

Governing Body meeting

12.30-2.30pm, Wednesday 25 August 2021, Microsoft Teams

Minutes

| Present | |
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| Khalil Ali | Lay Member for Patient and Public Involvement |
| Dr Ken Aswani | Clinical Chair, Waltham Forest |
| Henry Black | Acting Accountable Officer |
| Noah Curthoys | Lay Member for Performance |
| Sue Evans (Chair) | Lay Member for Primary Care and Deputy CCG Chair |
| Professor Sir Sam Everington | Clinical Chair, Tower Hamlets and Deputy CCG Clinical Chair |
| Charlotte Harrison | Secondary Care Consultant |
| Dr Anil Mehta | Clinical Chair, Redbridge |
| Dr Muhammad Naqvi | Clinical Chair, Newham |
| Kash Pandya | Lay Member for Governance |
| Fiona Smith | Registered Nurse |
| In attendance | |
| Laura Anstey | Chief of Staff, NEL ICS |
| Dianne Barham | HealthWatch, Tower Hamlets |
| Caron Bluestone | Associate Lay Member for Quality, Performance & Finance, BHR ICP |
| Pam Dobson | Deputy Director Corporate Services, BHR ICP |
| Selina Douglas | Managing Director, TNW ICP |
| Alastair Finney (item 3.1) | Redevelopment Director, Whipps Cross Hospital |
| Ceri Jacob | Managing Director, BHR ICP |
| Diane Jones | Chief Nurse |
| Anne-Marie Keliris | Head of Governance |
| Ahmet Koray (for Steve Collins) | Director of Finance, BHR |
| Archna Mathur | Director of Performance and Assurance |
| Kate McFadden-Lewis (minutes) | Board Secretary |
| Jonathan McShane (for Mark Rickets) | CCG Convenor, City and Hackney ICP |
| Marie Price | Director of Corporate Affairs |
| Steve Rubery | Director of Planning & Performance, BHR ICP |
| Apologies | |
| Dr Atul Aggarwal | Clinical Chair, Havering |
| Steve Collins | Acting Chief Finance Officer |
| Dr Jagan John | Chair, and Clinical Chair Barking and Dagenham |
| Dr Mark Rickets | Clinical Chair, City & Hackney |

| No. | Item |
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| 1 | <p>Welcome, introductions, apologies</p> <p>Sue Evans welcomed the group and introductions were made. Apologies were noted as above. The following members of the public were in attendance:</p> <ul style="list-style-type: none"> • Mark Dumbrill, Family Therapist, Redbridge CAMHS • Sophia Jaques, Partnership Development Manager – Mental Health, Learning Disabilities and Projects, Elysium Healthcare • Liz Perloff, Newham resident • Michael Rowe, Primary Care Liaison Manager, BMI Healthcare • Audrey Ryan, Waltham Forest resident. <p>There were no declarations of interest.</p> |
| 1.2 | <p>Minutes of the last meeting and matters arising</p> <p>Khalil Ali asked that the discussion point under item 3.1, Half Year 1 NEL operating plan, around the engagement and involvement with patients and public, and the way the local community had supported the plans, is amended to include the suggestion that this is made clear in future presentations on the plan.</p> <p>The minutes of the meeting held 30 June 2021 were agreed as an accurate record subject to this amendment.</p> |
| 1.3 | <p>Chair and Accountable Officer's report</p> <p>Henry Black presented the Chair and Accountable Officer's report, updating the group on the key areas of work over the previous months.</p> <p>Sam Everington added that key areas of concern include the blood bottles shortage, ensuring vaccine uptake in time for winter, the waiting list for outpatients and elective surgery and the exhausted workforce. Sam highlighted the role that patients and the public can play in helping to relieve the pressure on the NHS, by continuing to access services appropriately, self care where possible and being kind to NHS staff.</p> <p>In discussion, the importance of the focus on the people plan and the work of the People and Culture group was noted, particularly in the move to the ICS and a more collaborative way of working.</p> <p>The importance of messaging to patients and the public on the need to continue to wear masks in healthcare settings was reiterated, and Henry Black agreed to work with the communications team on this. (ACTION: MP)</p> |
| 2.1 | <p>Questions from the public</p> <p>Mark Dumbrill, Family Therapist, Redbridge CAMHS, asked in advance of the meeting:</p> <ol style="list-style-type: none"> 1. According to information in the Children's Commissioner's state of children's mental health services report from January 2021, why did Redbridge have the fourth lowest mental health spend per child in the country, at £36 per child per year for 2019/20, when the spend per child per year in Hackney for 2019/20 was £106, the 18th highest in the country? 2. What is NEL CCG doing to address this inequality that is affecting the mental health and lives of young people and families in Redbridge? <p>Response: Selina Douglas assured the group that NEL CCG is committed to equity in mental health services across north east London, and explained that now the seven CCGs have merged into one</p> |

NEL CCG both the evidence base and some of the historic issues in terms of investment in each of our CCGs can be scrutinised. In terms of investment for Redbridge:

- almost £1million has been invested into CAMHS in Redbridge over the last three years
- the CCG has been successful in securing £600k in funding for mental health support teams in schools in Redbridge
- £1.2million has been invested into autism and ADHD.

Selina added that the CCG is required to meet the mental health investment standard every year and that any disparity in investments across NEL is being looked into. The CCG also works closely with ELFT and NELFT to ensure funds are allocated appropriately and in a way that will improve outcomes across NEL.

Mark then asked a follow up question in the meeting: Why is it that Redbridge was so underfunded in relation to all the other boroughs?

A full response to these questions will be provided in writing, and the updated questions log published on the CCG website.

Liz Perloff, Newham resident, asked in the meeting: Why does the CCG commission services that do not have the skills to be able to identify the difference between joints and tendons?

As this question was asked in the meeting, a response will be provided in writing and included in the Governing Body questions log.

2.2 Patient engagement report

Khalil Ali updated the group on the patient engagement work since the last meeting and highlighted the following key points:

- i. the work of the north east London engagement network and the plans to engage with the local community around the ICS and what it means for patients and the public
- ii. the engagement work with the voluntary and community sector, and the expression of interest being submitted to the national programme on voluntary sector collaboration for funding to support this work.

In discussion, it was agreed that as well as the Trust maternity website review, it is important to explore the information available via social media and an update will be provided on this in the next report. **(ACTION: MP/ KA)**

3.1 Whipps Cross Redevelopment

Alastair Finney joined to update on progress with the Whipps Cross Hospital redevelopment. Key points included:

- i. the programme's position as a pathfinder within the Government's New Hospitals Programme
- ii. that the Outline Business Case is expected to be submitted by the end of the year, with work planned to start on the new hospital in 2023 and finalised in 2026
- iii. the three aims of the health strategy: to keep people as healthy as possible, to reduce unnecessary admissions and to minimise the length of stay for those who do need to be admitted to hospital
- iv. that this has been developed in collaboration with the architect led team and healthcare planning advisers to ensure the new hospital will be fit for future purpose
- v. the new affordable homes included in the joint planning application with the council.

Discussion points included:

- i. assurance that a significant amount of planning and collaboration with a wide range of experts and stakeholders has been carried out to ensure the costings and the financial case

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| | <p>are as robust as possible, including a significant risk contingency and optimism bias, as well as a finance case demonstrating the affordability challenge. This is a treasury funded NEL ICS scheme, and in the event that the programme exceeds the budget the responsibility for these costs will depend on reason for the overspend</p> <ul style="list-style-type: none"> ii. that the new hospital plans and strategy have been developed in conjunction with a wide range of stakeholders, including staff, patients and industry experts. It is a clinically led strategy and the focus groups have provided good check and challenge iii. as the overarching principle of this programme is delivering care closer to home and in the community, a lot of these new ways of working will start to be put in place before the new hospital is built iv. the review into specialist palliative care, working closely with the local hospices, aims to improve hospital based care as well as improving care out of the hospital and to ensure patient choice v. the need to ensure that the digital infrastructure and workforce is in place to support this strategy. |
| <p>3.2</p> | <p>Further extension to the age variation for NEL CCG legacy fertility policies and update on harmonising NEL CCG policies</p> <p>Diane Jones presented the proposal to extend the uplift to the age thresholds for each of the legacy CCG fertility policies for a further six months, in light of continuing long waits for patients, and updated on the plans for harmonisation and development of a single NEL CCG Policy.</p> <p>The Governing Body approved the extension of the variation to the age threshold for the CCG fertility policies to 31 March 2022.</p> |
| <p>3.3</p> | <p>Individual Funding Request Panel</p> <p>Diane Jones briefly updated the Governing Body on the harmonisation process for the predecessor CCGs IFR policies. The updated IFR policy will be approved through the Quality, Safety and Improvement Committee, to be ratified by the Governing Body.</p> |
| <p>4.1</p> | <p>Governing Body Assurance Framework</p> <p>Kash Pandya and Marie Price presented the Governing Body Assurance Framework (GBAF), giving an overview of the current key risks for the CCG. These risks will continue to be monitored and reviewed, with regular updates to the Governing Body. Discussion points included:</p> <ul style="list-style-type: none"> i. the importance of closely monitoring the risk around elective recovery, particularly the workforce challenges and winter approaching ii. the ongoing effect of the pandemic on inequalities of health outcome, including delayed diagnosis. <p>It was suggested to include a separate risk around workforce, incorporating resilience of staff and recruitment issues, as well as a section on risks that are not rated high, but are of interest to the Governing Body, in future reports. (ACTION: MP)</p> |
| <p>5.1</p> | <p>Quality report</p> <p>Fiona Smith updated the Governing Body on the recent work of the quality groups and committees across NEL CCG. Key highlights included:</p> <ul style="list-style-type: none"> i. assurance that the NEL quality framework is in line with the national quality board guidance ii. the Local Maternity Systems group, set up as a statutory group following the Ockenden report to ensure the required improvements are put in place iii. the thematic review of the provider Quality Accounts which has identified a number of priority for quality across NEL. <p>Diane Jones then updated the group on the disruption to the supply of blood collection tubes due to a refurbishment of one of the UK warehouses. The national team is leading the communications,</p> |

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| | <p>and clinicians are being asked to follow the guidance around choosing wisely and only ordering blood tests for urgent or lifesaving reasons. Demand and procurement status is being tracked and mutual aid is in place across the system. Regular system calls are taking place, with representation from primary care and all trusts.</p> <p>In discussion, members noted:</p> <ul style="list-style-type: none"> i. the importance of the shared learning from ICPs to improve the quality in services across north east London ii. the need to ensure that plans are in place to prepare community phlebotomy services to be able to maximise their capacity once the blood collection tubes supply is resolved iii. the need to ensure that mitigations are in place for any unintended consequences, such as pressures in other areas of the system, from the blood collection tubes shortage. <p>The Governing Body asked if the City and Hackney ICP quality dashboard could be replicated for TNW and BHR in future reports, as well as an update on the CCG's clinical audit arrangement with the provider trusts at a future meeting. (ACTION: DJ)</p> |
| <p>5.2</p> | <p>Finance report</p> <p>Ahmet Koray updated the Governing Body on the financial position for month four, reporting a breakeven position for Half-Year 1 (H1). There are some risks to this position, however there are reserves set aside to mitigate these. Key discussion points included:</p> <ul style="list-style-type: none"> i. that the H2 allocation guidance is expected to include information around the funding for the pay award as well as a requirement to deliver efficiency within the system ii. although there are transformation plans and programmes in place across north east London, specific investment into transformation has been difficult as the allocations have funded the costs of the pandemic iii. the need to identify key strategic focus areas for the remainder of the year. |
| <p>5.3</p> | <p>Performance update</p> <p>Noah Curthoys and Archana Mathur updated the Governing Body on the May position for performance across north east London, highlighting the following key points:</p> <ul style="list-style-type: none"> i. elective recovery, cancer back log and urgent care as areas of focus ii. the importance of ensuring the issue of health inequalities is addressed in the ongoing work to recover elective services iii. assurance that this work is being scrutinised at committee level. <p>In discussion, members noted:</p> <ul style="list-style-type: none"> i. the very difficult and challenging situation, continuing to respond to the covid-19 pandemic as well as the ongoing work to meet the elective recovery target ii. once the H2 guidance is published planning for the performance trajectories will be put in place iii. that from April 2022, accountability and oversight of performance will sit at both trust board and ICS board level. <p>The Governing Body asked for examples of progression and improvements in performance to be included in future reports, as well as an update on advice and guidance trajectories and how north east London compares nationally and locally on the elective care backlog. (ACTION: AM)</p> |
| <p>6</p> | <p>AOB: None.</p> |

