

**LONDON BOROUGH OF TOWER HAMLETS**

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

**HELD AT 6.30 P.M. ON TUESDAY, 13 DECEMBER 2016**

**MP702, 7TH 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 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 Susan Masters	INEL JHOSC Representative for Newham Council
Councillor Muhammad Ansar	INEL JHOSC Representative for Tower Hamlets Council
Councillor James Beckles	INEL JHOSC Representative for Newham Council
Councillor Clare Potter	INEL JHOSC Representative for Hackney Council

**Other Councillors Present:**

Councillor Anna Mbachu	Waltham Forest
Councillor Richard Sweden	Waltham Forest

**Others Present:**

Stephanie Clark	Healthwatch Tower Hamlets
Dr Coral Jones	Keep Our NHS Public
Mary Burnett	N E London Save our NHS
Terry Day	N E London Save our NHS
Archna Mathur,	Director of Performance and Quality NHS Tower Hamlets CCG,

Selina Douglas	Deputy Chief Officer Newham CCG
Henry Black	Chief Finance Officer NHS Tower Hamlets CCG
Nicola Gardner	Programme Director, North-East London Sustainability and Transformation Plan (STP)
July Lowe	Director of Provider Collaboration North-East London STP
Ian Tomkins	Director of Communications and Engagement North-East London STP

**Officers Present:**

Daniel Kerr	– Strategy, Policy & Performance Officer
Antonella Burgio	– Democratic Services

**WELCOME AND INTRODUCTIONS**

The Chair opened the meeting. She introduced herself and welcomed Members and guests to the meeting. She then asked all those participating to introduce themselves and state their role at the meeting.

**PROCEDURAL MATTERS**

The Chair informed all present that a procedural issue had arisen because due notice of the meeting had not been given across all of the participating boroughs; legal advice on this matter had therefore been sought. Having received this advice, the Chair informed the Committee she intended that the meeting should be held because of the time sensitive nature of the issues to be discussed. Members considered the rationale presented and all supported the proposal that the meeting should proceed.

**PUBLIC PARTICIPATION**

Stephanie Clark of Healthwatch Tower Hamlets made a submission concerning agenda item 5, 'Update on the North-East London Sustainability and Transformation Plan (STP)', highlighting concerns around whether the requirement to consult could be met within NHS England's deadlines for the sustainability and transformation plan STP.

Dr Coral Jones representing Keep Our NHS Public, made a submission in relation to agenda item 4, 'Overview of NHS 111 Integrated Urgent Care Procurement', highlighting issues revealed in a study undertaken by Cambridge University in 2011 which related to the value of the 111 service in reducing emergency visits to Accident and Emergency departments. Dr Jones, noting that the timeframe for procurement of this service in the Inner

North East London NHS area remained at 1 April 2016, asked what steps would be taken by STP to avoid the issues revealed by the local study and over-reliance on A and E services as a result of 111 calls.

The Chair thanked the contributors for their submissions and advised that the matters raised would be considered as part of the discussion of the respective agenda items.

#### **1. APOLOGIES FOR ABSENCE**

No apologies for absence were received.

#### **2. DECLARATIONS OF INTEREST**

No declarations of disclosable pecuniary interests were made.

#### **3. MINUTES**

The minutes of the meetings held on 7 November 2016 and 17th of November 2016 were presented.

#### **RESOLVED:**

1. that the unrestricted minutes of the meeting held on 7 November 2016 be approved as a correct record of proceedings.
2. that the minutes of the meeting held on 17 November 2016 be approved subject to the following amendments:
  - that the apologies of Councillor Mustaquim be noted
  - that the question from Councillor Masters which was omitted regarding the capacity for elective surgery and how this was quantified be added to the minutes; and the NHS response to this question be pursued and appended to the minutes.
  - that the amendments be incorporated into the finalised document.

#### **4. NHS 111 SERVICE**

Archna Mathur, Director of Performance and Quality NHS Tower Hamlets CCG, Selina Douglas Deputy Chief Officer Newham CCG and Henry Black Chief Finance Officer NHS Tower Hamlets CCG attended to discuss the report which provided an overview of NHS 111 Integrated Urgent Care (IUC) procurement. Ms Mathur provided an overview of the intended procurement for NHS 111; which was to be rolled out in February 2018. Service specification and vision for the wider IUC services were presently under consideration.

The Committee was informed that the 111 service:

- concept was born out of work carried out in 2014 and aimed to ease pressures in the system. The PowerPoint presentation circulated in the agenda set out how the services will mirror the sustainability and transformation plan (STP).
- was intended to address access to health care issues in the context of significant population growth, significant challenges faced by Accident and Emergency (A&E) Departments and Ambulance services, difficulty in accessing emergency services quickly and patient confusion about when best call 999, GP or other healthcare services.
- was intended to deliver more accessible seven-day primary care and fulfil national priorities.
- would comprise: 111 helpline, out of hours services, extended primary care, urgent care in hospital and urgent community response.
- vision was to provide better access to the named services by providing a single contact number. Patients would be able to speak to clinicians earlier than present arrangements allowed and receive appropriate triage for the services required by the caller based on early access to advice. An additional benefit would be the economies of scale available through the single service model.
- would be regulated through targets and performance monitoring to ensure that pressure on A&E services was better managed.
- call-takers' role would be to establish the patients' circumstances, verify them and make an appropriate onward referral. Noting that feedback from the survey of the general experience of those using the NHS 111 service was mixed, the Inner North East London model therefore would include call-back targets of 15 minutes and this would be tested in undertaking the procurement for the services.

In summary the NHS 111 IUC Service would form the first port for telephone emergency access and involve assessment for appropriate onward referral to clinical or other services. This Service would create a central point of delivery where clinicians, doctors and other professionals were available to give advice.

The Committee considered the report and Dr Jones' submission and this was followed by questions and comments from Members. Ms Mathur representing the CCG responded to Members' questions. These are summarised below and attributed to Members of the Committee at their request:

***Questions, Comments and observations:***

***Publicity and Communications***

Ms Mathur responded to Councillor Masters' questions regarding:

- how the service would be publicised to hard-to-reach groups and non-English speakers. She informed the Committee that this matter had also been raised elsewhere and this question will be referred back to the project group.

- how the service would respond to speakers of other languages. She informed the Committee that a language line will provide immediate translation via a three-way conversation between translator professional and caller.

Ms Mathur responded to Councillor Harrison's question regarding why the Somali community was not using the 111 Service as indicated in the consultation with community groups. She informed the Committee that it had not been well advertised but the effects of the decision to implement locally and nationally at the same time had been recognised.

Councillor Akthar queried whether patients were not using the 111 Service because they didn't know that it was possible to call this number for emergency matters. Ms Mathur acknowledged that effective communication was very important. It was necessary to enable 111 callers to understand that an out-of-hours call to 111 or to 999 would deliver the same service on assessment.

Councillor Akthar noted that should this service be accessed during normal hours, this would be a waste of money.

Ms Mathur responded to Councillor Potter's question regarding what sites had there been community engagement in the City and Hackney. She informed the Committee that this information was not available at the meeting but a response would be provided to Members.

**Action by:** Ms Mathur, Director of Performance and Quality NHS Tower Hamlets CCG

#### *Potential Risks of the Service*

Ms Mathur responded to Councillor Munn's question regarding how (since the provision was intended for out of hours urgent and emergency circumstances) it could be ensured that callers would not use the 111 IUC services to obtain earlier appointments with their own GP. She informed the Committee that a callers' first point of referral would always be the GP surgery. However the 111 IUC service would be applied in circumstances where a caller was unable to access their own GP surgery and the matter was urgent. The purpose of the service was not to create demand but to manage patients' direct self-referrals to hospital A & E. It was intended that care services will deal with relevant onward referrals.

Ms Mathur responded to Councillor Munn's question regarding how demand would be managed and clients prevented from circumventing the system for a GP appointment. She acknowledged that this was a possibility and would be managed by conveying appropriate messages to callers that regular GP services should be accessed in the first instance.

Councillor Munn noted that Hackney health service already operated a call handling arrangement for out-of-hours services. Ms Mathur agreed to investigate what was provided and respond to the Committee.

**Action by:** Ms Mathur, Director of Performance and Quality NHS Tower Hamlets CCG

Ms Mathur responded to Councillor McAlmont's query regarding whether over-75s and under-twos would be safe under the new service, since these vulnerable groups exited the current arrangements. She informed the Committee that these groups would continue to be safe as they would be immediately spoken to by a GP.

Councillor Hayhurst noted that the proposals would be a step down from the services already provided since in Hackney out of hours calls are responded to by GPs and Hackney A&E services were excellent. In his view:

- The proposal was a step down.
- He was surprised, given the current provision enjoyed, that Hackney services would support the proposals for IUC services.

Ms Mathur responded to Councillor Munn's query whether healthcare professionals would be the first point of contact for all callers. She informed the Committee that there would be a number of trained call handlers to act as first point of call. This is why there will be other clinicians present also to take calls. During the assessment there will be referral to a wider clinical team.

#### *Financial Matters*

Ms Mathur responded to Councillor Munn's question regarding how would savings be ensured. She informed the Committee that the new service would reduce costs by reducing inappropriate A and E use and by ensuring that as many 111 callers as possible have answers to their issues earlier in that process thereby saving trips to and the resources of hospital A & E.

#### *Transitional Matters*

Councillor Munn enquired how much contact had there been with GPs in relation to establishing confidence about booking GP appointments through the 111 service.

Ms Mathur responded to Councillor Potter's query concerning from where GPs for this service would be sourced. Ms Mathur noted the retention and recruitment issue, informed the Committee these would be sourced through consolidation of existing GP service. It was noted that there were some concerns about numbers realistically; however the STP intended to address these. Also because other clinicians would be involved (e.g. pharmacists to respond to calls about medications) there was scope to answer calls appropriately and such skills could give better suitability.

Councillor Munn noted that the proposals assume that the choices service operates. She also commented that in her view it would be appropriate to

look at what already exists and how this could be integrated into the new provision. Ms Mathur responded that the CCG was in negotiations with City and Hackney to this end.

Ms Mathur responded to Councillors Munn and Councillor Mustaquim's enquiry about:

- timescales
- whether implementation would be phased in or 'big bang' approach.
- how this implementation would be delivered without interrupting quality of services.

She informed the Committee that the new service would begin in February 2018. All new services will be implemented at that time on the basis that the Provider has had learning and has made provision for the transfer to the new arrangements. A test will be added to the staff procurement procedure in this regard.

*Purpose/objectives of the new service*

Ms Mathur responded to Councilman Mead's question whether the proposed service just a rebranding of NHS direct service. She informed the Committee that the new service would give more flexibility and enable calls to be referred back to GPs.

Ms Mathur responded to Councillor McAlmont's query on whether there will be sufficient resources to ensure that respondents would be able to speak to an appropriate professional for their issue (he contrasted the current circumstances of numbers waiting to speak to a GP). She informed the Committee that the service would be appropriately resourced. The minimum number of professionals present would be; one GP, one paramedic and one nurse. If it were possible to resource calls through a wider hub, then they could be better referred to the appropriate local hub to ensure that confidence remains high. Therefore the service would be resourced from across seven CCGs of N E London to ensure that the workforce was sufficient to make the proposed system resilient.

Ms Mathur responded to Councillor Munn's question concerning whether it was intended that there would be one or multiple providers to deliver one service across the inner in north-east London area. She informed the Committee that the procurement was for one provider for 111 calls across the seven CCG's of the inner North-East London area.

Ms Mathur responded to Councillor Hayhurst regarding whether present GP out of hours telephone numbers would be replaced by the new service. She informed the Committee that the new 111 Service would replace all current contact numbers for out-of-hours primary care. It was intended that the new provision would build more resilience into each local system and future proof the provision. However, where clients needed a face-to-face service this will still be delivered locally. Councillor Hayhurst noted that the present arrangements in Hackney had been rated very good and was concerned that the proposed change would result in a deterioration of the good provision

currently enjoyed by Hackney residents and would be detrimental for Hackney residents.

#### *Performance*

Ms Mathur responded to Councillor Harrison's question regarding whether feedback was already embedded in the system. She informed the Committee that a feedback system was already in use and already embedded.

Ms Mathur responded to Councillor McAlmont's query on whether the call-back targets were achievable. She informed the Committee that the targets were met and standards for responses were built into the metrics. The average call-back time was eight minutes. Additionally, since services would have greater resources, there was confidence that call-backs would be timely. Referring to the submission from Ms Clark, Ms Mathur advised also that the new service would provide greater capacity to meet needs.

#### *Concluding Comments*

Ms Mathur advised:

- That the current consultation was almost complete and there were points to take back from the JHOSC engagement but the proposals will consider the area's wishes.
- That the time that remained until the closure of the consultation in February 2017 would enable the INEL JHOSC. Members to take matters of interest and contention back to be discussed by their own local authority.

The Chair confirmed that there would be matters that each local authority representative wished to take back and to discuss with their own area health scrutiny bodies

The Chair thanked the CCG representatives for their presentation and report.

#### **RESOLVED**

1. That the report presented and discussion on the overview of NHS 111 integrated urgent care procurement be noted
2. That that issues raised at the meeting relating to specific local authority matters be referred back to the originating local authority by be relevant INELJHOSC Member.
3. That any further local comments be referred back to the CCG by the consultation closing date of 28 February 2017

#### **5. UPDATE ON NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN**

Nicola Gardner Programme Director, North-East London Sustainability and Transformation Plan, (STP), July Low, Director of Provider Collaboration North-East London STP and Ian Tomkins, Director of Communications and



Engagement North-East London STP introduced the report and presentation which provided an update on the development of an STP in the North-East London NHS area. This set out how the NHS five-year forward view would be delivered and health and care services will transform and become sustainable and be built around the needs of local people.

Mary Burnett (a former social worker) and Terry Day (Formerly a Non-Executive Member of Whipps Cross Hospital; Board) representing North-East London Save Our NHS made the following representations:

- STP representatives were asked to justify the approach that had been taken in delivering the STP, in the context of the statement made by Stephanie Clark regarding the requirement for formal consultation when considering a substantial variation in service provision (such as that proposed in the NELSTP) and
- asked JHOSC to consider if this requirement can be met within the timeframe notified by NHS England (namely that the STP was to be signed by December 23rd 2016).
- Ms Day although not arguing against the integration of community care put forward that the overall financial deficit will counteract the intended benefits of the plan and, coupled with the expected population increase, it was not credible that the STP could deliver its intended benefits.
- Ms Burnett noted:
  - That the NHS plans are not quantified and NHS providers are being forced into the transformation program in order to gain access to funds.
  - The proposal for a whole system change in the period proposed was not achievable.
- Ms Day put forward:
  - That it was necessary to test the provision before bed-base is reduced. This testing was not taking place and therefore creates risk in the inherent service delivery.
  - There is no plan to meet the service requirements.

The Committee noted these submissions and the Chair then invited the Programme Director, North-East London STP to make her presentation.

The Programme Director noted the challenges to delivering the STP described by Ms Burnett and Ms Day. She made her presentation informing the Committee that:

- The STP Project Team was presently translating the ideas of the STP into the procurement.
- There would be no sign-off of the plan on 23 December 2016 because feedback was presently awaited.
- Paragraph 6 of the report outlined the plan to deliver a single sustainability and transformation plan across the seven North-East London Clinical Commissioning Groups (CCGs).

- There were eight work-streams including services, property, workforce, and new roles to address short-term and medium-term shortages and IT/ media.
- NHS England was presently beginning to work up proposals and these would require further work over the coming months.
  - Plans were to be worked up by clinicians, local authorities and stakeholders.
  - NHS England was, eager to receive input into the proposals from local authorities and agencies.
- Mr Tomkins acknowledged that notice of the STP had not been communicated in an ideal way. However it was necessary:
  - to continue to progress the project and
  - to enable people to understand the aims and content of the STP and the difference it will make to services.
- Attitudinal and behavioural change was required and therefore NHS England was looking to engage with groups (especially to hard-to-reach groups) to communicate to this change.
- In order to achieve communication they needed to connect the networks and to publish more information on the website.

The Programme Director further informed the Committee that:

- She was eager to make plans available to the public therefore these had been published in advance of the NHS recommended dates.
- Where significant changes to services were required, she was determined that these changes would be informed by consultation.
- The STP was not a constituted body but has a governance board to ensure that there is participation in the programme.
- Financial challenges would need to be met and the financial gap closed by the following:
  - By noting the savings being worked towards,
  - Collaborative back-office roles,
  - Focus on community and out-of-hospital care.
- Transformation of STP is a condition of access to funding.

The Committee considered the report and public submissions and this was followed by questions and comments from Members. These are summarised below and attributed to Members of the Committee at their request:

***Questions, Comments and observations:***

*Revised sign-off deadline*

Ms Gardner responded to Councillor Harrison, who noted that historically the NHS undertook its annual planning in a cycle ending 31 March, and asked

- for clarification of what was to be signed off on 23 December 2016 and
- its value.

Ms Gardner informed the Committee that NHS England had instructed that the date to be brought forward by three months to give a period of stability. The deadline applied to contracts between the CCG's and hospitals; each

organisation had its own operating plan which must also be signed off. It was noted that this signature related to plans for future years.

#### *Scope of the Procurement*

Mr Black responded to Councillor Munn's enquiry regarding what contracts will be put through TST in the coming year and Councillor Sweeney's enquiry as to what order the contracts would be placed. He advised the Committee that the initial phase would involve the following areas:

- outpatient redesign,
- diagnostics/unnecessary testing,
- improving access to GP specialist advice.

Other plans would continue to be developed but would not be signed off on 23 December 2016. He noted that, on the deadline date, even the above areas notified might not be signed off in their final form.

#### *Latent consequences*

Ms Lowe responded to Councillor Sweeney's question whether STP representatives could guarantee that latent financial facts would not be created that might later come to light and force a particular service on an irreversible path. She advised the Committee that most of the arrangements related to intra-NHS services. The STP was a five-year programme and the plan required many more consultations to be undertaken. The advantage of implementing an early deadline was that savings will be identified and agreed on 23 December and foster a period of stability during which the budget will be known before its implementation on 1 April. No such facility presently operated.

#### *Data*

Councillor Ben Hayhurst noted that no numerical information was presented in the report and argued that the process was therefore based on an assumption. He asked what the decrease figure was. Mr Black responded that:

- The total amount would increase but not necessarily in line with the demographic.
- At present it was not possible to give definitive numbers because contracts were under offer.
- The value of the transformation for Barts NHS Trust was £14 million on a £6 million patch.
- The value for the Himmerton NHS Trust was not known.
- Details of the value of year one of the STP would be provided to members in writing.

Ms Douglas informed the Committee that local CCGs possessed this data as the offers had originated with them.

**Action by:** Mr Black, Chief Finance Officer NHS Tower Hamlets CCG / Joseph Lacey-Holland, Strategy Policy and Performance LBTH

Responding to Councillor Hayhurst's enquiry regarding what were the differences between offers and counter offers Mr Black advised that some CCG's had their own savings plans and made their calculations after the local facility plan. He agreed to provide figures to Members after the meeting.

**Action by:** Mr Black, Chief Finance Officer NHS Tower Hamlets CCG

#### *Consultation*

Councillor McAlmont, referencing the submission from Ms Clark, enquired what the plans for consultation were. Mr Tompkins responded that, at present, the plan was in draft. Once the proposed changes to the services were known, formal consultation would be undertaken.

Mr Tompkins responded to Councillor Harrison's enquiry concerning what was the threshold for determining significant changes. He advised that STP representatives were not able to answer at present but a response would be provided later. Ms Lowe noted that there was no suggestion that STP in its entirety was subject to statutory consultation but only specific proportions of the plan. At present there were no proposals to undertake any changes which met the threshold to trigger formal consultation.

**Action by:** Mr Tompkins, Director of Communications and Engagement North-East London STP

Ms Lowe responded to Councillor Masters' comment that consultation should take place at the point where plans were being formed and that in this case however plans were already defined considerably. She advised that the statement was a legal definition of consultation but was not used for the entire STP.

Mr Tompkins responded to Councillor Munn enquired what would engage people on the STP. He advised its about the encompassing process and pulling strands together as the area was very large and covers many diverse services. Ms Gardner advised also that had already been consultation with local health trusts about what the engagement should look like. Councillor Munn further enquired what organisations had been engaged with and Mr Tomkins advised that STP would meet with Redbridge who have been procured for engagement.

#### *Legal/Governance*

Ms Gardner responded to Councilman Mead, who noted that on 31 January 2017 local authorities would be asked to sign a memorandum of understanding and enquired how they would be able to do so in the absence of information on costs. She advised that the memorandum of understanding concerned an agreement to work together to develop the STP, in terms of establishing governance arrangements. It was noted that these arrangements were not binding.

#### *Service Resourcing*

Councillor McAlmont expressed concern that, under the STP, it would be necessary to deliver efficiencies year-on-year while the population continued to grow. This arrangement implied there would be a cut in resources for services. Through ongoing the years, CCG will return to seek efficiencies which will ultimately result in cuts to frontline services. Therefore it was necessary for TST to have ballpark figures of what savings must be delivered in the current year. He noted that INELJHOSC had been given no information about what cuts were being mandated.

Councillor Hayhurst put forward that if a substantial variation threshold had been crossed, value of the figure suggested would be £540M, equivalent in financial terms, to the closure of the Hommerton Hospital for two years.

Ms Lowe responding to Councillor Munn's enquiry on whether there was information on the consolidation of pathology services, informed Members that pathology was part of the provider productivity work stream and there were issues at Hommerton due to the review in hand. As the STP footprint was too large, there were questions around pathology at Royal London and Queens working collaboratively together which rendered it unlikely that the service would go to a single pathology provision. Councillor Harrison enquired whether it was necessary to wait for the work to be completed. Ms Lowe advised that the work at Homerton was being reviewed but will continue since it was not reliant on work at other hubs..

Councillor Munn also enquired whether money would be taken from services to plug gaps elsewhere.

Councillor Mbachu, asked that the data requested by Members should be provided as soon as possible by email.

**Action by:** Mr I Tompkins, Director of Communications and Engagement North-East London STP

Councillor Harrison requested that the following information be provided:

- In-year devolved financial information on savings
  - against priorities,
  - against CCG,
- how things will be allocated,
- where savings will come from,
- figures year-on-year against timescales, and
- governance.
- how the STP would be segmented to enable INELJHOSC to consider any proposals brought forward in a timely manner.

She advised that INELJHOSC would give engagement but needed appropriate levels of detail so that they can engage with STP effectively.

Mr Black informed Members advised that STP was not a statutory body and was therefore not able to compel any parties to do anything against their wishes. Additionally there was no plan to reassign money.

**Action by:** Mr I Tompkins, Director of Communications and Engagement  
North-East London STP

Councillor Mbachu, asked the Committee to examine/investigate whether the STP contained within it, significant variations that that would trigger statutory consultations. In particular she asked for the Committee to consider and determine whether services and proposals were being artificially ungrouped so as not to trigger the statutory consultation threshold. The Chair agreed that the CCG would be requested to specify the elements of the STP.

**Action by:** INEL JHOSC Members

The Chair:

- summarised the discussion and noted the Committee's intended activities in forthcoming meetings and
- thanked NHS England (STP) representatives attending for their presentation and report.

**RESOLVED**

1. That the report and discussion on the North East London NHS STP be noted
2. That the data requested by Members during the discussion be provided post- meeting.

The meeting ended at 8.50 p.m.

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