

NEL Joint Commissioning Committee – part I

12.30-2.10pm Wednesday 13 November 2019

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

Minutes

Present	
Dr Atul Aggarwal	Chair, NHS Havering CCG
Colin Ansell	Local Authority Representative, Newham
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 Jagan John	Chair, NHS Barking and Dagenham CCG
Dr Anil Mehta (Chair)	Chair, NHS Redbridge CCG
Jane Milligan	Accountable Officer, NELCA
Dr Muhammad Naqvi	Chair, NHS Newham CCG
Kash Pandya	Lay Member, NHS Barking and Dagenham CCG
Dr Mark Rickets	Chair, NHS City & Hackney CCG
Gareth Wall	Local Authority Representative, Hackney
Caroline White	Lay Member, NHS Waltham Forest CCG
In attendance	
Les Borrett	Director of Strategic Commissioning, NELCA
Steve Collins (item 4.1)	Executive Director of Finance, WEL CCGs
Alastair Finney (item 4.1)	Whipps Cross Redevelopment Director
Tracey Fletcher (item 3.1)	Chief Executive, Homerton University Hospital NHS Foundation Trust
John Flood	NEL CSU
Kate McFadden-Lewis (minutes)	Board Secretary, NELCA
Frances O'Callaghan (items 1 - 4.1)	Director, Strategic Implementation and Partnership, Homerton University Hospital NHS Foundation Trust
Dylan Jones (item 3.1)	Chief Operating Officer, Homerton University Hospital NHS Foundation Trust
Denise Tyrrell (item 4.2)	Programme Director NCL CCGs, Moorfields Consultation
Apologies	
Matthew Cole	Local Authority Representative, Barking and Dagenham
Professor Sir Sam Everington	Chair, NHS Tower Hamlets CCG
Heather Flinders	Local Authority Representative, Waltham Forest
Charlotte Harrison	Secondary Care Consultant, NELCA
Adrian Loades	Local Authority Representative, Redbridge
Denise Radley	Local Authority Representative, Tower Hamlets
Fiona Smith	Chief Nurse, NELCA

No.	Item
1.1	<p>Welcome, introductions, apologies Dr Anil Mehta welcomed attendees to the meeting, and apologies for absence were noted as above.</p> <p>There were no declarations of interest on the agenda items, however Mark Rickets noted that his declarations had recently changed and will be updated for the next meeting.</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>Question from Shujah Hamid, Integrated Healthcare Manager, North London Region, Thornton & Ross Ltd: In the fast changing NHS and the NHS Long Term Plan being towards the creation of a North East London ICS - Integrated Care System, will the existing/future clinical treatment guidelines be shared across a single ICS structure?</p> <p>Currently there is variation in clinical guidance from one CCG area to another...</p> <p>Answer: As part of developing an integrated care system for north east London we are considering at what a streamlined commissioning function would look like. If we move towards a single commissioning structure across north east London, then we will need to ensure that we align our policies across this footprint to ensure consistency for our residents. There is a NEL Clinical Senate meeting in place where the clinical guidelines across the patch are often discussed.</p> <p>Question from Meenakshi Sharma, BHR resident: Despite having four pages of acronyms at the beginning of the NELCA November report, the meaning of acronyms FRF, PSF, MRET, and AfC, are not given, making understanding of appendices 1 and 2 on pages 102-108 even more impossible for the layperson. Is this a deliberate attempt to avoid scrutiny and, if not, can the essential meaning of the tables be clarified?</p> <p>Answer: The list of acronyms is a by no means exhaustive list of commonly used acronyms in the NHS and by our organisations, and is continually reviewed. It is additionally common practice to spell out any acronyms in papers the first time they are used. On this occasion Financial Recovery Fund (FRF) and Provider Sustainability Fund (PSF) were both spelled out in the accompanying letter. Apologies that Marginal Rate Emergency Tariff (MRET) and Agenda for Change (AfC) were not. These will all be added to the next iteration of the Acronyms list, many thanks for your feedback.</p> <p>This is not a deliberate attempt to mislead people or avoid scrutiny - we will pick up and explain when we come to the item.</p> <p>Question from Andy Walker, BHR resident (submitted on the day): Does this committee agree that the principle of transparency outlined in the Francis report means that BHRUT should disclose:</p> <ol style="list-style-type: none"> 1) What the purpose of £9m for additional capital funding be disclosed? & 2) Produce type 1 A&E stats for King George and Queens? <p>Answer: 1) the £9m for BHRUT is not additional capital funding, it is a loan from the Department of Health. Michael Gilham, Deputy Director of Finance, BHRUT has said:</p>

<p>“We’re delighted to have received this loan funding, which will be spent on modernising and improving our hospitals for our patients and staff.</p> <p>It will allow us to replace and upgrade medical equipment, instruments for our theatres, as well as provide more up-to-date birthing pools and beds for our Maternity department. We will also be undertaking essential maintenance work particularly at King George Hospital</p> <p>The money will also support the first phase of our IT strategy. This will see us modernising and upgrading our IT system, putting in place a platform for future opportunities using digital technology to improve our patients’ care and experience.”</p> <p>2) A&E reporting for BHRUT is in line with national reporting requirements. At this point in time, BHRUT will not be publishing data broken down into type 1 and 2, by site, although overall four hour emergency standard data is on the Trust’s website (https://www.bhrhospitals.nhs.uk/our-performance), and is broken down by site, and NHS England data is broken down by type. Data that has not yet been published by NHS England cannot be provided.</p>
<p>3.1 Homerton University Hospital - update</p> <p>Frances O’Callaghan, Tracey Fletcher and Dylan Jones joined the meeting and presented on three strategic initiatives that the trust is working on: surgery, integration and pathology. In discussion the Committee noted:</p> <ul style="list-style-type: none"> i. the effective primary care in City and Hackney, which helps to reduce the demand on A&E, and the need to extend this learning across NEL ii. the STP as an enabler to joint working across the NEL system, bringing together the five provider Chief Executives, building relationships, and ensuring that the integration work can happen at every level iii. the potential for a NEL-wide solution to the workforce retention issue, such as the pathology hub model, providing a career path by enabling training and promotion within the trust.
<p>3.2 Specialised Commissioning – A Case for Change</p> <p>Les Borrett presented on the changing arrangements for NHS England and local system management of specialised commissioning in the future. Discussion points included:</p> <ul style="list-style-type: none"> i. that in the move to the NEL ICS, there is a need for a population health management approach to the whole spectrum of health within the ICS ii. the need to ensure a co-creation approach to this for NEL, working closely with patient groups iii. the opportunity to transform and improve services across NEL iv. the considerable financial risks and the need to ensure robust risk management of these v. the plans for a provider-based collaborative board across the STP, which will oversee the development of the framework for delegation of commissioning to the NEL ICS. <p>The Committee supported the proposals and direction of travel.</p>
<p>4.1 Whipps Cross redevelopment programme update</p> <p>Steve Collins and Alastair Finney joined the meeting to update on progress on the Whipps Cross redevelopment programme, highlighting the Government’s recent funding commitment to deliver a brand new hospital, subject to business case approvals. The strategic outline case is scheduled to be considered by the JCC early in the new year. In discussion the Committee noted:</p> <ul style="list-style-type: none"> i. the extensive clinical input, from across the system, into the design of the programme, and the integrated care approach to the design, ensuring alignment with the local system ii. the importance of continued communication and engagement with all stakeholders throughout this process, particularly with the further development of ICSs, and the need to ensure that the Whipps Cross health and care services strategy aligns with the wider NEL strategy iii. the ambitious timescale of delivery by 2025, and therefore the need to revise the programme plan

	<ul style="list-style-type: none"> iv. the vision for the hospital as a local health and social care facility, with enhanced triage services including specialist opinion as early as possible in the urgent care pathway v. the design principle for the new hospital to be 'excellent' in terms of environmental sustainability vi. that further funding streams will be sought, in addition to the share of the £2.7billion for six major hospital rebuilds, to invest in the redevelopment.
4.2	<p>Moorfields Consultation - update</p> <p>Les Borrett and Denise Tyrrell updated the Committee on the progress on the formal public consultation proposal to relocate Moorfields Eye Hospital from its site in City Road, Islington to St Pancras. Key discussion points included:</p> <ul style="list-style-type: none"> i. the patient engagement work has identified the main areas of concern are around access to the site from St Pancras/ King's Cross compared to Old Street station. Once the consultation has concluded, and if the move is confirmed to go ahead, the detailed work around the measures that will be put in place to address these concerns ii. a reminder that this consultation relates solely to the Moorfields City Road site relocation to St Pancras; there are no proposed changes to the services provided at the other sites iii. the extensive work that has been undertaken around the demand and capacity for ophthalmology, which has fed into these plans iv. there was a discussion around educational programmes on eye health for the public, providers and GPs. It was agreed that this should be discussed in more detail at the NEL clinical senate (ACTION: MN/ SH)
5.1	<p>Performance report – month 5</p> <p>David Flood presented on the month 5 performance across the STP area, highlighting that A&E performance remains the most challenging area, the focus on 52 week waits across the patch, and that the NEL winter plan has now been agreed. Key discussion points included:</p> <ul style="list-style-type: none"> i. the potential for extra resource for winter is being considered with NHS England and Improvement ii. that work continues on streamlining, and ensuring that all of the alternative urgent care pathways in NEL are utilised, following the recently held 'perfect day' where these were tested iii. the move away from financial penalties for poor performance, towards a focus on working collaboratively to resolve.
6.1	<p>Changes to the System Financial Framework: Financial Improvement Trajectories and Indicative Financial Recovery Allocations</p> <p>Henry Black presented on the changes to the system financial framework over the next four years from 2020/21, with particular focus on the introduction of Financial Improvement Trajectories, which have been set out by NHS England and Improvement in the NHS Long Term Plan.</p> <p>The Committee noted.</p>
7.1	<p>NEL JCC approach to risk management</p> <p>Kash Pandya presented on the plans in place to refresh and strengthen the risk management arrangements in preparation for NEL 2021.</p> <p>The JCC risk group have recommended a shadow approach to risk management across NEL for April 2020. In preparation for this, it is proposed that a JCC Development session on the approach to risk management is held in December. The Committee agreed the proposals.</p>
8.1	Meeting planner: noted.
9	Any other business: none.
Date of next meeting: 12.30-2.30pm Wednesday 13 November 2019	