

## Governing Body meeting

12.30-2.30pm, Wednesday 30 June 2021, Microsoft Teams

### Minutes

<b>Present</b>	
Dr Atul Aggarwal	Clinical Chair, Havering
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	Lay Member for Primary Care and Deputy CCG Chair
Professor Sir Sam Everington	Clinical Chair, Tower Hamlets
Charlotte Harrison	Secondary Care Consultant
Dr Jagan John (Chair)	Chair, and Clinical Chair Barking and Dagenham
Dr Anil Mehta	Clinical Chair, Redbridge
Dr Muhammad Naqvi	Clinical Chair, Newham
Kash Pandya	Lay Member for Governance
Dr Mark Ricketts	Clinical Chair, City & Hackney
Fiona Smith	Registered Nurse
<b>In attendance</b>	
Laura Anstey	Chief of Staff, NEL ICS
Siobhan Harper	Director for Transformation, City & Hackney ICP
Ceri Jacob	Managing Director, BHR ICP
Anne-Marie Keliris	Head of Governance
Kate McFadden-Lewis (minutes)	Board Secretary
Marie Price	Director of Corporate Affairs
Gloria Taplin	Governance and Committee Support Officer (interim)
Sunil Thakker (for Steve Collins)	Director of Finance, TNW and C&H
Cathy Turland	Chief Executive, Healthwatch Redbridge.
Chetan Vyas	Director of Quality & Safety, TNW ICP
Jon Williams	Healthwatch, Hackney
<b>Apologies</b>	
Steve Collins	Acting Chief Finance Officer
Archna Mathur	Director of Performance and Assurance

No.	Item
1	<p><b>Welcome, introductions, apologies</b></p> <p>Jagan John 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"> <li>• Mohammed Arif, Commercial Manager- South, FDB (First Databank)</li> <li>• Christine Brand, Public Governor for NELFT representing B&amp;D, Patient Engagement Forum B&amp;D attendee and Carers B&amp;D &amp; Havering Trustee</li> <li>• Jim Fagan, Waltham Forest Save our NHS</li> <li>• Sophia Jaques, Partnership Development Manager – Mental Health, Learning Disabilities and Projects, Elysium Healthcare</li> <li>• Mary Logan, Waltham Forest Save Our NHS and Waltham Forest resident</li> <li>• Anil Makwana, Integrated Healthcare Manager, Teva.</li> </ul> <p>There were no declarations of interest.</p>
1.2	<p><b>Minutes of the last meeting and matters arising</b></p> <p>The minutes of the meeting held 9 June 2021 were agreed as an accurate record.</p>
1.3	<p><b>Chair's report</b></p> <p>Jagan John presented the Chair's report, updating the group on his key areas of work over the previous months.</p> <p>Khalil Ali expressed his thanks for the excellent service he received at his local vaccine centre in Havering, as well as for the hard work of the vaccine programme across north east London. He also highlighted the successful personalised care and social prescribing programme of work.</p>
1.4	<p><b>Accountable Officer's report</b></p> <p>Henry Black presented the Accountable Officer's report, giving an overview of the current key priorities, including the vaccination programme and the ambition to administer two doses to everyone over 40, and one dose to everyone over 18 before 19 July 2021, to support the government proposal to lift the coronavirus restrictions on that date. Henry reported the current vaccination figures of:</p> <ul style="list-style-type: none"> <li>• 93% of care home residents have had two doses</li> <li>• Over 80s - 88% have had one dose and 86% two doses</li> <li>• 75-79 year olds, 86% have had two doses</li> <li>• 70-74 year olds, 85% have had two doses</li> </ul> <p>Overall for London, 60% of those eligible have been vaccinated. Over half of the population is aged 18-39, and therefore have only been eligible for the vaccine for a few weeks.</p> <p>Dr Jagan John highlighted the recent visits to vaccination centres across north east London and the learning gained from the different approaches. The Governing Body noted the importance of effective messaging and communication, particularly for the younger population.</p>
2.1	<p><b>Patient engagement report</b></p> <p>Khalil Ali presented the patient engagement report to the group, giving an overview of the engagement work with communities in response to Covid-19 and the vaccination programme, as well as the work underway to ensure the patient and public voice is embedded in the new ICS.</p> <p>Marie Price updated the group on a recent meeting with voluntary sector leads across NEL with the ICS Chair Marie Gabriel, where the proposals in the ICS framework guidance around working with the voluntary sector was discussed.</p>

In discussion, the Governing Body noted the importance of ensuring patient and public engagement and involvement in the development of the communications around the vaccination programme, especially with the younger population.

There was a discussion around ensuring the impact of patient and public engagement is reflected in the coversheet, as, although it is difficult to quantify in exact monetary value, there is a positive impact on improving quality of services, as well as on finance and performance.

## 2.2 Questions from the public

Two questions were received from the public in advance of the meeting.

### **Jim Fagan, Waltham Forest Save our NHS:**

What action has the North East London CCG Board taken, or intend to take to:

1. Guarantee a firewall to prevent any patient information in GP Records being used for the purposes of immigration enforcement?
2. Provide specific support to all GP surgeries to register everyone, including undocumented and under documented migrants and those without secure accommodation, and ensure that all other routes to vaccination are accessible to everyone?
3. Fund a public information campaign to ensure that communities impacted by the Hostile Environment are aware of their right to access the vaccine and register with a GP?

### **Answer:**

We treat patient information with care – information in GP records is confidential and it is only in exceptional circumstances that we would be expected to disclose it – for example through a court order.

Everyone is entitled to a vaccine regardless of whether they have an NHS number or are registered with a GP. We do encourage people to become registered as this has wider benefits but we have a number of clinics and way for people to receive their vaccine – including a number of pop up events. All of this is publicised widely including through community organisations.

### **Mary Logan, Waltham Forest Save Our NHS:**

Whipps Cross Hospital is to be built with 51 fewer beds despite a huge projected increase in its catchment population.

Part of the rationale for justifying reduced beds is the so called Transformation of Healthcare. This transformation includes people being sent home from hospital earlier in their recovery, as soon as deemed “medically fit”.

I was recently shown a questionnaire by a friend who is currently under the care of Homerton Hospital. The questionnaire was apparently sent out by NEL Citizens to Hackney residents, looking for feedback on slightly different versions of a leaflet, to supposedly explain to patients what will happen when they come to be discharged from Homerton Hospital.

It is a terrible piece of so-called public consultation.

It gives no context. It doesn't explain what is meant by 'medically fit'. It gives no hint that a formerly fit person may be still be too weak to stand unsupported or feed themselves for instance.

It doesn't talk about the shortage of sufficiently trained and experienced Community Nurses and Therapists who can make the difference between full recovery, and disability .That staff shortage can mean visits that are rushed, and don't happen often enough to enable the recovery they should deliver.

It doesn't explain what will happen if the person is unable to walk to the toilet, or use a bedpan without help.

It doesn't talk about assessing the home circumstances to ascertain if anyone will be able or willing to provide physical care, or if the patient feels safe with whoever might be at home carrying out these essential caring duties.

This policy risks further extending health inequalities. And may result in further emergency hospital admissions, loading more pressure on a hospital built too small for its population.

I understand NEL CCG may have limited power as this strategy is likely to have come from NHSE.

Is NEL CCG able to avoid using such deceitful "consultation" exercises?

I ask you to explain to Health Scrutiny the risks that underlie the system of early discharge from hospital as soon as the person is deemed 'medically fit'. It is important to explain to Councillors, for example, that it might mean that, although a blood test may show inflammatory markers have fallen, i.e the antibiotics are defeating the infection for instance, the person may still be extremely weak, and the lack of sufficient appropriately skilled care can result in avoidable permanent disability.

**Answer:**

We have looked at this and Homerton Hospital and Hackney Council are encouraging feedback on some proposed leaflets and wider information for patients and their families about discharge from hospital. We are sharing the views provided by Mary so that these can be considered by the teams leading this project.

With regard to arrangements across Waltham Forest, the introduction of the Whipps Cross Hospital integrated Discharge hub has meant that there is now a much more joined up approach to fast and effective discharges when someone requires additional support from either health or social care in the community.

The model recognises that being in a hospital bed longer than is necessary can actually cause harm. The discharge hub organises all the support, social care, treatment and equipment an individual needs on discharge to ensure they are safe. This includes access to therapy and domiciliary care packages.

The Hub works on a "discharge to assess" model. This means people should not have long term decisions about their future needs made while they are in hospital but in the community, whether that's in their home or a short term placement, where they can be fully assessed to ensure they are supported to be as independent as possible.

**3.1 Half year 1 (H1) NEL operating plan**

Laura Anstey presented the overview of the NEL H1 Operating Plan submission to NHS England on 3 June 2021 in response to the guidance and implementation plan published in March. The guidance outlines six key priorities for the year, which are focussed on supporting the health and wellbeing of staff, delivery of the Covid-19 vaccination programme, recovery and restoration of services, including elective, cancer, and mental health, expanding primary care capacity, transforming community services and urgent and emergency care. The plan has been developed with our partners across the system, and work to further strengthen the collaborative system approach across the NEL ICS is ongoing.

Laura Anstey highlighted the key focus on health inequalities, with executive and clinical leads in place in each organisation across the patch, as well as the key risks including workforce and reducing the backlog caused by the pandemic. A robust plan is in place to mitigate these risks, as well as regular meetings with NHS England giving assurance on delivery of the plan.

	<p>In discussion, the way the wider public have contributed and supported the services across NEL was noted, including using NHS111, the social prescribing service, responding to messaging around the vaccine and making use of community services to relieve pressure on urgent care.</p>
<b>4.1</b>	<p><b>Governing Body Assurance Framework - update</b> Kash Pandya and Marie Price updated members on the development of the Governing Body Assurance Framework (GBAF), reporting that with the risk policy and strategy agreed, as well as the CCG's corporate objectives, the risk registers and GBAF are now being populated, ensuring any relevant legacy risks are captured. The GBAF risks are focussed on vaccine delivery, third wave readiness and planning, recovery of services, ICS development and finance.</p>
<b>4</b>	<p><b>Governance update</b></p> <p><b>4.2</b> Marie Price updated members on changes made to the governance handbook since the 1 April Governing Body meeting, which include moderate changes to financial limits, inclusion of Terms of Reference (ToR) for the Quality, Safety and Improvement Committee, as well as amendments to some committee ToR. The Primary Care Commissioning Committee ToR now includes provision for decision by chair's action, which was previously omitted in error. Marie assured the group that chair's action will only be used in exceptional circumstances.</p> <p>There was a brief discussion around primary care clinician representation on the Quality, Safety and Improvement Committee and the need to ensure appropriate representation at ICP and NEL level.</p> <p>The Governing Body approved.</p> <p><b>4.3</b> Marie Price then presented the recently developed EPRR policy, which formalises the current integrated EPRR culture and incident response. The policy incorporates learning from Covid-19, and will continue to evolve in line with ICS development and learning from future incidents.</p> <p>The Governing Body approved.</p>
<b>5.1</b>	<p><b>Quality report</b> Fiona Smith and Chetan Vyas updated the Governing Body on the recent work of the quality groups and committees across NEL CCG. Key highlights included:</p> <ol style="list-style-type: none"> <li>i. to reflect the importance of patient and public engagement and involvement in the work of the Quality, Safety and Improvement (Q,S &amp; I) Committee the Lay member for PPI has joined as a member on the committee</li> <li>ii. the need to ensure the NEL quality framework fulfils the commitment and policy direction of the National Quality Board</li> <li>iii. there is oversight of quality and safety in place at both NEL and local/ ICP level</li> <li>iv. deep dives are being undertaken on neonatal deaths and stillbirth across the system, as well as the Cygnet Hospital in Beckton, and will be reported at the next Q, S &amp; I Committee meeting.</li> </ol> <p>Discussion points included:</p> <ol style="list-style-type: none"> <li>i. the need to continue to provide strong clinical support to care homes across NEL</li> <li>ii. the importance of encouraging openness and sharing across the system, and the changes already in place to support this, such as NEL CCG staff attending provider quality meetings</li> <li>iii. the need to look at the whole patient pathway when quality and safeguarding issues arise</li> <li>iv. the new medical examiner role in trusts and the potential for their input into oversight of quality within their provider.</li> </ol>

<b>5.2</b>	<b>Finance report</b> Sunil Thakker updated the Governing Body on the financial position for month two, reporting a breakeven position for Half-Year 1 (H1). Although the H2 allocations are not yet confirmed, the block funding and elective recovery funds will continue and it is likely that there will be efficiency requirements.  It was agreed to include in future reports to the Governing Body: <ul style="list-style-type: none"><li>• an update on how the CCG is performing on the Mental Health investment standard</li><li>• and update on better care funds across NEL, to include outcomes achieved and any potential risks</li><li>• progress across NEL on personal health and care budgets.</li></ul> <b>(ACTION: ST/ SC)</b>
<b>6</b>	<b>AOB: None.</b>

