These measures are, however, listed as part of the LTP's headline metrics and we anticipate that further detail may need to be provided on these metrics post the end of September LTP submission.</p> <p>Organisations across ELHCP will continue to be rated by the Care Quality Commission. ELHCP has seen significant improvements in ratings across all Trusts. ELFT – outstanding, Homerton and NELFT – Good, BHRUT & Barts have exited special measures. There have also been improvements in primary care, with the proportion of good or Outstanding GP practices improving in all CCGs – with one CCG now having only Good or Outstanding practices.</p> <p>2. What surgical specialisms would be included if Whipps Cross is developed as a Centre of Excellence for older people, and conversely, of the surgical specialisms currently provided at Whipps Cross, what surgical specialisms would not be provided?</p> <p>Answer: We have just published an outline narrative regarding surgical specialties at each of our hospitals at https://www.bartshealth.nhs.uk/news/find-out-about-our-future-plans-for-surgery-6446</p> <p>We will be working with stakeholders, staff, patients and the public to develop these principles.</p> <p>Questions from Meenakshi Sharma, BHR:</p> <p>1. Is a type A&E by definition an A&E for the whole demographic or can it be for a sub-group of the whole demographic?</p>

	<p>Answer: Type 1 A&E national definition does not restrict by age or conditions, there is no type 1 A&E which restricts access by age in the UK.</p> <p>2. What are the options for the future of King George Hospital that are on the table at the current time?</p> <p>Answer: This question is substantially the same as the question asked at the last meeting (JCC - Q 25). The development plans are in early stages, and reassurance was given that there would be thorough engagement with the community as the plans develop.</p> <p>Question submitted today from Andy Walker, BHR: The type 1 performance for King George and Queens was alarming last winter.</p> <p>Queens was especially alarming with 9071 attendances and a 4 hour performance of 48%.</p> <p>So will or has this committee taken steps to seek extra funding for more beds and staff for this coming winter to improve the service?</p> <p>Answer: A winter plan is developed each year in conjunction with our providers, and incorporates our demand and capacity work. Capacity and demand is discussed regularly at the A&E Delivery Board and there are currently no plans to increase the bed base at BHRUT – this is not currently the major driver of A&E performance, staffing is and we are working with the Trust to try to help them address the staffing issues but recruitment is a significant challenge.</p>
<p>3.1</p>	<p>NEL mental health strategy David Maher presented on the key areas of mental health transformation taking place across north east London aligned with Five Year Forward View for Mental Health and NHS Long Term Plan ambitions. Key discussion points included:</p> <ol style="list-style-type: none"> i. the role of Primary Care Networks (PCNs) in supporting the delivery of this programme of work ii. the important role peer support, and sharing learning plays in improving services and outcomes iii. the need to modernise inpatient services iv. the important role for youth councils in raising awareness in schools v. the significant workforce issue, and the plans in place to address this, including linking with the local NEL universities and training institutions vi. the need to ensure that the mental health community model includes a focus on older people and those in nursing homes vii. the need to strengthen involvement and engagement with the voluntary sector viii. that the majority of the funding is new, predominantly recurrent, with some areas ring-fenced, including crisis services, social services and PCNs, as well as an allocation of funding for transformation.
<p>3.2</p>	<p>Long Term Plan draft submission Simon Hall updated on the three components of the NHS Long Term Plan (LTP) draft submission to be completed for the 27 September deadline: finance, performance trajectories and the narrative, which will show how the transformation of services in NEL will happen. Discussion points included:</p> <ol style="list-style-type: none"> i. that the plan has been developed with a great deal of input from a wide range of stakeholders, and oversight from the clinical senate ii. key focus areas include diagnostics, workforce, housing and social care

	<p>iii. it is expected that the feedback from NHSE/I will be an iterative process, with meaningful feedback linked to the clinical aspirations of the LTP.</p> <p>The draft submission is available on the ELHCP website for comment until 25 October 2019: https://www.eastlondonhcp.nhs.uk/ourplans/draft-response-to-the-long-term-plan.htm</p>
<p>3.3</p>	<p>WEL surgical strategy and initial engagement</p> <p>Chris Neill presented the proposed narrative on which Barts Health NHS Trust and commissioners would like to engage staff, the public and key stakeholders on the plans to develop centres of sub-specialist expertise (surgical hubs). In discussion, the Committee noted:</p> <ul style="list-style-type: none"> i. that ensuring links to the BHRUT strategy, and collaborative working across NEL, as well as London, is key. ii. the need for a stronger research focus, including aspiration around Artificial Intelligence (AI) iii. the need for a more detailed description for a 'centre of excellence for surgery relevant to the care of the elderly' iv. the importance of monitoring the impact of this on patient choice v. improved patient experience as the main driver for the programme, and therefore the proposals which impact this the most should be prioritised.
<p>4.1</p>	<p>Child sexual assault and abuse hub in north east London - update</p> <p>Chris Neill updated on the implementation of the child sexual assault (CSA) and abuse hubs in north east London, and the proposal to move to a one site model of CSA medicals across the seven NEL STP boroughs. The proposal, supported by clinicians, will ensure adequate on site paediatric cover.</p> <p>In discussion it was noted that transportation policies were not included in the proposals, which will be particularly important for those children who live furthest from the hubs. This will be explored and included. (ACTION: CN/ SG)</p> <p>The Committee approved the proposals, as set out in the paper, to move to a one site model of CSA medicals.</p>
<p>4.2</p>	<p>Evidence Based Interventions policy – engagement outcome</p> <p>Les Borrett presented the outcome of the six week engagement process on the Evidence Based Interventions policy. The policy will be approved through CCG Governing Bodies, and it is envisioned that providers will be notified in October 2019. The policy will be reviewed yearly. Discussion points included:</p> <ul style="list-style-type: none"> i. the vital importance of clear communication of this to patients, the public and clinicians, that this is evidence based commissioning of efficient and high quality, safe services ii. the need to ensure that clinicians are fully informed and able to clearly communicate and explain the policy to patients.
<p>5.1</p>	<p>Performance report – month 3</p> <p>Les Borrett presented on the month 3 performance across the STP area, highlighting that A&E performance remains the most challenging area, and the focus on 52 week waits across the patch. Discussion points included:</p> <ul style="list-style-type: none"> i. the programme in place sharing good practice and addressing the differences in performance across the patch, in particular Continuing Health Care and IAPT, which can impact on A&E and primary care attendances ii. the importance of monitoring providers to ensure data is accurately recorded. For example, with a number different providers of IAPT across the patch, there is some disparity in data capture.

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, and outlining the plans in place to refresh and strengthen the risk management arrangements in preparation for NEL 2021, which will be presented at the next meeting. The Committee agreed the proposals.
7.1	Meeting planner: noted.
8	Any other business: none.
Date of next meeting: 12.30-2.30pm Wednesday 13 November 2019	