LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

HELD AT 6.36 P.M. ON WEDNESDAY, 19 APRIL 2017

COUNCIL CHAMBER, 1ST FLOOR, TOWN HALL, 5 CLOVE CRESCENT, LONDON E14 2BG.

Members Present:

Councillor Clare Harrisson (Chair)	INEL JHOSC Representative for Tower Hamlets Council
Councillor Ann Munn	INEL JHOSC Representative for Hackney Council
Councillor Ben Hayhurst	INEL JHOSC Representative for Hackney Council
Councillor Anthony McAlmont	INEL JHOSC Representative for Newham Council
Councilman Wendy Mead	INEL JHOSC Representative for City of London
Councillor Sabina Akhtar	INEL JHOSC Representative for Tower Hamlets Council
Councillor Muhammad Ansar Mustaquim	INEL JHOSC Representative for Tower Hamlets Council
Councillor James Beckles	INEL JHOSC Representative for Newham Council
Councillor Susan Masters	INEL JHOSC Representative for Newham Council

Other Councillors Present:

Councillor Richard Sweden	Representing Waltham Forest Council

Others Present:

Dr Osman Bhatti	G.P. Tower Hamlets
Henry Black	Chief Finance Officer, TH Clinical Commissioning Group & NEL STP Finance Lead
Niall Canavan	City & Hackney Clinical Commissioning Group
Dr Sam Everington	Chair, Tower Hamlets Clinical Commissioning Group
Deodita Fernandes	Senior Programme Manager, East London Health & Care Partnership
Dr Charles Gutteridge	Barts Health Trust
Dr Bhupinder Kholi	Newham

Dr Phil Koczan	Waltham Forest Clinical Commissioning Group
Jane Milligan	Chief Officer, Tower Hamlets Clinical Commissioning Group & Executive Lead NEL STP
Luke Readman	Chief Information Officer, WELC Clinical Commissioning Group
Ian Tompkins	Communications Director, East London Health & Care Partnership

Public

Carol Ackroyd	Hackney Keep Our NHS Public
Nick Bailey	Hackney Keep Our NHS Public
Jan Blake	Newham Save Our NHS
Stephanie Clark	Tower Hamlets Keep Our NHS Public
Frances Corford	Newham Save Our NHS
Martin Darling	Newham Save Our NHS
Ellen Graubart	Hackney Keep Our NHS Public
Coral Jones	Hackney Keep Our NHS Public
Carol Saunders	Tower Hamlets Keep Our NHS Public
Jan Savage	Tower Hamlets Keep Our NHS Public
Ron Singer	Newham Save Our NHS
Andy Walker	

Officers Present:

Joseph Lacey-Holland	Senior Strategy, Policy & Performance Officer
Daniel Kerr	Strategy, Policy & Performance Officer
Denise Radley	Corporate Director, Adult Services
Farhana Zia	Committee Services Officer

1. PUBLIC PARTICIPATION

The Chair, Councillor Clare Harrisson welcomed everyone to the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC) meeting and asked everyone to introduce themselves.

Cllr Harrisson also welcomed the 'Tower Hamlets Keep our NHS Public' delegation who posed the following questions to the Committee in relation to the North East London Sustainability and Transformation Plan (NEL STP).

Carol Saunders addressed the Committee stating the following:

Firstly, Simon Stevens told the House of Commons Public Accounts Committee this month: "We are going to formally appoint leads to the 44 STPs. We are going to give them a range of governance rights over the organisations that are within their geographical areas, including the ability to marshal the forces of the CCGs and the local NHS England staff."

In this context, can the Tower Hamlets Scrutiny Committee tell us who will in future be accountable for the planning and commissioning of health services within Tower Hamlets and the NEL footprint, given that – as we understand it – the statutory duty for this rests with the local CCGs or, in the case of public health, with the local authorities?

Secondly, if current arrangements are being rewritten, what role will remain for local authority health scrutiny committees? Does the committee share our concern that local authorities may lose their powers to scrutinise and influence local health service provision and, if so, does it intend to express this view to NHS England?

Cllr Clare Harrisson thanked Carol Saunders for her questions and stated that NHS representatives would address the questions raised as part of Item 4 on Governance.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Clare Potter, INEL JHOSC representative for Hackney Council.

3. DECLARATIONS OF INTEREST

No member of the Committee declared a pecuniary interest.

4. MINUTES

The Chair referred members of the Committee to the minutes of the previous meeting held on the 13th December 2016. The Committee agreed and approved the minutes as an accurate record of the meeting subject to the following amendment

Page 8 – Stephanie Clark is a member of 'Tower Hamlets Keep our NHS Public' campaign group and not a member of Healthwatch.

5. NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN; GOVERNANCE

Jane Milligan, Executive Lead for the North East London Sustainability and Transformation Plan (NEL STP) introduced this item.

She said the STP process signalled a move towards working in a larger geographical area and that the governance arrangements to support the strategy and system level change was essential to ensure the development and implementation of the STP. Twenty organisations in East London have been working together to develop the East London Health and Care Partnership (ELHCP which previously known as NEL) STP.

The ELHCP STP plans to hold roadshows in the summer and is consulting Overview and Scrutiny Committees and other stakeholders, in developing its governance structure. The diagram on Page 27 gives an overview of the structure that the STP is looking to achieve. Task groups will continue to develop the document, as it's a live document and groups such as the Mayors and Leaders Advisory Group, Community Group and Assurance Group will feed into the structure.

The ELHCP have developed a draft Partnership Agreement for the governance arrangements, which is not legally binding but is intended to ensure a common understanding and commitment between partner organisations.

Jane Milligan informed the Committee that the STP were aiming to shape and refine the structure going forward.

Dr Sam Everington, CCG Chair, Tower Hamlets CCG and NEL STP Clinical Lead then gave the Committee Members examples of how working together can achieve better results for the patient.

Example 1
A project on Palliative Care has seen multi-disciplinary teams managing terminal care enabling patients the choice to die at home with their loved ones present.

Example 2
Maternity Care has been improved with Midwifery-Led Clinics co-existing with Maternity Units and offering more choice and support to new mothers.

Example 3
Outpatient services have been improved with GPs able to refer patients for blood tests with improved systems to view test results via an email response.

Example 4
The STP will allow for Mental Health Care to be on an equal footing with physical disease, as the organisations within the partnership will be working to integrate their specialisms, to provide a more holistic approach to health and care.

Jane Milligan referred to the question raised by the 'Keep our NHS Public' group and said discussion was necessary as to how oversight and transparency would be achieved. She said that as the Lead Officer she was a conveyor to the ELHCP STP and each organisation was working collaboratively to achieve the right direction of travel. The ELHCP STP was aiming to bridge the gap between Commissioner and Provider organisations.

The five-year forward view would provide the partnership with an accountable care system and there were no plans to take away the role of Overview and Scrutiny Committees.

This was followed by questions and comments from Members of the Committee and responses from NHS Representatives.

- **Cllr M Mustaquim** – Top of Page 24 states the shadow arrangement came to an end in March 2017. What is operating in its place?

- *Diagram on Page 27, explains what the governance structure should look like. The advisory groups, clinical engagement and assurance groups plus the clinical senate are being developed and local authority Chief Executive representations and political leadership is also being sought. There will be regular periods of review of the structure to ensure the structure is robust and meeting the needs of the partnership.*

- **Cllr S Masters** – What is the composition of the Community Group shown on the diagram and has an equalities assessment been undertaken at a local level? The STP will require a thorough communications and engagement strategy but when will local people have sight of this?

- *The Community Group will be quite large and will encompass other community networks, not just organisations but also residents. A meeting has been organised for the 28th June when various voluntary groups will have the opportunity to become the voice of the public but also become a reference group for the STP. Healthwatch organisations, patient groups and representatives, community and faith groups, police and fire brigade will all have a role and will be part of the communication and engagement strategy.*

- *A detailed piece of work is required with respect to the equalities assessment and the communications and engagement plan is evolving. The ELHCP STP will be meeting with partner organisations and will be launching a coherent communications strategy, with local events planned from June onwards.*

- **Cllr S Masters** – Will the INEL JHOSC have sight of the engagement and communications strategy? What is the timeline for the strategy to become available?

- *The Strategy is being pieced together at the moment and will be shared with the INEL JHOSC.*

- **Cllr C Harrisson** - What is the parity between elected councillors being a part of the decision making process and structure as opposed to local authority representation under the 'Mayors and Leaders' advisory group?

- *Cross working is required to ensure the structure is integrated. The Mayors and Leaders Advisory Group meets on the 26th May and within the partnership agreement a seat will be offered on the Board, with two seats for the Community Group.*

- **Cllr C Harrisson** - Will this be the Mayors and Chief Executives of Local Authorities?

- *Yes but also chairs of the Health and Wellbeing Boards. The ELHCP STP requires some help and feedback on how to make this work.*

- **Cllr A Munn –** Diagrams help to show where final decisions are to be made. Is the ELHCP STP Board, shown in the centre of the diagram, making decisions or will local commissioners and providers be allowed to make decisions themselves? Will there be directives from above as to how and who makes decisions?

- *The idea of the ELHCP STP partnership is to provide challenge to the organisations which sit directly below it. Commissioners, Providers Local Authorities accept the Health and Care sector has to change with an accountable care system. The Partnership will be making recommendations to partners but ultimately, decisions to implement recommendations will be with the statutory organisation.*

- **Cllr A Munn** – Has the ELHCP STP taken into account the population churn for each local authority area? There needs to be an understanding of this as the population in East London varies from borough to borough.

- *We accept the population in East London varies so we are using data from Health and Wellbeing Boards and the Joint Strategic Needs Assessments (JSNA) to inform our predictions and decision making.*

- **Councilman W Mead** – Who will be part of the Assurance Group? Are you seeking representation from individual health scrutiny committees?

- *We will be writing to the INEL and ONEL JHOSC's but wish to work with scrutiny committees to see what will work best for them.*

- **Cllr C Harrisson** – We need to figure out if we need one JHOSC representing the ELHCP STP footprint, however this conversation needs to be had between local authorities to see which Overview and Scrutiny structure would be best.

- **Cllr S Masters** – Has there been an assessment of the Governance Groups put forward in the diagram? It's been said the lowest level – commissioner and providers will be making decision, but how realistic is this?

- *The ELHCP STP partnership can only make recommendations on broad areas, where working together is for the greater good – e.g. workforce, signposting, prevention, whereas local decisions will be required in respect to population needs and equalities.*

The Chair thanked the presenters for their presentation and answers to the questions raised by Members.

6. NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN; FINANCE

Henry Black Chief Finance Officer, Tower Hamlet CCG and NEL STP Finance lead presented his paper outlining the financial case for change and the reasons for the creation of the STP.

He said that over the course of 2016, the health and care organisations across 7 boroughs in North East London (NEL) had worked together to develop a draft STP plan. The STP set out how the NHS Five Year Forward View would be delivered across the NEL footprint and how local health and care services would need to transform in order to ensure their financial sustainability and improve their clinical effectiveness.

He referred members of the Committee to pages 33- 36 of the agenda and explained in detail the various scenarios, projections and modelling undertaken by the STP and why it was important achieve financial sustainability.

Members of the Committee asked the following questions to which Mr Black responded:

Councilman Mead – Page 41 refers to making better use of infrastructure. Are you seeking to co-locate services and free up assets?

Yes, that is the aspiration. NHS needs to make better use of its assets and with the improvement in digital technology there may be less need for 'bricks and mortar' – buildings.

Councilman Mead – What will happen with the funding raised?

The capital receipts would be reinvested but we need to ensure we are utilising our asset stock correctly. The Naylor review stated organisations would retain capital receipts. We need a clear strategy on how we manage space and the number of departments we need. There is opportunity to lobby Parliament on how we access funding.

Cllr C Harrisson – What impact has the Bart's Trusts deficit had on the STP and will you not be shifting the cost onto Local Authorities, who do not have funding, rather than make an actual saving?

We are mindful of this and hope to improve access to care at an earlier stage. The STP is trying to create an accountable care system and this is our direction of travel. Transformation of resources and a whole systems approach is required, which includes local authorities.

Barts Health Trust has the biggest deficit in the Country – but not in percentage terms. The government has acknowledged this and we are working to bring this down. This year the deficit was £82m but we are moving in the right direction to reduce this.

***Denise Radley**, Corporate Director for Health, Adults and Communities at Tower Hamlets added that the figures presented in the report were purely NHS finances and whilst Social Care was moving towards a more integrated model, there were gaps in finance which needed to be factored in.*

ACTION: The STP to provide financial figures showing a more integrated financial model.

Cllr M Mustaquim – Page 33 states the population is set to grow by 18% in the next fifteen years. How are you going to bridge the gap in our borough?

The Clinical Strategy sets this out in more detail. We have modelled population increases in our predications and with the use of technology and care in a community/primary care setting, we can make savings were needed.

Cllr A Munn – 3.5 states £38m is for collaborative productivity. What sort of things does this involve?

The £38m is over the next five years and it will involve things such as a shared bank of staff, rather than the use of agency staff, by creating a more flexible workforce plus savings that can be made in back office functions such as HR and Finance. In addition various schemes can deliver savings such as the shared Pathology service which is being piloted.

Cllr S Masters – Has the impact of Brexit been factored into the financial modelling? Also the savings which you wish to make will come a lot later so population increases will impact on the STP.

The setting up of the STP was a requirement and we are mandated to have this process. We have mapped the population increases expected and will target areas but it is difficult to be precise. Each partner organisation has their own financial plan and have submitted the savings they intend to make. We are on track to achieve these saving for the 1st year.

With respect to Brexit, at this stage we cannot model for this, but we know it will have an impact. Demographics may change has a result.

Cllr B Hayhurst – At the end of December, we were told the hospital budgets would be signed off. Homerton received a greater amount of funding than other hospitals, for the same volume of work. Can you state what percentage decrease the other hospitals on the patch received?

The Bart's Health Trust contract is supported by 12 CCG areas, some have made an investment and others have made a saving. In terms of volume funding is calculated using the national funding mechanism – each unit of work is set nationally i.e. on the national tariff. The Bart's contract has seen a 2.5% increase in its funding.

The Chair, Cllr Clare Harrisson thanked Henry Black and NHS Representatives for their responses.

7. NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN; DIGITAL ENABLEMENT (IT)

Luke Readman Chief Information Officer, WELC CCG and NEL STP Lead Officer presented his paper on the Digital Enablement.

He stated the NEL STP was looking to make better use of Information Technology to help support health, social and community care providers, in order to meet the needs of local people.

Digital technology would enable the development of new, sustainable models of care to achieve better outcomes for patients, with a focus on prevention and out of hospital care.

The Presentation attached to the agenda gave a detailed account of how the Local Digital Roadmap's (LDR) become the footprint for the STP and what steps had been taken to bring together the three LDR into one LDR.

Three key themes had emerged

(a) To have a single systems approach
(b) Connectivity – Hospital's being able to see GP records and vice versa

(c) How to drive improvements once data is available.

Four work streams have been developed

- Addressing server problems at Barts Health Trust
- How data is shared across the pathways
- How data is pooled together, with real time data
- How patients can access their own information.

Dr Osman Bhatti, GP in Tower Hamlets, Phil Koczan of Waltham Forest CCG, Dr Charles Gutteridge of Bart's Health Trust, Dr Bhupinder Kohli Newham Hospital proceeded to give examples of how technology had enabled them to provide better, safer care to patients and how this had led to improved outcomes for their patients.

Members of the Committee raised the following questions to which the NHS representatives responded.

Cllr S Akhtar – How easy is it for patients to access their own records?

Mobile phone and desktop access is available and patients can register 'online' with their GP practice. Information available is limited at the moment however with the STP initiative, over time we hope to scale up the data available.

Cllr C Harrisson – One GP registration would be welcomed. It is fragmented at present.

We seek consent of the patient every time they move GP surgery however we are looking to create a 'single citizen' ID, which would apply nationally. Roll out is expected in September/October time.

Councilman W Mead – Are there plans to include hospitals in Central London and not just the providers in the NEL STP footprint?

Our plans are to create a single system across our footprint, before taking steps to network with others. Much depends on hospitals in Central London as to if they want to share information in this way.

Cllr S Masters – It's great to hear the good news stories. What would be the one thing you'd like to resolve as part of the digital offer?

To increase the number of patients accessing their own records. Presently 10% do however it would be good to achieve 90%. We acknowledge a publicity and engagement campaign is required to change human behaviour and get them to use the digital platform. The ELHCP STP is aiming to help organisations within the partnership achieve this.

Cllr S Masters – Would giving patients access to their own records create further work for clinicians especially as patients will have limited medical knowledge and may interpret data incorrectly?

Warnings are given to patients before they access their data. Where technology has been piloted – e.g. an 'abnormal' test result, an explanation is given as to why this might be. Patients can message their consultant/doctor if they are concerned. Renal Patients – pre and post dialysis have the ability to network with other patients as well as clinicians.

Cllr A Munn – page 59 refers to the sharing of the GP system with Homerton Hospital. How much data can Doctors and nurses see?

The clinicians can view a summary of the patient's data but do not have access to everything. It's a third party view and data cannot be viewed without the patients consent. It's in a webpage format with a 'view on demand' assimilated summary.

Cllr A Munn – Will there be a standardisation of the systems used?

That is the intention – to have a single systems approach.

Cllr A Munn – Will pharmacies be included in viewing patient data?

A system is being piloted – called EMIS. Pharmacists can view limited GP data with the consent of the patient. The Pharmacist can also add to notes stating what advice has been given and/or what has been prescribed or if a test has been done – e.g. blood test etc.

Cllr A McAlmont – Have concerns from practitioners been addressed and what communications strategy do you have in place to encourage patients to access their records.

Addressing concerns from practitioners has been key. Concerns about sharing patient data safely have been raised and an agreed set of protocols has been signed off by the ELHCP STP Board. We are making the first tentative steps of sharing data and we need to monitor and learn from this. Demand for access to patient data is increasing not only from clinicians but also patients.

There are plans for a London wide and National communication campaign to promote online GP services and to make patients more aware of it.

The Chair thanked the NHS representatives for their presentation and their responses to the questions raised.

8. ANY OTHER BUSINESS

The Chair informed Members of the Committee that the next meeting of the INEL JHOSC would be held on the 26th June 2017.

The meeting ended at 8.43 p.m.

Chair, Councillor Clare Harrisson
Inner North East London Joint Health Overview & Scrutiny Committee