

**NHS West Essex Clinical Commissioning Group  
Executive Health and Care Commissioning Committee**

**Date: Thursday 21<sup>st</sup> March 2019**

**Time: 10.00 am – 12.30**

**Location: Boardroom, Spencer Close, St Margaret’s Hospital, The Plain, Epping, CM16 6TN.**

**Attendees:**

<b>Name</b>	<b>Initials</b>	<b>Role</b>
Dr Rob Gerlis	RG	Chairman
Andrew Geldard	AG	Chief Officer
Dr Christine Moss	CM	Clinical Director
John Leslie	JL	Director of Finance, Contracting and Performance
Toni Coles	TC	Director of Transformation
Maggie Pacini	MP	Consultant in Public Health

**In Attendance:**

Rachel Hazeldene	RH	GP Clinical Lead
June Okochi	JO	Head of PMO
Jennie Knight	JK	Senior Transformation Manager

<b>Item No</b>	<b>Agenda Item</b>	<b>Action</b>
1	<b>Chairs Welcome</b>	
2	<p><b>Apologies for absence</b></p> <p>Peter Wightman      PW      Director of Primary Care and Localities            Angus Henderson      AH      CCG Vice Chair            Jane Kinniburgh      JK      Director of Nursing and Quality            Dr Shawarne Lasker      SL      GP Clinical Lead            Dr Naveed Akhtar      NA      GP Clinical Lead            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            Ian Perry      IP      GP Clinical Lead</p>	
3	<p><b>43/19 Declarations of Interest</b></p> <p>No declarations of interest were made by members of the Committee in relation to any specific agenda items.</p> <p>Declarations made by members of the West Essex Executive Health and Care Commissioning Committee are listed in the CCG’s Register of Interests.</p>	
4	<b>44/19 Minutes of the meeting held on 21st February 2019 and matters arising</b>	

<p>The minutes were agreed as a true and accurate record subject to the incorrect spelling of June Okochi.</p> <p><b>Matters Arising</b></p> <p>236/18 Commissioning framework- The Primary Care Commissioning Committee agreed to commission a consistent offer from all practices and fair reimbursement for safer anticoagulant prescribing and treatment room activities and is offering a combined LES priced at £3.00 per head for both elements of the service from 1<sup>st</sup> April. It was agreed at a meeting on the 20<sup>th</sup> March that the existing DES and LES will continue to the 30<sup>th</sup> September 2019. However if individual practices would like to go earlier they can by the 1<sup>st</sup> July 2019. If practices do not take up the treatment room LES then it will need to be covered by the neighbourhoods or Primary Care Networks.</p> <p>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 - Deferred until the May/June 2019</p> <p>228/18 Performance Update - The Population Health team are currently analysing what is driving the increase in demand – This will go to the Local Delivery Board in February 2019 and a summary and report will be brought back to a future Executive Health and Care Commissioning Committee – this was circulated to all HCCC members on the 11<sup>th</sup> March 2019.</p> <p>10/19 Mortality – awaiting data. An audit will be taking place 17<sup>th</sup> January 2019. The outcome will come to the committee in February 2019 – It was noted that a follow up audit would be arranged through the SPQRG. This will come back to the April meeting.</p> <p>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 be provided - The Rheumatology GPSI will be Dr John House (Limes surgery), Dr Ahmed (PAH Consultant Rheumatologist) will supervise him via a session a month in one of Dr Ahmed’s clinics and through ad-hoc advice &amp; guidance. Dr House was accredited last week, with Dr Ahmed forming part of the panel. Dr House already performs Rheumatology triage; all patients are currently triaged to secondary care. Once GPSI clinics available we anticipate as proportion being seen the community</p> <p>27/19 Chairs action - An update on the progress of the ICP MSK programme – The mobilisation plan will come back to the April meeting.</p> <p>27/19 COPD Framework: An update on the progress of the COPD Framework programme - Output metrics framework – Majority of fields now populated and targets established. Financial framework – James sent over to Nick the revised envelope on the 28<sup>nd</sup> Feb for</p>	<p>CM</p> <p>JR</p>
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	<p>sign off as attached. Respiratory specification – A late alteration has been received which incorporates the quality schedule and some queries. This will be finalised shortly. Mike Roberts contract – completed.</p> <p>29/19 ICP update -Strategy for 2019-2021 – The 4 stage plan was circulated by James Roach.</p> <p>30/19 Public Health - PW will share the learning from the Buckhurst Hill and Chigwell neighbourhood. David Wallace has met with Christine Moss and Peter Wightman to take this forward.</p> <p>31/19 Finance Report - JL will circulate the deep dive report after the meeting. On the agenda</p> <p>33/19 QIPP update -The CCG QIPP programme will be presented to the CCG Board in March – On the agenda</p> <p>40/19 Continuing Health Care Business Case - The Business case was resolved through the Executive Committee on the 14<sup>th</sup> March 2019. This will come back to the April meeting for information.</p>	<p><b>JK/GW</b></p>
	<p><b>45/19 Chairs Action</b></p> <p>The Represent Waiver was virtually approved on the 15<sup>th</sup> March 2019.</p> <p>The West Essex Executive Health and Care Commissioning committee <b>ratified</b> the approval of the Waiver.</p>	
<p>5</p>	<p><b>Agenda Items</b></p> <p><b>46/19 STP</b></p> <p>Andrew Geldard reported that a meeting with Paul Burstow would be arranged within the next month to discuss the options for establishing our ICS and ICAs/ICPs. In parallel with these discussions Paul Burstow will be talking to the 3 CCG Chairs about the scope of appointing a single accountable officer for the CCGs who also holds the executive responsibility for the STP/ICS. It was noted that a Managing Director may be needed in the interim.</p> <p>It was also reported that a STP Clinical Director had been appointment and would meet with the 3 CCG Chief Executives.</p> <p>The West Essex Executive Health and Care Commissioning committee <b>noted</b> the above.</p> <p><b>47/19 ICP Strategy 2019-2021</b></p> <p>June Okochi reported on the ICS strategy and the four strategic milestones. These are as follows:  Stage 1: MOU that underpins the ICP and sets direction  Stage 2 – Pathway Alliance contracts in key priority areas  Stage 3 – Formal Alliance Agreement</p>	

<p>Stage 4 – Organisational form with a more defined lead provider model.</p> <p>It was agreed that the ACP meeting on the 25<sup>th</sup> March 2019 would be stood down and an Exec to Exec meeting with PAH would take place to move the plans on.</p> <p>It was noted that the MSK service would be signed off shortly and be effective from July 2019. Maggie Pacini reported that issues such as service restrictions policies and funding would need to be ironed out.</p> <p>It was reported that more pathways were in the pipeline once the MSK service had been implemented. Expert Oversight Groups will need director/executive level and senior reporting from across the system. This will be discussed at the next Transformation Board.</p> <p>The West Essex Executive Health and Care Commissioning committee <b>noted</b> the above.</p> <p><b>48/19 Public Health – standing item</b></p> <p>Maggie Pacini reported that a prevention subgroup of the HWB met for the first time with good attendance from local authority, voluntary sector, business and CCGs. One example of innovation shared at the meeting was ECC's engagement of Facebook .</p> <p>The CCG has reviewed its contributions towards the JHWS and has mapped current and additional actions; monitoring is being developed with ECC.</p> <p>PH registrar is working on health needs assessment of local permitted development rights housing; balancing out pace of assessment with working with partners on common interests.</p> <p>ECC has developed the Essex recovery foundation to be a community led commissioner of drugs and alcohol services which will manage the £9.5m budget, concerns were raised re relative priority of alcohol vs drugs which Maggie undertook to raise to the commissioner.</p> <p>West Essex Executive Health and Care Commissioning committee <b>noted</b> the above.</p> <p><b>49/19 Finance Report</b></p> <p>John Leslie reported break even in month 10. The cumulative surplus target of £9.977m is funded by an allocated return of prior year surplus.</p> <p>The variances in both Barts and CUHFT improved in month 10 by £0.3m and £0.1m respectively, reflecting the down turn in activity over the Christmas period. PAH remains under plan overall with a favourable variance of £1.9m, an improvement of £0.4m over last month.</p>	<p>JR</p>
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	<p>There is a national cost pressure in prescribing since the PPA has changed their prescribing mythology. This remains a risk in month 10. £274m mitigated on prescribing forecast has added 3/4m to month 11.</p> <p>The CCG has an annual QIPP target of £14.0m (Gross). As at month 10 delivery is forecast to be £12.2m, representing 87% delivery.</p> <p>West Essex Executive Health and Care Commissioning committee <b>noted</b> the above</p> <p><b>50/19 Performance update</b></p> <p>John Leslie reported that A&amp;E had taken a dip and dropped to 60.6% in February. The March to date position has improved to 66.7%. Escalation call continue with NHSE and positive feedback was received at the last discussion in terms of the relationship between the CCG and PAH, as well as the actions in place.</p> <p>Christine Moss reported on the Mid Essex situation with the 62 day Cancer and RRT being poor. An intensive piece of work is taking place which will see improvements in Broomfield. The two week wait remains a concern. Cancer funding will be delivered in full although the performance remains poor.</p> <p>Rob Gerlis asked that an STP Performance report is brought to the committee quarterly.</p> <p>West Essex Executive Health and Care Commissioning committee <b>noted</b> the above</p> <p><b>51/19 CCG QIPP Programme</b></p> <p>June Okochi reported on the worked up transformation schemes 19/20 and the direction of travel in QIPP Programme. Delivery of the schemes will be led by the Transformation team, frailty team and medicines management teams. These schemes will be supported by the newly established PMO to ensure mobilisation is at pace and risks are being identified.</p> <p>Mobilisation will be overseen by the Expert Oversight Groups and the Finance and Performance Group with regular updated provided to the Executive Health and Care Commissioning Committee.</p> <p>The latest position shows savings of £15,729,647 with investment at £992,762 and net saving of £20,816. £4.1m of the identified savings is in implementation and a further £2.3m at PID stage. This is 41% of the overall portfolio. 51% £8m is at opportunity stage.</p> <p>It was noted that a paper of frailty will go to the Transformation Board in April 2019. More work is being carried out on unidentified schemes.</p>	
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<p>West Essex Executive Health and Care Commissioning committee <b>noted</b> the above</p> <p><b>52/19 ADT – My Care Records</b></p> <p>Rachel Hazeldene updated the committee on the ADT feed West Essex roll out. The feed is now live in 5 practices in the area and positive feedback has been received from the practices.</p> <p>From the pilot undertaken a cost and benefits analysis was completed. Given the proposed benefit it is recommended that the pilot continues into full rollout of the ADT to all practices. It is important that work continues within WECCG. A paper will be presented to the STP on the 2<sup>nd</sup> April 2019.</p> <p>An STP programme director has been advertised and the recruitment process is underway.</p> <p>West Essex Executive Health and Care Commissioning committee <b>noted</b> the above</p> <p><b>53/19 ENT Programme Business Case</b></p> <p>Jennie Knight reported on the ENT Elective Care Programme. In phase 1 the ENT programme seeks to deliver out of hospital microsuction services across West Essex. Market research identified that microsuction was being performed in the community at a reduced price of c. £50 per appointment whereas the national hospital tariff is c. £98. The Uttlesford service was initially set up to deliver the service for £60 however this will reduce to £50 per appointment (inclusive of both ears as appropriate) from April 2019. In order to determine the opportunity to expand the community microsuction service, an expression of interest memo was sent to practices to identify local talent pool. 1 nurse and 7 GPs have shown an interest however they all require training. The GP who is currently undertaking microsuction in Uttlesford has capacity to expand the service. PAH, UH and SH have also expressed an interest.</p> <p>Jennie Knight asked for investment in PAH training programme for local interested clinicians AQP procurement process and mobilisation of the community service.</p> <p>Discussion took place around follow up appointments and ear irrigation. It was noted that this would be teased out when the Treatment room LES work is completed.</p> <p>Main points for consideration were:</p> <ul style="list-style-type: none"> <li>▪ <b>Reduce the follow up ratio as these should be minimal</b> – JK will research follow up ratios and discuss at the ENT EOG Thursday 28<sup>th</sup> March.</li> <li>▪ <b>Consider how going to assess and ensure that there is not an influx in activity</b> – JK will liaise with contracts on</li> </ul>	<p>JK</p>
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	<p>wording for an AQP model to evaluate services as a whole system and where there is an influx in activity and audit will be carried out. JK will develop minimum dataset (MDS) to include evidence that ear drops have been tried for 1-4 weeks and two attempts at ear irrigation completed or contraindication indicated before putting on list for microsuction procedure.</p> <ul style="list-style-type: none"> <li>▪ <b>Future consideration to deliver services to the housebound and care homes</b> – for discussion at ENT EOG: research mobile equipment and opportunity to extend community microsuction service as next steps to community model outlined in business case</li> </ul> <p>West Essex Executive Health and Care Commissioning committee <b>supported this in principal</b> and it was agreed that this would go out for virtual approval due to the meeting not being quorate.</p> <p><b>54/19 Integrated urgent Care procurement update</b></p> <p>Toni Coles reported that a contract variation for one month was in place. The majority of the HUC service would be up and running on the 1<sup>st</sup> April 2019 with a soft launch on the extended hours of 80% capacity for one month and increasing during May. Hours would be made up by the end of Q1.</p> <p>It was noted that there would be good coverage over the Easter period and further access in May.</p> <p>The premises have all been visited and all ready for the launch. It was agreed that Rachel Hazeldene would contract the Crocus and Thaxted practices to resolve some outstanding ISA issues.</p> <p>West Essex Executive Health and Care Commissioning committee <b>noted</b> the above</p> <p><b>55/19 Waiver for NHS West Essex CCG acute/specialist provider contracts. Commissioning period 2019 – 2020</b></p> <p>It was reported that this waiver was required yearly and was a standard document. Christine Moss reported that the UCL was missing off the list of essential services commissioned and it was agreed that CM would contact Simone Surgenor direct.</p> <p>It was agreed that this waiver would be discussed outside the meeting.</p> <p>West Essex Executive Health and Care Commissioning committee <b>noted</b> the above</p> <p><b>56/19 Items for Practice membership meetings</b></p> <p><b>None</b></p>	<p>RH</p> <p>CM/SS</p>
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6	<p><b>Any Other Business</b></p> <p>none</p>	
7	<p><b>Date of next meeting:</b></p> <p>The next meeting of the West Essex Executive Health and Care Commissioning Committee will be held on Thursday 18<sup>th</sup> April 2019 at 2pm in the Oak Room, Building 1, Spencer Close, St Margaret's Hospital, Epping.</p>	