

NHS Mid & South Essex Joint Committee

Annual IAF Review Meeting Notes

Meeting Held: Friday, 22 March 09:00 – 11:00
Location: Board Room, Swift House, Chelmsford. CM2 5PF

Attendees:

Name	Organisation	Role
Daryl Cockman (Chair)	NHS England	Acting Director of Finance
Siobhan Taylor (Notes)	NHS England	Assurance Manager
Debbie Wood	NHS England	Head of Assurance
Gaby Irwin	NHS England	Interim Deputy Director, Quality and Patient Experience
Dr Leonie Prasad	NHS England	Associate Medical Director
Batsi Katsande	NHS England	Head of Transformation
Joan Skeggs	NHS England	RightCare Delivery Partner
David Sollis	HealthWatch	Chief Executive Officer
Mike Bewick	Joint Committee	Joint Committee Chair
Andy Ray	Joint Committee	Chief Finance officer, Contract Finance & Contracting
Rachel Hearn	Joint Committee	Director of Nursing
Karen Wesson	Joint Committee	Director of Acute Commissioning and Performance
Donald McGeachy	Joint Committee	Medical Director
Caroline Russell	Joint Committee	Lead Accountable Officer for Joint Committee Accountable Officer, Mid Essex CCG SRO – Mid and South Essex STP (Locality Health and Care)
Tricia D'Orsi	Joint Committee	Interim Accountable Officer, Castle Point & Rochford & Southend CCGs
Lisa Allen	Joint Committee	Accountable Officer, Basildon & Brentwood CCG
Mandy Ansell	Joint Committee	Accountable Officer, Thurrock CCG
Tom Wilson	Joint Committee	Interim Programme Director, Mid & South Essex CCGs

Apologies:

- Adrian Marr, NHS England Interim DCO
- Rachel Webb, NHS England Locality Director, Mid & South Essex
- Lesley Buckland, Joint Committee, Joint Committee Finance & Performance Sub Committee Chair
- Mark Tebbs, Joint Committee, Director of Mental Health Commissioning
- Jane Foster-Taylor, Joint Committee, Chief Nurse
- Viv Barnes, Joint Committee, Director of Governance and Performance.

Meeting Notes

1. Introductions, welcome & apologies for absence

Following individual introductions and noting of the apologies for absence, the Chair outlined the purpose of this the end of year CCG improvement and assessment framework (IAF) review meeting.

The Chair encouraged all present to be transparent and open in order to enable effective and productive discussion to occur.

2. Key learning from 2018/19 and what will be different for patients in 2019/20

The Lead Accountable Officer (LAO), supported by their team, summarised key learning points and areas they expect to be different in 2019/20 as detailed in their presentation pack.

The following key learning points were noted and discussed:

- The Joint Committee/CCG split of delegated authority of in/out hospital has not always proved helpful when considering pathway solutions.
- Staff were aligned to the Joint Commissioning Team but remained with their current employers. This proved problematic in terms of HR administration and team identity. Therefore all new employees are now formally employed by Mid Essex CCG (MECCG) as the host.
- The JC is working to resolve residual challenges regarding recharging of work that is across boundary of CCG, Joint Committee and STP.
- The Joint Committee has committed that the above learning points will be utilised in plans develop the move towards a single commissioning voice in an Integrated Care System (ICS) by 2021.

Key areas of ambition for 2018/19 were noted as:

- Creation of the specific Joint Commissioning Team in April 2018
- Creation of a central Contract Finance & Contracting Team which resulted in a c£500k recurrent saving
- Procurement of new BI service from AGEM which has provided a more stable and effective service
- Memorandum of Understanding successfully agreed between CCGs to share costs
- Decision making process established to allow decisions to be made once by the Joint Committee, in the areas of acute commissioning, mental health

acute commissioning, learning disability commissioning, EWMHS and maternity.

- Joint working across the Mid Essex Hospital, Southend University Hospital Foundation and Basildon & Thurrock Hospitals University Foundation Trusts (msb group) and CCGs to streamline and expedite work streams and pathway redesign whilst taking advantage of the breadth of expertise and knowledge
- Established the sub committee structure, bi-monthly development sessions and a Committee in Common.
- Agreed to appoint Lay membership for the Joint Committee
- Undertook key decisions which will have a significant impact on the population of Mid & South Essex such as the new ophthalmology pathway and neurological navigators

3. Better Health

The LAO and colleagues outlined how the Joint Committee was contributing towards improving the health and well-being of its local population and managing the reduction of demands on services.

During the subsequent discussion, the Chair noted the following key points:

- In response to Thurrock CCG being identified as having the poor outcomes for cancer across the STP, particularly for lung cancer, Thurrock has therefore been identified by the Cancer Alliance to be one of the pilot sites for Thurrock Lung Health Checks (TLHC). Thurrock CCG has been paired with Luton CCG who are high performers and will work in partnership alongside Cancer Alliance and NHS England (NHSE).
- Criteria and eligibility for clinical procedures has now been standardised and aligned with the development of the STP CCGs Value Based Commissioning Policy and will be further aligned following publication of national Evidence Based Interventions.
- The Chair acknowledged the work undertaken in the area of acute mental health which has been challenged by the merger of North Essex Partnership University Foundation Trust (NEPUFT) and South Essex Partnership Trust (SEPT). Rigorous performance management of a poorly performing contract resulted in fines being levied and money being reinvested back into the service. There has also been significant progress in the successful negotiation of a 24 hour crisis service which will have a substantial positive impact on the acute services. A costed piece of work is currently underway to redevelop the Mental Health Strategy. It was recognised that this area of work is an excellent example of the collaboration across the STP which will have a considerable impact on the population.

4. Better Care

Further to the information provided in the paper pack circulated in advance of the meeting, discussion was held regarding the following Q2 dashboard indicators:

Cancer

Key points of note included:

- Cancers diagnosed at an early stage - There has been progress to improve the early diagnosis rate of cancers through work streams such as rapid diagnostics via the vague symptoms pathway and FIT. The advantages of working across the msb group have been particularly evident in these work streams, allowing learning from each wave of implementation and adopting this learning when rolling out across the msb group which has a significant, positive impact for patients.
- One year survivals from all cancers - Self management follow up has been introduced and is currently being implemented across some cancer pathways across the msb group. This is to allow earlier follow up and rapid access back into the service (alongside formal follow up appointments) to empower patients to access the service if they feel they need to be seen outside of the structured follow up regime.
- Pathway navigators have been introduced using transformation funding as a result of patient feedback for a sole, consistent contact through their diagnostic and treatment pathway.
- Diagnostics for cancer patients – a community service for specific diagnostic tests has been commissioned across the msb group which will allow patients to be moved out to this pathway. This will therefore increase capacity for cancer and urgent RTT patients which in turn will reduce the wait for diagnostics for these groups of patients.
- Cancer 62 day referral to treatment – the Joint Committee have actively supported the 5 way meeting established by the Cancer Alliance. The final, revised trajectory is due for completion and presentation at the next 5 way cancer meeting on 4th April 2019. It has been emphasised that the recovery date needs to be realistic as this will be the final trajectory and there will not be any further opportunities to rework it.

Action: The Joint Committee to define measures to quantify the impact of the rapid diagnostics schemes/pathways in place on 2 week waits and 62 day cancer standards.

Referral to Treatment (RTT)

Key points of note included:

- The Chair acknowledged that RTT and zero 52 week waiters were featured in the Joint Committee's priorities for 2019/20.
- The Joint Committee is working closely with MEHT alongside NHSE, NHS Improvement (NHS I) and the Intensive Support Team (IST). Focused work is being undertaken on challenging pathways such as skin. In

addition to this, challenged specialities across the msb group, such as trauma & orthopaedics, urology and gastroenterology are also being worked upon using RightCare, GIRFT and model hospital.

Action: Joint Committee to work with providers to agree a trajectory/plan for 19/20. The Joint Committee will manage any variation to the plan with the relevant provider with an expectation that actions will be identified to return to the agreed trajectory/plan.

Action: Joint Committee has committed to wider system engagement with advice and guidance and capacity alerts in 19/20.

5. Quality

Further to the information provided in the paper pack circulated in advance of the meeting discussions were held on the below priorities and the following key points were noted:

Serious Incidents (SI) and Harm Reviews

- The Joint Committee advised that the Joint Committee Acute Quality Team is now formally embedded within the Mid Essex CCG Quality Team and manages acute quality issues in all providers under delegated authority of the Joint Committee. The Joint Committee is currently focusing upon supporting culture change across the msb group.
- A Quality Assurance visit programme has been developed which selects themes from SI and Never Event action plans and visits are focused on testing if these actions have been completed and embedded.
- An STP wide programme of work is place to get clinical leadership engagement needed to tackle some of the cultural factors contributing to Never Events.
- Due to the high number of overdue Sis and variability in quality of reporting across the system, SI panels have been set up at each site. The consistency of the SI panels and quality of investigations is now being developed and worked upon alongside strengthening of internal governance processes at each site to improve the quality of SI investigations and reports.

Transforming Care

- Recognition was given for all the significant progress made for adults in transforming care in 2018/2019
- It was acknowledged by all that the next focus for transforming care needs to be with children and young people. The Joint Committee confirmed that this is a priority for the Transforming Care Board for 2019/20.

6. Sustainability

Further to the information provided in the paper pack circulated in advance of the meeting discussions was held on the following areas:

Financial Position & QIPP Delivery

The following key points were noted from the discussion:

- There has been partial success in the 2018/2019 QIPP schemes. A major lesson learnt has been in RightCare engagement which has been significantly improved for 2019/20 planning
- Previously there have been a very high number of QIPP schemes, however some have very little value. This year the approach has been to reduce the number of schemes, but make them more relevant and to maximise the impact.
- Increased joint working across QIPP schemes will also improve going forward into 2019/20 to ensure the impact is maximised across all sites including back office functions.

Activity

The following key points were noted from the discussion:

- System plans to expand block contracts in order to focus on areas with the most impact across the msb group and the independent sector. This will allow joint working across the msb group to maximise resources across areas such as RTT, RightCare and improving quality of services.
- Mental Health investment – in order to overcome past challenges, this has been added as a variation in contract for 2019/20.

RightCare

The following key points were noted from the discussion:

- Progress over the past year was acknowledged as all work is now undertaken by one team with shared decision making being key, for example in MSK.
- It was acknowledged that information sharing arrangements relating to GIRFT and model hospital could be improved and therefore this has been included as a contract variation for all parties to share information.
- Notwithstanding the point above, the Joint Committee agreed to take actions within its gift to strengthen information sharing across traditional organisational boundaries.

7. Leadership

Further to the information provided in the paper pack circulated in advance of the meeting discussions were held on the following areas:

STP Engagement

The following key points were noted from the discussion:

- Each CCG AO sits on the STP Programme Board and also attends the Health System Executive which enables all AOs to have an overarching view of all aspects and the associated impact. This approach ensures STP engagement with both the Joint Committee and CCGs.
- There was discussion regarding the duplication of meetings and completing returns across both CCGs and the Joint Committee. It was agreed that consideration would be given from all parties regarding smarter ways of working.

Action: All parties to consider smarter ways of working going forward to reduce duplication.

8. Summary of year end ratings process and IAF approach for 2018/19

The Chair explained that the notes of this meeting will be included within each of the Mid & South Essex CCGs' Annual Assurance Meetings and that this approach has been approved by the regional NHS England team.

The Chair confirmed that the current advice is that there will be seven annual ratings for each CCG:

- An overall rating assessment by NHS England will be based on performance, quality of leadership, and finance. The methodology for 2018/19 is currently planned to be the same as last year: 25% weighting for leadership; 25% weighting on finance; and 50% weighting for all other indicators combined, however the final methodology has yet to be agreed nationally.
- Assessments of performance in each of the six clinical areas that will be validated by independent panels in the areas of: cancer, dementia, diabetes, learning disabilities, maternity and mental health.

The Chair advised that regional moderation is scheduled to occur in May ahead of the national review and moderation process. Final ratings were expected to be agreed by the NHS England Board in July and published on MyNHS in late July. However, the final process for weighting scores across the areas reviewed is still to be confirmed.

9. Chair's Summary

The Chair thanked all present for their engagement during the meeting along with their open and honest responses during the discussions and for the information provided in advance of the meeting as set out in the paper pack and their presentation.

The following areas of success were noted in particular:

- The Joint Committee have undertaken key decisions which will have a significant impact on the population of Mid & South Essex such as the new ophthalmology pathway and neurological navigators.
- Acute mental health commissioning and the successful negotiation of a 24 hour crisis service
- Progress and innovation in improving early diagnosis of cancers and improving one year cancer survival rates
- Achievements and progress made in Transforming Care for adults

The following areas were identified as key challenges for 2018/19:

- Difficulties in meeting constitutional standards
- Transforming Care progress and achievement in Children & Younger People
- QIPP programme consisting of many different schemes, some with little impact or value
- Secretary of State referral of the commissioner's decision on the DMBC recommendations
- The chair acknowledged concerns about the administrative burden due to too many priorities and to duplicate reporting requirements and expressed

confidence that the coming together of NHSE and NHSI would help address this challenge.

The following areas are expected to be treated as priorities in 2019/20:

- Further development of the maturity level of the STP structures to effectively drive benefits of a single commissioning voice and allow for progress in the journey of ICS development
- Improving cancer performance standards and outcomes using lived experience
- Ensuring zero 52 week waits
- Improving RTT performance
- Re-engagement with RightCare to deliver system wide efficiencies
- Reviewing back office functions across STP system as part of overall financial savings
- Continued joint working between Joint Committee, NHS England and the CCGs to reduce duplication and overlap between the Joint Committee and the CCGs

Actions Agreed:

- (1) The Joint Committee to define measures to quantify the impact of the rapid diagnostics schemes/pathways in place on 2 week waits and 62 day cancer standards.**
- (2) Joint Committee to work with providers to agree a trajectory/plan for 2019/20. The Joint Committee will manage any variation to the plan with the relevant provider with an expectation that actions will be identified to return to the agreed trajectory/plan.**
- (3) Joint Committee has committed to wider system engagement with advice and guidance and capacity alerts in 2019/20.**
- (4) All parties to consider smarter ways of working going forward to reduce duplication.**