

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

Date: Thursday 22nd August 2019

Time: 2.00 pm – 5.00pm

Location: Board Room, WECCG, St Margaret's Hospital, Epping.

Attendees:

Name	Initials	Role
Dr Rob Gerlis	RG	Chairman
Dr Christine Moss	CM	Chief Medical Officer
John Leslie	JL	Interim Director of Finance, Contracting and Performance
Dr Angus Henderson	AH	Clinical Vice Chair
Dr Amik Aneja	AA	GP Clinical Lead for Urgent Care
Dr Miranda Roberts	MR	GP Clinical Lead for Mental Health
Dr Naveed Akhter	NA	GP Clinical Lead for IT
Toni Coles	TC	Director of Transformation
Jane Kinniburgh	JK	Director of Nursing and Quality
Liz Owen	LO	GP Clinical Lead for Children's Services
Andrew Geldard	AG	Chief Officer

In Attendance:

Delyth Ford	DF	Population Health Management (Agenda item 113/19)
Joanne Reay	JR	Senior Transformation Manager (Agenda item 119/19)
Olivia Rate	OR	Senior Transformation Manager – (Agenda item 119/19)
Rosaline French	RF	Head of Children, Young People and Maternity Commissioning (Agenda item 121-2/19)
Christine Muirden	CMu	Designated Nurse Safeguarding Children (Agenda item 121/19)
Adrian Coggins	AC	Head of Public Health and Wellbeing Commissioning, ECC (Agenda item 122/19)
Sharon Cooper	SC	Home Oxygen Regional Lead (Agenda item 124/19)
Melanie Mavers	MM	Clinical Quality Specialist (Agenda item 124/19)
Simon Leighton	SL	Observer (Agenda item 124/19)
Sinead Connor	SCo	Carers Partnership Delivery Lead for ECC (Agenda item 123/19)
Anne Mansfield	AM	Assistant Director – Contracts (Agenda item 126/19)

Item No	Agenda Item	Action
1	Chairs Welcome	
2	Apologies for absence	
	Peter Wightman PW and Acting Chief Officer.	Director of Primary Care and Localities
	Dr David Tideswell DT	GP Clinical Lead for Older People
	Dr Rachel Hazeldene RH	Clinical Chief Information Officer
	James Roach JR	Programme Director, ACP
	Dr Shawarne Lasker SL	GP Clinical Lead for Children's Services
	Maggie Pacini MP	Consultant in Public Health

3	<p>108/19 Declarations of Interest</p> <p>No declarations of Interest were declared.</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> <p>The Executive Health and Care Commissioning Committee noted the above.</p>	
4	<p>109/19 Minutes of the meeting of the West Essex Executive Health and Care Commissioning Committee held on 20th June 2019</p> <p>The minutes were agreed as a true and accurate record.</p> <p>The Executive Health and Care Commissioning Committee noted the above.</p>	
	<p>110/19 Matters Arising from the meeting held on Thursday 20th June 2019 and matters arising</p> <p>60/19 ICP Strategy 2019-2021 - MSK</p> <p>Patients have reported receiving a letter from the new service advising they need to attend a different service. It was noted that a small number of patients were discharged from secondary care with non MSK Pain conditions which the new service is unable to manage. Clearer guidance to providers has been issued and any outstanding patients have been repatriated to appropriate providers with support from the Quality team – Melanie Mavers and Grant Neofitou are now locating additional capacity - action closed</p> <p>68/19 Items for Practice membership meetings</p> <p>The Committee agreed Paul Burstow, Chair of STP, should attend the Membership meetings at a later date to allow further discussion regarding the local ICP and ICS. It was agreed that an appropriate meeting will be arranged and Paul Burstow will be invited to attend – action closed</p> <p>73/19 Health Visitors Services</p> <p>It was agreed that Virgin Care should attend the next Epping and Uttlesford membership meetings for feedback from GPs. Ros French will also be asked to liaise with the contracts team on the finer contract details and service specification - Virgin and Barnardos have attended the Harlow membership meeting. It has not been possible to arrange an equivalent session with Uttlesford. It is being arranged for Virgin to attend a future PCN meeting – further discussion took place under agenda item 8.2.</p>	

	<p>78/19 Public Health Update</p> <p>Maggie and Christine to discuss adding Waste and Energy Initiatives to a PLG agenda to discuss various PH and wider determinants of health factors – action outstanding</p> <p>94/19 NHS RightCare</p> <p>Toni Coles suggested 2019/20 NHS RightCare Opportunities should be presented at the Board to Board with PAH meeting taking place on Thursday 5th July. Right Care opportunities have been presented and discussed at Executive Health and Care Commissioning Committee and the QIPP meeting since the 20.6.19 – action closed</p> <p>94/19NHS RightCare</p> <p>Dr Angus Henderson and Dr Christine Moss highlighted areas of work that may overlap and how they can be captured, Toni Coles suggested the Transformation Programme Board or the PLG -this was briefly picked up at the last Transformation board. The next board will be on 9th September 2019 – action closed</p> <p>95/19 Public Health Update</p> <p>Liz Marchant questioned if the action plan for the Joint Health and Well Being Strategy should be presented to the Executive Health and Care committee. The JHWS will come to the September 2019 meeting – action closed</p> <p>106/19 Items for practice membership meetings</p> <p>RG requested Dr Miranda Roberts, Joanne Reay and Olivia Rate attend the practice membership meetings to provide an overview of the Mental Health updates - future meeting dates have been noted. Action will remain open until attendance has been confirmed</p> <p>107/19 Any Other Business</p> <p>Toni Coles highlighted a review of the governance around the agenda and Terms of Reference for the Health and Care Committee and if the Health and Care Committee should be integrated with the Transformation Board. Following discussion the Committee approved for Toni Coles and James Roach to review and build a plan to integrate the Executive Health and Care Committee with the Transformation Board – it was noted the Terms of Reference will be presented at the next Executive Health and Care Commissioning Committee in September 2019 – action closed.</p>	<p>MP/CM</p> <p>MR</p>
	<p>111/19 Chairs Action</p> <p>No Chairs action.</p>	

<p>Agenda Items Strategic Items</p> <p>112/19 STP</p> <p>Andrew Geldard reported that work was on-going on the STP work programmes. Dr Rob Gerlis has been asked by NHSE to submit the timeline of a single appointing office and executive team. This arrangement is now moving forward with recruitment expected to take place this side of Christmas. The One Health and Care Partnership have met and continue to move towards a legal entity from 1st April 2020. The Mental Health and LD part of the ICP was discussed along with the merger of the three CCGs. This will be completed by April 2021.</p> <p>It was noted that business cases from the Expert Oversight Groups will continue to be presented at the Executive Health and Care Commissioning Committee until the governance arrangement for the One Health and Care Partnership are in place.</p> <p>The Executive Health and Care Commissioning Committee noted the above</p> <p>113/19 ICP Update</p> <p>Delyth Ford reported on the ICP Dashboard. This dashboard provides the platform to agree priorities and monitor progress towards delivery. The report has been created to enable partners to agree future system priorities and measure the impact of our current programmes. The dashboard is outcome focussed and in line with the STP Population Health Management principles. The three patient groups are the Generally Healthy, Living with Long Term Conditions and the Complex. This interactive report will be shared with partners on a monthly basis to provide assurance to the ICP Board.</p> <p>Discussion took place and it was agreed that IAPT, Workforce and Transformation programmes will be added to the dashboard.</p> <p style="text-align: right;">Action: Delyth Ford</p> <p>The Executive Health and Care Commissioning Committee noted the above</p> <p>114/19 Transformation Planning 20/21</p> <p>Toni Coles reported on the proposed approach of the System Five year Transformation Plan. The plan identified the following priorities:</p> <ul style="list-style-type: none"> • Transform health and care services to the population of West Essex to improve health outcomes • Evidences how we will deliver the NHS Long Term Plan, STP priorities and local priorities • Provides the plans by which we will deliver our MTFP • Informs system activity and capacity plan 	<p>DF</p>
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<ul style="list-style-type: none"> • Inform and prioritises commissioning intentions • Operational Plan • STP Plans. <p>This will be presented at the WECCG Board in September 2019.</p> <p>The key components of the Clinical transformation programmes include Frailty and complex patients, Urgent and Emergency care, Planned care – Outpatients, Long Term Conditions, Mental Health and LD and Children’s.</p> <p>It was noted that the STP LTP draft is due in on the 30th August, it will also be discussed at the PLG’s on the 5th and 12th September and will be submitted to the STP on the 17th September and discussed at the WECCG Board on the 26th September.</p> <p>The Executive Health and Care Commissioning Committee noted the above.</p> <p>Business Items</p> <p>115/19 Finance Report</p> <p>John Leslie reported that information flows were slow at this time of the year with only 1 or 2 months data been received.</p> <p>The CCG in year financial control total is break even. The cumulative surplus target of £9.995m is funded by an allocated return of prior year surplus.</p> <p>The CCG reported a month 3 surplus of £2.499 which is in line with plan.</p> <p>The CCG is on target to meet the Mental Health Investment Standard (MHIS) of 6.46% and is also on plan to meet the annual running cost threshold.</p> <p>The Executive Health and Care Commissioning Committee noted the above.</p> <p>116/19 Financial principles paper for establishment of a block deal with PAH</p> <p>John Leslie reported that the CCG and PAH have explored the option of moving away from the current financial flows – PbR and towards a new payment mechanism based on population coverage. The CCG and PAH have agreed a baseline contract for 2019/20 of £123.961m, this is currently calculated on the basis of the payment under PbR for the agreed levels of activity in the plan.</p> <p>It was noted that this would roll out to other providers i.e. EPUT and ECC in the future.</p> <p>The Executive Health and Care Commissioning Committee noted the</p>	
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above.

117/19 Performance Update

John Leslie reported on the performance report. The key priority performance indicators are below:

- A& E – 4 hour target 95% - July 78.3%
- ED Length of Stay – The June position has further improved mirroring the continued trend improvement in A& E performance.
- RTT – PAH continue to routinely achieve the national 92% RTT standard.
- Cancer – The issues impacting 2 week waits and the breast standard have now been resolved and is forecasting compliance from July
- Cancer – the 62 day standard will remain challenged until the backlogs of patients have completed their pathway.

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

118/19 Wider PAH Performance Update

Christine Moss reported that the mortality data was very slow and it was noted that high numbers were dying in hospital.

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

Business Cases/Procurement/Policies

119/19 Mental Health Strategy

Joanne Reay and Olivia Rate joined the meeting.

Joanne Reay and Olivia Rate reported on the three successful transformation bids which are as follows:

Adult & Older Adult Community Mental Health Care

New integrated primary care mental health teams, to be piloted across three PCNs (embedded within practice, providing advice, support and direct interventions to respond flexibly). Providing a service to those patients who would currently be sub-threshold for secondary mental health care services with a focus on PD/complex long-term conditions, eating disorders, and transitions between services (ensuring that there is no 'cliff-edge' of lost care)

Adult & Older Adult Community Crisis Care

Enhancing Crisis Resolution and Home Treatment (CRHT) functions to a fidelity model, to cover 24 hours/day seven days/week. Ensuring that people in mental health crisis receive an assessment/commencement of treatment within four (emergency) /

twenty four (urgent) hours of the crisis call
Adult & Older Adult Mental Health Liaison (based in Acute Trust)
 Enhancing the current Mental Health Liaison service based at the Princess Alexandra Hospital to 'Core 24' compliance; this will include new roles such as Psychology and a specialist Older Adult Consultant, and will extend responsiveness to inpatient wards as well as ED (covering 24 hours/day seven days/week)

It was also noted that news had come in today of the successful bid for Perinatal. This is part of an Essex wide service.

Discussion took place around the local delivery plan 2019-2024 for Adult Mental Health services. The outcomes to be achieved through the transformation of services are:

1. For anyone requiring adult mental health services; a first appointment will be offered within four weeks, with evidence-based treatment commenced within twelve weeks to prevent escalation of needs
2. Traditional primary and secondary mental health services will be delivered in a truly integrated way within Primary Care Networks, including the establishment of Multi-Disciplinary Teams
3. For those people in mental health crisis; the appropriate support to meet their needs and an evidence-based package of care will be in place within four (emergency) / twenty four (urgent) hours of the crisis call
4. The rate of emergency Hospital admission (Acute Trust) for mental health service users will be no different to the rest of our population

Plus; ensuring a seamless integrated mental health offer with the removal of traditional barriers to access & an improvement in patient-reported outcomes (measures to be developed).

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

120/19 Procurement of any AQP - IAPT

Joanne Reay reported on the on-going commissioning concerns relating to the performance of the CCGs commissioned IAPT services. In June the committee ask was to consider the following:

- Remain with NPFT and negotiate more value for money and a change in service.
- Invest in a second contract
- Look at a Primary Care Facing intuitive.

The CCG has been working with procurement leads, Attain, to ensure that best practice is followed. It was noted that the 20% target will not be achieved and NHSE is aware of the challenges the CCG are facing.

<p>The Executive Health and Care Commissioning Committee approved "Permission to go to market to Procure an AQP service for IAPT.</p> <p>Children's Services</p> <p>121/19 Initial Health Assessments</p> <p>Rosalind French asked for the committee's approval to reimburse Virgin Care Ltd for work carried out during 2018/19 above contract and to agree to a cost per case arrangements for IHAs completed above the contracted plan at national tariff price from 2019/20.</p> <p>Christine Muirden explained that there has been an increase in Unaccompanied Asylum seeking children in the Harlow area. The provider has therefore raised a request for additional funding to both meet the value of additional capacity provided to date and to agree a sustainable funding plan going forward.</p> <p>Discussion took place and it was felt that other challenges are not accepted and that Virgin Care should be able to absorb this influx.</p> <p>It was noted the Andrew Geldard was due to meet with Richard Comerford the Chief officer at Virgin Care and this would be discussed further.</p> <p>The Executive Health and Care Commissioning Committee approved the funding going forwarded from 2019/20 but did not approve the retrospective money for the work carried out during 2018/19.</p> <p>122/19 Essex Child and Family Wellbeing Service update</p> <p>Adrian Coggins reported on the partnership arrangement in place with Essex County Council for the commissioning of the Essex Child and Family Wellbeing Service (ECFWS).</p> <p>The CCG/ECC partnership awarded the single NHS Standard Contract to Virgin Care Ltd, who is currently in the 3rd year of a 7+3 year term.</p> <p>Rob Gerlis reported that GPs had raised concerns about the Virgin Care service at recent local membership meetings. It was agreed that both Adrian Coggins from Essex County Council and a Virgin Care representative attend a future membership meeting to iron out the concerns raised.</p> <p style="text-align: right;">Action: Rob Gerlis/ Adrian Coggins</p> <p>The Executive Health and Care Commissioning Committee noted the above.</p> <p>123/19 Essex Carers Strategy</p> <p>Sinead Connor, Carers Partnership Delivery Lead from Essex County Council reported on the strategic framework and plans to improve</p>	<p style="text-align: right;">RG/AC</p>
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outcomes for care givers across Essex. It was noted that priority should be afforded to this agenda and delivery of a locality-based approach to enable care givers to care in West Essex . Work to identify the key priorities for care givers across the locality have started with engagement with care givers to understand the challenges and opportunities they face when interacting with information, advice and guidance. Progress has been made setting up Essex Care Givers Partnership and co-designing Essex Care Givers Matters Team. This work is led by ECC along with all CCG partners and Wellbeing boards.

The Executive Health and Care Commissioning Committee **approved** the direction of travel of the above. A business case will be presented to a future meeting of the Executive Health and Care Commissioning Committee.

124/19 MyAirVo – Home Oxygen

Sharon Cooper and Melanie Mavers reported on the East of England wide Home Oxygen contract. The committee were asked to consider the following recommendations:

- To vary the current home oxygen contract to include the provision of the high-flow warmed and humidified oxygen modality with associated costs met through the home oxygen budget.
- Clinicians to be able to apply directly to the provider through completion of a checklist alongside the HOOF to clarify that the patients meet the criteria for high-flow therapy.
- The home oxygen provider to take responsibility for managing a stock of equipment stocks which can be loaned to patients, delivery and installation of equipment and consumables, maintenance and servicing of equipment, training of specialist community nurses, family and carers, refurbishment of equipment once returned, monitoring usage.
- The home oxygen provider to conduct an audit of patients prescribed high-flow therapy 12 months after the contract variation and report to the home oxygen lead at West Essex CCG.
- Clinicians to work with the home oxygen provider to collate information on quality of life and patient choice to support further development of the evidence base for high-flow therapy within the community.

Once this has been approved West Essex CCG, as home oxygen lead will approach the other 18 East of England CCGs and will ask for feedback by 30th September 2019.

The Executive Health and Care Commissioning Committee **approved**

	<p>the above approved the direction of travel.</p> <p>125/19 Primary Care Networks Update</p> <p>This paper was for noting.</p> <p>126/19 Tender and Waiver</p> <p>Anne Mansfield reported on the Flu swabbing service in care homes for the West Essex population. This fulfils MOI obligations with NHS England during epidemics. The service also ensures that any affected residents are treated with Tamiflu in a timely fashion to prevent the spread of infection and progress of the disease. The current contracts have expired and research indicates a very limited number of suppliers.</p> <p>The CCG have been part of a pan Essex (and Suffolk) working group to revise the service specification and discuss options available. The group has recommended that the new contract be awarded to Commisceo, Attain have provided the professional advice to the working group.</p> <p>The Executive Health and Care Commissioning Committee approved this tender waiver.</p> <p>127/19 Items for practice membership meetings</p> <ul style="list-style-type: none"> • ICP Update • Virgin Care – Adrian Coggins to attend • Transformation plans • Mental Health plans • Establishment of a block deal with PAH <p>128/19</p> <p>The Executive Health and Care Commissioning Committee noted the minutes below that were circulated with the agenda.</p> <ul style="list-style-type: none"> • MOPB • PCCC • Cancer Board • Older Peoples Board • CYP&M • LDB 	
7	<p>Any Other Business</p> <p>129/19 Stroke – Hyper Acute Unit</p> <p>Rob Gerlis flagged that patients attending the Hyper Acute Unit are having to go back six weeks later and are not been seen locally. It was agreed that Angus Henderson would raise this with Jess Steele and a</p>	

	solution would be sought. Action: Angus Henderson	AH
8	Date of next meeting: The next meeting of the West Essex Executive Health and Care Commissioning Committee will be held at 2 pm on Thursday 19th September 2019 in the Boardroom, Spencer Close, SMH.	