NHS
West Essex
Clinical Commissioning Group

Minutes of Executive Health and Care Commissioning Committee held in the Boardroom, Building 4, Spencer Close, St Margaret's Hospital, Epping on Thursday 21st February 2019

1. Present:

Dr Rob Gerlis	RG	Chairman
Andrew Geldard	AG	Chief Officer
Dr Christine Moss	CM	Clinical Director
Rachel Hazeldene	RH	GP Clinical Lead
Peter Wightman	PW	Director of Primary Care and Localities
John Leslie	JL	Director of Finance, Contracting and Performance
Angus Henderson	AH	CCG Vice Chair
Toni Coles	TC	Director of Transformation
Jane Kinniburgh	JK	Director of Nursing and Quality
Dr Shawarne Lasker	SL	GP Clinical Lead
Dr Naveed Akhtar	NA	GP Clinical Lead

In attendance:

Jacqui Wells	JW	Programme Director, My Care Record (item no. 36/19)
Gail Walker	GW	Head of CHC (item no. 40/19)
June Okichi	JO	Head of PMO (item no. 29/19 and 33/19)

2. Apologies:

Dr David Tideswell	DT	GP Clinical Lead
Dr Miranda Roberts	MR	GP Clinical Lead
Dr Amik Aneja	AA	GP Clinical Lead
James Roach	JR	Programme Director, ACP

3. 24/19 Declarations of Interest

Rob Gerlis reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of West Essex CCG. No declarations of interests were reported.

4. 25/19 Minutes of the meeting of the West Essex Executive Health and Care Commissioning Committee held on 20th December 2018

The minutes were agreed as a true and accurate record.

The Executive Health and Care Commissioning Committee **noted** the above.

26/19 Action Log and matters arising from the minutes of the last meeting (not covered by the agenda)

226/18 Terms of Reference review prior to Board - the final document would be circulated virtually for approval – This will come back to the March 2019 board for approval.

228/18 Performance Update - A meeting with the clinical leads is being held today (21.2.19) a summary and report will be brought back to a future Executive Health and Care Commissioning Committee.

236/18 Commissioning framework - The treatment room LES is in draft form and will be going to Primary Care Operational Group for comment and Primary Care Commissioning Committee for approval in February 2019. An update will be provided at the March Committee.

06/19 ICP Update - It was noted that the provider bids for ICP MSK proposal are being evaluated and will be virtually approved before final sign off at the January 2019 Board. It was agreed that the final paper would come back to the Executive Health and Care Commissioning in February 2019 - Completed

09/19 Finance Update - It was also reported that the financial allocations were received on the 10th January 2019 including a number of national policies and tariffs. It was agreed that the financial plan will be presented at the next Executive Health and Care Commissioning Committee in February 2019. - Completed

10/19 Mortality :The audit has taken place. Andy Morris (PAH) is coming to present at the Quality Committee in March 2019. A report will come to the March committee.

Action: Christine Moss

12/19 QIPP Investment and Business Cases - It was noted that the final schedules of schemes will come back to the February 2019 meeting. James Roach requested that all GP prioritise the Committee meeting in February in their diaries. - Completed

13/19 Rheumatology GPSI Business Case. The level of supervision and quality assurance around the rheumatology triage at Stellar will be raised at the next Stellar SPQRG. An update will come back to the March committee.

Action: Grant Neofitou

18/19 Integrated Urgent Care Procurement - Communication will go out to GP practices. - Completed

27/19 Chair's Action

It was noted that the ICP MSK Proposal was approved by Board on 31.01.19.

An update on the progress of the ICP MSK programme will come back to the March committee.

Action: James Roach

COPD Framework: An update on the progress of the COPD Framework programme will come back to the March committee.

Action: Angus Henderson

5. Agenda Items

28/19 STP update

Andrew Geldard reported on the progress of the STP Clinical Strategy and the Medium Term Financial Plan.
The STP is focusing on priorities and work streams. The STP frailty work stream is similar to the West Essex work stream. The STP based Cancer work stream will soon be going live.

The STP is bidding for capital money; this will be used to fund the next stages of local interoperability plans.

Debra Fielding has announced she will retire at the end of April 2019. The STP is considering the future leadership options.

The Executive Health and Care Commissioning Committee **noted** the above.

29/19 ICP update

June Okochi, new Head of PMO provided an update from James Roach, via email.

In collaboration with system partners JR is currently working on the strategy for 2019-2021 in line with the requirements of the NHS Long Term Plan and will present this in more detail at the March HCC meeting.

Action: James Roach

Integrated MSK – Lead Accountable Provider Model

The CCG Board have awarded the lead provider contract for MSK to PAH for a 5 year period subject to finalising financial envelope through the NHS Contract negotiation round (21st March) and a PIN being issued.
PAH will be the lead provider for this model and contract holder, but this service is as presented previously an integrated service offer incorporating community services and primary care.
Key priority areas for year 1 will be the roll out of the clinical referral service for MSK, the continued development of the persistent pain pathway and the roll out of the First Contact Practitioner model across West Essex. These areas will be discussed in more detail at the GP Shut down. A copy of the mobilisation plan is available should you wish to review.

The Executive Health and Care Commissioning Committee **noted** the above.

30/19 Public Health – standing item

Public Health England has written to the CCG to ask for support in improving the uptake of shingles vaccination by 70 year olds.
Current uptake is very poor across the whole of Essex and has significantly declined over the last 4 years.

It was suggested that preventative screening and vaccination programmes should be raised at the Primary Care Operational Group.

PW will share the learning from the Buckhurst Hill and Chigwell neighbourhood,
Who chose to pilot one dedicated co-ordinator to proactively increase uptake in screening and vaccination programmes.

CM, JK & PW will contact Public Health to ask for practice screening and vaccination programmes uptake, to inform a benchmarking report.

Action: Jane Kinniburgh, Christine Moss and Peter Wightman

The Executive Health and Care Commissioning Committee **noted** the above.

31/19 Finance Report

John Leslie reported on the financial position at month 9 (December 2018)

The CCG has a £4.436m contingency reserve to mitigate cost pressures in year to achieve the breakeven control total at year end. The CCG has used £3.929m of these reserves at month 9. Given the depletion of these reserves, it is imperative the CCG maximises all opportunities and mitigates risks arising.

The CCG has an annual gross QIPP target of £14.0 (Gross). As at Month 9 delivery is forecast to be £12.2m representing 87% delivery.

The deep dive of Bart's and CUHFT has identified activity counting and coding issues particularly at Bart's. The CCG has put a generic accounting challenge into Bart's in line with the main London commissioners; this will be covered in more detail at Finance and Performance Committee next week. It is unlikely this will be resolved by the end of this financial year based on current progress.
NHSI and NHSE are working with the lead Commissioner and Bart's in this project.

JL will circulate the deep dive report after the meeting.

The PPA has changed their prescribing mythology; this has resulted in a £900,000 negative swing in the CCG prescribing positions. This will be reported in next month's report.

Action: John Leslie

The Executive Health and Care Commissioning Committee **noted** the above.

32/19 Performance Update

The following was noted:

<u>ED Performance</u>

- A&E continues to be the main area of concern across all of the Trusts.
- The overall number of waits over 4 hours improved from 31.5% in November to 30%; however there was a significant increase in +24 hour cases to 8.
- Dec / Jan / Feb attendances have risen really steeply beyond normal trend, they are now at 8%.

<u>Wider Performance update</u>

- The Access Board has confirmed that the 1 RTT breach, has been treated at Addenbrookes this week.

- There are workforce issues in Urology, a breach will be reported in January 2019.

- There has been a 1% improvement for stage 1 & 2 diagnosis, but to qualify for the Quality Premium it needs to improve by 4%.

The Executive Health and Care Commissioning Committee **noted** the above.

33/19 QIPP update

Reported QIPP
Position as @ 21 Feb

June Okachi presented the embedded slides on the current status of the QIPP programme and key risks and issues.

£4.1m of the identified savings is in implementation and a further £850k at PID stage. This is 33% of the overall portfolio. 54%, £8.2m is at opportunity stage.

The CCG QIPP programme will be presented to the CCG Board in March for sign off and will ensure that the plan is brought to the H&CCC in March for review and approval prior to that point.

£5.2m of the QIPP identified has been assigned to providers, 59% of which is for PAH.

Key messages:

- The details of schemes are being worked up
- Service leads to work with clinical leads to finalise pathways
- The PMO team has become quite functional this week as a team and are looking at how to push things forward especially around Rightcare
- The gross QIPP target of over £15m, of which £1.2m is put aside for implementation
- There is £4-5m tied up in Rightcare and will be problematic to pull out
- Unless an un-elective QIPP can be built in to the blended payment block with providers, the CCG will only receive 20% back from those schemes in year
- The PMO team will constantly review what is achievable / opportunities to make savings and support teams to be ambitious with pathway redesign

Action: James Roach

34/19 COPD Outcome Framework

Respiratory Output
KPI Metrics_adpated

Angus Henderson, GP & Deputy Chief Medical Officer presented the tabled COPD Outcome framework.

The payment will change from activity based to a block base, to ensure the quality does not decline this list of metrics has been developed through the Respiratory EOG. It includes the 9 high impact interventions and wider outcomes and & Integrated acute and chronic care. This has not yet been to the Quality Committee.

The ICP will now be jointly reasonable for its delivery, Secondary Care and Primary Care will work together to provide a MDT approach to patients with COPD in the community. The baseline should be finalised by March 2019.

The Committee is asked to approve the contents and agree if this is an appropriate degree of reassurance, that the CCG is requesting of our ICP around COPD.

CM suggested tracking high users / attenders through the system, to try and reduce admissions.

The Executive Health and Care Commissioning Committee **noted** the above and **agreed** with the concept and direction of travel of the Framework.

35/19 Neuro Rehab Procurement

AH presented the proposal for the commencement of a formal procurement process for Level b2 neuro-rehabilitation service for Essex, based at Brentwood community hospital. This process has been agreed with the 6 other ESSEX CCG's.

The sign off of this approach was largely based on the fact that for patients requiring level 2b neuro-rehabilitation there is currently no provision within Essex. This cohort of patients (that either require step down from an NHS England level 1/2a unit or step up from an acute district general hospital) have a convoluted pathway to receive the care they require. Referral and access to a level 2b units is often protracted which results in delays to patients' receiving the care they require. At present Commissioners have to "spot-purchase" beds from anywhere in the country.

It is important to note that only if and when we approve to proceed to procurement will we be able to truly assess the financial position for West Essex CCG as this will be based on the bids received. At this point we will be required to bring an update paper back to the Health and Care Committee for final approval with fully worked up finances.

The Executive Health and Care Commissioning Committee agreed that the process should continue and **noted** that a block payment may not be agreed it may be pay as you go. The Committee also **noted** there may be no guarantee that there will be any bidders in April 2019.

36/19 My Care Record update

Rachel Hazeldene, GP Clinical Lead and Jacqui Wells, Programme Director, My Care Record provided the My Care Record update.

Key messages:

- The use of MCR at PAH is going up, there are now 1000 hits per month
- 4 practices are trialling the live feed to access admission, discharge and transfer information including future appointments
- Future work is now underway to work out costings and plan the roll out to practices

- Practices will be asked to identify the benefits of the new system eg time savings / efficiency savings
- The Business case will show efficiency rather than money savings
- ECC Pilot for social workers: the early intervention team has been given access to the feed. Early indications are that there are significant benefits to them accessing the information quickly for complex cases
- Use of MCR brand outside of the Hertfordshire and West Essex STP: Other STPs have expressed an interest in using the MCR brand for their interoperability and data sharing projects. From the pros and cons evaluation that has been undertaken, it is concluded that there would be greater benefit to be achieved by promoting the use of the MCR brand outside of this STP. Costs of managing the brand could be greatly reduced for WECCG through wider participation. Additionally, wider public and staff recognition of the brand would result in wider acceptance, less confusion and less duplication

Next Steps:

- Financial BAU model to be reviewed by PAH and costs confirmed to the CCG.
- A paper detailing the costs and benefits from the pilot and future roll out will be presented at a future meeting
- MCR Brand - Seek approval from the STP Technology Board
- The STP Chairs have asked for a MCR update

The Executive Health and Care Commissioning Committee **noted** the above and **agreed** with the direction of travel.

The Committee was suspended due to a Fire alarm

37/19 Neighbourhood updates

Update could not be provided.

38/19 Integrated urgent care procurement

Update could not be provided.

39/19 Programme Board minutes

The Executive Health and Care Commissioning Committee noted the minutes below that where circulated with the agenda.

- Cancer Board
- PCCC
- ICP
- MOPD
- Older People Programmme Board
- LDB

6. AOB

40/19 Continuing Health Care Business Case

Jane Kinniburgh, Director of Nursing and Quality and Gail Walker, Head of CHC tabled the Business Case for Continuing Healthcare Retrospective reviews.

The Continuing Healthcare (CHC) team has a backlog of 28 retrospective reviews that need completion. In addition a process needs to be developed to maintain retrospective reviews and their corresponding appeals within business as usual.

The outstanding retrospective review caseload has an estimated cost pressure of £1,117,088.54 as of November 2018. At the minimum potential interest rate of 2.5% this figure will increase by £27,927.21 per annum whilst the cases remain incomplete.

The Committee asked how the Business case would be financed.

The Executive Health and Care Commissioning Committee **noted** the highlighted risk, but could not make an informed decision on the case being tabled today. The Business case will have to go to Executive Committee to work through how it can be funded.

Action: Jane Kinniburgh and Gail Walker

41/19 New Service Restriction Policies

The following policies were approved:

- Arthroscoptic shoulder decompression
- Back Injection for low back pain and sciatica
- Benign Skin Lesions
- Breast reduction
- Carpal Tunnel Sydrome
- Chalazia
- Dilation Curettage (D&C) for heavy menstrual bleeding
- Grommets (with or withour Adeniodectomy)
- Haemorrhoid Surgery
- Hysterectomy for heavy menstral bleeding
- Knee Arthroscopy
- Minor Hands
- Snoring Surgery - Adults (in the absence of OSA)
- Tonsillectomy
- Varicose veins

Policies for redrafting

- Body Contouring
- Breast Asymmetry
- Gynaecomastia
- Shoulder Arthroscopy

Renewed SRP's Jan 2019 CPG

- Plagiocephaly
- Repair to ear lobes
- Tatto removal
- Vasectomy Secondary care
- Wigs and Hair Pieces

7. 42/19 Date & time of next meeting

The next meeting will be held on Thursday 21st March 2019, at 2pm in the Boardroom, Spencer Close, St Margaret's Hospital, and Epping.