

LONDON BOROUGH OF TOWER HAMLETS

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

HELD AT 6.30 P.M. ON MONDAY, 26 JUNE 2017

**C1, 1ST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,
LONDON, E14 2BG**

Members Present:

Councillor Clare Harrisson	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 Yvonne Maxwell	INEL JHOSC Representative for London Borough of Hackney
Councillor Sabina Akhtar	INEL JHOSC Representative for Tower Hamlets Council
Councillor Muhammad Ansar Mustaqim	INEL JHOSC Representative for Tower Hamlets Council
Councillor Anthony McAlmont	INEL JHOSC Representative for Newham Council
Councillor James Beckles	INEL JHOSC Representative for Newham Council
Councillor Susan Masters	INEL JHOSC Representative for Newham Council

Others Present:

Paul Binfield	(Personal and Public Involvement representative)
Selina Douglas	(Deputy Chief Officer, Clinical Commissioning Group for Newham)
Rhiannon England	(Mental Health Clinical Lead, Clinical Commissioning Group for City and Hackney)
Richard Fradgley	(Director of Integrated Care, East London NHS Foundation Trust)
Steve Gilvin	(Chief Officer, Clinical Commissioning Group for Newham)
Paul Haigh	(Chief Officer, Clinical Commissioning Group for City of London and Hackney)
David Maher	(Deputy Chief Executive & Programme Director)
James McMahan	(Programme Manager, East London Health and Care Partnership)

Jane Milligan (Executive Lead, East London Health and Care Partnership)
Ian Tompkins (Director of Communications and Engagement, East London Health and Care Partnership)

Officers Present:

Daniel Kerr – Strategy, Policy & Performance Officer
Denise Radley – (Corporate Director, Health, Adults & Community)
Joseph Lacey-Holland – Senior Strategy Policy & Performance Officer
Anthony Jackson – (Committee Services Officer)

1. APOLOGIES FOR ABSENCE

There were no apologies for absence.

The Chair welcomed everyone to the Committee and asked for introductions.

2. DECLARATIONS OF INTEREST

Councillor Ben Hayhurst, from Hackney Council, declared a pecuniary interest as he sat on the Council of Governors at Homerton Hospital.

3. MINUTES

The Committee agreed the minutes of the meeting, held on 19 April 2017, subject to the following amendment:

On page 2, Denise Radley – Corporate Director of Health, Adults and Community being added to the list of officers present.

4. NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN; ACCOUNTABLE CARE SYSTEM

Jane Milligan, Executive Lead for the North East London Sustainability and Transformation Plan (NEL STP) introduced this item. She pointed out that there had been minor updates to the item which had been circulated. She confirmed that, nationally, there had been a significant amount of discussion on the subject of accountable care and that a lot of work had been done, some under the banner of devolution. She confirmed that, at some point soon, there would be a clear taxonomy, whilst pointing out that the population base was important when considering how to deliver the plan.

Paul Haigh, Chief Officer of the Clinical Commissioning Group for the City of London and London Borough of Hackney, stated that there were four work

streams that brought together commissioners and providers. Mr Haigh confirmed that the work streams would look at the totality of funds and would identify exactly what they were trying to achieve.

Selina Douglas, Deputy Chief Officer of the Clinical Commissioning Group for the London Borough of Newham, confirmed that the building blocks for integrated care were in place and that they needed to consider how it would be taken forward. She referred to the fact that the CCG in Newham was hoping to streamline their services and pointed out that it was important that all concerned were working towards the same goal. Ms Douglas explained that they were hoping to significantly transform the service in July 2017.

Steve Gilvin, Chief Officer of the Clinical Commissioning Group for the London Borough of Newham, referred to the challenging position they were in and stated that it was important to step away from the system of financial incentives.

Councillor Munn referred to page 17 of the revised slides, specifically no.5 in the list of questions that the WEL ACS had asked themselves – “how should we go about the move to an ACO/ACS (assuming we agree that we want to)?” Councillor Munn asked why they would not want to move to an ACO/ACS. She also referred to no.14 and enquired whether they had come up with any solutions. Ms Douglas stated that it was important to adopt a different approach however she conceded that they were not sure what that approach might look like. She confirmed that the focus would be on integrated care and that a system framework needed to be developed on accountability. She stated that they would want the system framework to be as borough-based as possible.

Councillor Masters referred to the circulated revised document and asked how the London Borough of Newham felt about the prospect of capitalised budgets. Mr Gilvin stated that the London Borough of Newham already had capitalised budgets and gave the view that this was an opportunity to look at how they worked with providers. He stated that the funds were for the public and therefore needed to be spent in the appropriate way to potentially achieve financial viability. Mr Gilvin confirmed that an in-principle view had been given on how the money would be spent, but stated that a lot more detail was required before there was confirmation.

Councillor Masters asked for an explanation of Primary Care at home. Ms Douglas responded that there were a number of budgets nationally for Primary Care at home and that work was underway with care practitioners to decide the best way forward. She gave data as an example, stating that it needed to be decided how it would work, what systems would be used and how to make the information that becomes available meaningful for the ACS. Ms Douglas then referred to the importance of having a system that provided the desired outcomes and that each area was organised around the needs of the population.

Ms Milligan confirmed there were similar models in Tower Hamlets around supporting integrated care – including mental and physical health. She pointed out that it was important to ensure there was a learning platform in not just inner London, but also Outer London. Ms Milligan explained that there was a big focus on prevention and that they were moving forward in terms of implementation.

Denise Radley, Director of Adult Services, explained that Tower Hamlets Council was very much focussed on Tower Hamlets Together as a core partnership. She also confirmed that there had been significant investment in developing a new framework, however they were not yet in the position where a detailed model could be agreed.

Councillor Hayhurst asked if it was planned to take funding allocated to the CCG and redistribute that sum around the three ACS. Mr Gilvin confirmed that there was a borough based partnership with the aim to deliver that approach. He stated that the London Borough of Newham would prefer a borough based arrangement as the Council was trying to move away from compartmentalisation.

The Chair agreed that compartmentalisation was one of the risks when three such models were developing. She then asked for some detail on the London Borough of Hackney's approach. Mr Haigh explained that the London Borough of Hackney's model had emerged from devolution and was similar to the models of the other boroughs represented at this meeting. He stated that the Council preferred a borough based model around a set of outcomes.

Ms Milligan stated that payment per item did not support a partnership approach. She said that it was important to identify a number of key thresholds as this would add extra benefit. She also explained that it was important to find a way to develop whilst ensuring that, for example, urgent primary care was available without the need to attend Accident and Emergency. Ms Milligan stated that the biggest challenge was the fact that they do not know what the outcomes will look like. Mr Gilvin added that, with this approach, there was a risk that it would not incentivise clinicians to do right by their patients. He also said that providers needed to be financially viable going forward. The Chair enquired as to whether he was referring to care providers only and Mr Gilvin responded that a comprehensive piece of work was required on this subject.

Ms Radley referred to discussions that had been had at Tower Hamlets Council on the broader social care market. She stated that, should accountable care be integrated, then it would need to focus on the broader social care market.

Councillor Hayhurst stated that he was concerned that the local authority and CCG would lose control as things progressed and asked for clarification on timescales in relation to the budget. Ms Milligan explained that CCG had statutory decision making powers and that the timescales were being

developed. She said that by December 2017 it was important to have reached an understanding of what the timescales would be as the plan was to test the proposals by 2018/19.

Councillor Hayhurst asked for thoughts on Hackney Council's proposal to pool all relevant budgets. Ms Milligan confirmed that there was a commitment to integrated budgets. She stated that it was important to consider where resources should be allocated to be most effective. She pointed out that providers might need support in order to get the best outcomes.

Councillor Hayhurst referred to the fact that there was a budget shortfall and expressed concerns at the proposal to re-evaluate and come up with a new system when the money to fund that system was not available. Ms Milligan explained that previous experiences had yielded positive outcomes and said that there was evidence that such approaches had a positive impact. She gave dementia as an example.

Councillor Masters asked what proportion of local budgets would be included in the ACS for Newham and Tower Hamlets Councils. Mr Gilvin explained that the proportion would depend on the range of acute services that would be provided. He confirmed that further discussions were needed on this subject.

Councillor Masters referred to a task and finish group that had been set up and asked whether it had completed its work and for clarification on who was on the group. Mr Gilvin confirmed that the group ensured structured collaboration. He explained that it was the intention to liaise with all community providers within the London Borough of Newham. He said that work had commenced, however, there was some further work required on establishing the sub-groups which would sit beneath the task and finish group.

Councillor Masters then asked whether a strategy had been developed for ACS proposals. Mr Gilvin stated that, as a test, a number of events had been organised in Stratford in order to develop a strategy. He said the next stage was how the ACS would deliver the strategy.

Action: Councillor Masters asked that a list of all the working groups be provided to Members of the Committee.

5. NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN; MENTAL HEALTH

Ms Milligan introduced this item, together with Mr Fradgley, and explained that the report would provide Members with an overview of the work being undertaken to develop mental health services as part of the North East London Sustainability and Transformation Plan.

Mr Fradgley referred to the fact that there was now significant drive to make mental health a national priority. He stated that investment in that area was needed as much as it was in acute illnesses. Mr Fradgley then explained that

inner North East London had the highest level of mental illness in the country and that there was significant increasing demand for mental health services. He also stated that there had been a 10% increase in those with mental health issues requiring primary care and that it was expected that that growth would continue. Mr Fradgley highlighted the fact that good mental health services were provided in inner North East London and that they were leading the way in terms of innovation.

Mr Fradgley pointed out that they were focussing on mental health inequality and the fact that mental health issues were often a problem for those with complex needs. He confirmed that 51% of those with complex needs had a mental health problem. He also pointed out that East London NHS were focussing on improving access to talking therapies for those from BME communities.

Mr Fradgley then referred to the following key priorities for East London NHS around mental health:

- Improving the number of mental health sufferers in the inner North East London area
- Suicide prevention
- Helping those with mental illnesses to find employment
- Improving access and parity in relation to mental health services (whilst keeping the waiting list to two weeks)
- Considering how mental health would fit into the ACS system

Mr Fradgley went on to explain that approximately 50% of those individuals who were known to mental health services were under 65 years old. He stressed the importance of ensuring mental health services were not placed at risk and the need to give due consideration to how the above priorities would be delivered.

Rhiannon England, Mental Health Clinical Lead for the City of London Corporation and the London Borough of Hackney, referred to the innovative models that they had developed. She pointed out how important such services were as there was a high need for mental health services due to the high levels of deprivation in the borough concerned. Ms England stated that there was a very strong level of primary care in her boroughs and that a particular area of interest and focus was frequent users of primary care services. She pointed out that many frequent users had a mental health problem.

Ms England also referred to the difficulty in balancing good patient care with a lack of funding. She confirmed that inner North East London could learn from the outer North East London boroughs in relation to crisis care. She explained that the number of children and young people requiring crisis care was small and thus, it was difficult to provide a good service. She stated that a 24 hour crisis phone line was a consideration and could potentially make the service more efficient and effective.

Paul Binfield, Personal and Public Involvement (PPI) representative, referred to a set of priorities set by PPI, including the fact that there was a significant amount of work needed to challenge an existing stigma around mental health which he described as a big barrier. He referred to a project currently being implemented involving a mental health worker engaging with the public on the Docklands Light Railway. He also explained that there was work being undertaken to raise awareness of mental health issues. Mr Binfield pointed out that clinical work was only one aspect and that it was also important to consider social and health education.

Mr Binfield stated that considering practical options was also a priority, such as assisting users of the service to find employment. He gave an example of certain individuals using the PPI service and being trained to become fitness instructors.

Mr Binfield confirmed that PPI had a wealth of experience and expertise on how to engage people on the subject of mental health. He offered that expertise to other organisations represented at the meeting to assist in delivering positive outcomes and explained the importance of a community approach to mental health issues.

David Maher, Deputy Chief Executive & Programme Director for the City and Hackney, explained the importance of allowing people with mental health issues to live normal and independent lives. He referred to the issue of substance abuse, giving the view that the issue should sit with public health and pointed out that relevant organisations had an opportunity to undertake joint work on this issue. He stated that everyone involved should be proud of the work that has been done by this committee.

The Chair agreed that linking up relevant systems was important, especially in relation to individuals with mental health problems having access to housing and employment. She referred to the fact that there were many undiagnosed people with mental health problems and pointed out that finding new methods of accessing relevant services was paramount.

Councillor Maxwell referred to page 2 of the report which stated “The Development of additional psychological therapies so that at least 19% of people with anxiety and depression access treatment...” She asked how that 19% was prioritised and what would happen to the remaining 81%. Mr Maher explained that they work closely with providers to prioritise and explained the importance of ensuring there was a system in place for people to rise through the system should their mental health needs escalate.

Ms England suggested that that the system be prescribed and evidence-based as many people might show recovery from mental health symptoms in ways that are unseen by relevant professionals, for example, faring better in relationships or gaining employment. She also pointed out that housing was a big problem for many suffering from mental health and stated that the solution

for many might not be prescribed medication, but a more practical solution such as access to housing.

Councillor Masters asked how mental health was being integrated into GP services. Mr Gilvin confirmed that there were additional mental health services from General Practitioners and that practices were being consolidated which was helping to improve quality.

Councillor Hayhurst asked whether they were a victim of their own success. Mr Fradgley explained that they had experienced success in reducing the length of patients' stay, however, given the financial situation with regard to the NHS, it was important to consider how beds would be managed in the future. Councillor Hayhurst asked whether there was a possibility of consolidating sites and Mr Fradgley responded that there were no plans for consolidation and that they were looking at available options.

Councillor McAlmont referred to highest spend per head, saying that the trend seemed to be upwards for the London Boroughs of Newham and Tower Hamlets especially. He asked what was being done and how much was being spent on prevention. In response, Mr Binfield explained that part of a nurse's role was to provide support to whoever came in to them. He also said that challenging the stigma associated with mental health would go a long way to raising awareness and encourage people to seek help earlier.

Councillor McAlmont asked for a breakdown of the number of mental health sufferers who were in employment. Mr Binfield confirmed that approximately 5% of mental health sufferers were in employment, compared with 8% nationally. He stated that there was a need to look at the strategic priority. Mr Binfield added that Job Centre staff in the London Boroughs of Hackney, Newham and Tower Hamlets were being trained to identify mental health issues.

The Chair stated that BME communities were a hard to reach group in terms of mental health and asked why there was such a low take up on talking therapies. Councillor Beckles agreed and pointed out that some communities had their own stigmas. He asked what was being done to alleviate the issue. Mr McMahon explained that there was a work-stream being developed around prevention and workplace prevention. He said that he hoped that this issue would be looked at as part of the work-stream and that they were considering their approach. He added that the plan was to look at establishing a work place health charter for smaller organisations. Ms England confirmed that there was a lot of work being undertaken on the BME community. She expressed the importance of looking at recovery rates as those of the Turkish and Kurdish communities very low. Mr Maher said that recovery rates were very low for the Turkish community when IAPT talking therapies were used, however he pointed out that when local engagement methods were used, such as gardening, recovery rates were excellent.

Mr Binfield explained that they were working closely with the Metropolitan Police, whilst explaining that some boroughs were more receptive than others. He stated that the national Police did not receive adequate training on mental health however he said that the situation was improving. Mr Maher referred to a pilot that was currently running on street triage. Councillor Beckles asked if those participating in the pilot were trained. Ms England confirmed that those involved were mental health professionals who were receiving training by observing on the job.

6. URGENT BUSINESS

Accountable Care Officers

The Committee was informed by the NHS that they were recruiting a single Accountable Care officer for Inner North East London and Members requested a discussion on the subject, as the appointment could potentially represent challenges to local accountability of health services.

Councillor Munn expressed concerns about the removal of accountable care officers from individual CCGs. She explained that if there was just one Accountable Officer, this would change the way the NHS operated with little transparency or legal basis for the change.

Councillor Hayhurst pointed out that the loss of Accountable Care officers could potentially result in a lack of local control and leadership.

Councillor Masters concurred with Councillors Munn and Hayhurst. She added that she was concerned that there was not a clear breakdown of what issues would be dealt with at the Accountable Care officer level.

Ms Milligan explained that the removal of Accountable Care officers had not yet been agreed by CCG Boards as it was still at the design stage. Mr Haigh added that they were still in the early stages of discussion and confirmed that firm proposals would be put to each of the CCG bodies in July 2017. He added that the change of the management process was complicated and how the ACS would be regulated needed to be considered. He stated that the relevant budget would stay with the CCGs and that the only way the budget could move would be via risk share. He stressed the importance of transparency around how the money would be spent.

Ms Milligan explained that it was intended to work closely to try and free up resources and time to support borough developments. She added that the proposed single Accountable Care Officer would benefit Londoners. She referred to the fact that there were challenges concerning the addresses of patients with larger providers. She said that local arrangements were not necessarily being moved.

The Chair gave the view that local authorities needed to be involved in relevant discussions and should be considered a key partner.

Councillor Munn asked for an explanation on the duties undertaken by an Accountable Care officer. Mr Gilvin explained that the role was set out in their constitution, however, he confirmed that the officer's powers were those delegated to them by the CCG. He added that clarity was needed around the arrangement of functions and stated that a strong commissioning team would be required.

Councillor Hayhurst stated that a formal case for the proposals should be put before this committee and asked for a commitment that this would happen as, otherwise, the committee would be signing off a model which had not been subject to scrutiny. Ms Milligan explained that timelines were still being worked out. Mr Gilvin confirmed that he would take councillors' comments back to relevant officers for discussion.

The meeting ended at 8.45 p.m.

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