

LONDON BOROUGH OF TOWER HAMLETS

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

HELD AT 6.30 P.M. ON THURSDAY, 9 NOVEMBER 2017

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

Members Present:

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| Councillor Clare Harrisson (Chair) | INEL JHOSC Representative for Tower Hamlets Council |
| Councillor Susan Masters | INEL JHOSC Representative for Newham 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 Anthony McAlmont | INEL JHOSC Representative for Newham Council |
| Councillor James Beckles | INEL JHOSC Representative for Newham Council |

Other Councillors Present:

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| Councillor Richard Sweden | Waltham Forest |
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In Attendance:

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| Dr Sam Everington | Chair, Tower Hamlets Clinical Commissioning Group |
| Daniel Kerr | Strategy, Policy & Performance Officer, LBTH |
| Denise Radley | Corporate Director, Health, Adults & Community |
| Rehan Khan | East London Local Maternity Service |
| Wendy Matthews | East London Local Maternity Service |
| Kate Brintworth | East London Local Maternity Service |
| James Cain | Health Education England |
| Tracey Fletcher | East London Community Health Partnership |
| Sanjiv Ahlumalia | Health Education England |
| Ian Tomkins | East London Health and Care Partnership |
| Steve Gilvin | Newham Clinical Commissioning Group |
| David Knight | Senior Democratic Services Officer |
| Rushena Miah | Committee Services Officer |

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Muhammad Ansar Mustaqim and Councilman Christopher Bolden.

2. DECLARATIONS OF INTEREST

The Chair declared a non-specific interest in that she was employed by UNISON union.

Councillor Ben Hayhurst declared he is a Governor at Homerton University Hospital.

Councillor Sweden declared that he is managed by North East London Foundation Trust but he is not employed by them.

3. MINUTES OF THE LAST MEETING AND MATTERS ARISING

Correction on page 10 of the pack, change Terry Bay to Terry Day.

Correction on page 10 – Chairs of JHOSC are not members of the STP board. Statement to be removed.

Clarification on page 13 of the pack, paragraph 4 – Ian Tompkins, Director of Communications East London Health and Care Partnership, added that the East London Health Partnership was launched in July 2017 as an internal meeting but there were reps present. The meeting was targeted at health partners and other government transformation groups. The work on the payment programme was extended to September 2017 and there will be further engagement with interested parties in the New Year.

Councillor Anne Munn added that her interpretation of the discussion was that Councillor Maxwell was asking for an update on the east London health payment system consultation and requested to receive a report on this at the February meeting of this group.

In order to have more time to discuss the topic, the Chair decided that an update on the East London Health and Care Partnership Consultation should be included on the February agenda of this meeting.

It was agreed that a standing item for updates from the new Single Accountable Officer (Jane Milligan) should be included on future agendas.

Mr Tomkins confirmed Jane Milligan was appointed Accountable Officer from 1 December 2017. Shadow arrangements will be in place until April 2018. One of her first tasks will be to look at governance arrangements and the scheme of delegation. He advised that this topic should be revisited at the next meeting.

Councillor Hayhurst expressed concern that Hackney's population may be too small to form a Sustainability and Transformation Partnership (STP). It was confirmed that there was no minimum population figure to form an STP, the half a million figure was guidance and not a requirement.

Having noted the above amendments, the minutes were agreed as an accurate record of the meeting.

ACTIONS

- 1. An update on the East London Health and Care Partnership Payment System Consultation to be added to the February agenda of this meeting.**
- 2. Chair to provide a list of working groups.**

4. STATEMENTS FROM MEMBERS OF PUBLIC

Michael Vidal

'Will the commission consider referring the decisions of the CCG Boards to the Secretary of State?' My reasons for making this request are:

1. The question of how you can legally remove the existing Accountable Officers and replacing them has not been given a satisfactory answer. I would refer the Commission to paragraph 4.1 of my August submission to the last meeting of the Commission.
2. It is clear from the comments made by some of the members of the City and Hackney CCG Board in approving the proposal they only did so because of a threat from NHS England to use its intervention powers if they did not agree to the proposals.
3. The power to make these arrangements under s.14Z3 of the NHS Act 2006 (as amended) is a discretionary power as can be seen by the use of the word may and not must in the section. Accordingly, in making the threat NHS England caused the NHS City and Hackney CCG Board to unlawfully fetter its discretion.
4. NHS England in saying that matters have to be done at the NEL level are subjecting the statutory function of the CCGs which only relate to people in its area to the need to comply with a non-statutory requirement.
5. The proposal seeks to circumvent the abolishing of Strategic Health Authorities by s.33 of the Health and Social Care Act 2012 by creating bodies with a strategic role but no legal basis.

Mr Vidal's questions were noted.

Jackie Applebee

Our question is: When the NHS is on the point of collapse due to unprecedented underfunding by the current Government, do the councils agree with us that this money would be much better spent on front line patient care?

We also urge the councils to note the most recent Kings Fund report which expresses concerns about STPs and their ability to deliver within the financial constraints:

https://www.kingsfund.org.uk/sites/default/files/2017-09/STPs-London-Kings-Fund-September-2017_1.pdf

and to join with us in insisting that these plans are not deliverable without swingeing cuts to NHS services.”

Ms Applebee’s question was noted.

5. ITEM 4. MATERNITY

Kate Brintworth, Head of Maternity - East London Health and Care Partnership, introduced the item. As part of the Five Year Forward View the Maternity Transformation Board was set up by NHS England to ensure recommendations from the Better Births Review were delivered. Key areas of action included, reducing still birth, learning, ensuring women have a better experience of care, continuity of care and the option to give birth in a midwifery setting.

It was recognised that collective action would be required to meet the new standards so Local Maternity Systems were introduced to take leadership and action. The East London Local Maternity System (ELMS) provided a report on their activities over 2016/17.

With reference to page 55 of the reports pack, Councillor Ann Munn asked to learn more about the new models of cross boundary working. The Chair of the East London LMS used the Neighbourhood Midwives social enterprise as an example of continuity of care throughout pregnancy to six weeks after birth.

Councillor Ben Hayhurst asked how continuity of processes is maintained when they have five hospital sites across the patch and the Trust is a separate entity.

Ms Brintworth explained that communication between the sites is good because there is an existing network in place that regularly meets. There are five delivery packs used across the sites which have been standardised to save £80,000.

Councillor Susan Masters queried how the ELMS programme will be funded over the next five years. Tracey Fletcher, Chief Executive of Homerton Hospital, informed the Committee that an NHS England bid for £7.5 million had been submitted and feedback on the bid would be given in the New Year.

There was a discussion on the flow of patients across London. Ms Fletcher informed the group that a piece of research has been conducted on demand levels but it was difficult to predict birth numbers due to changing demographics. She said the birth rate is expected to go up but this is unlikely to be by a huge amount. This year there were 2000 less births than the 5000 predicted. There has been a recent trend in more women, particularly from Hackney, choosing to go to north east London hospitals such as the new University College London Hospital (UCLH).

Representatives from Homerton Hospital acknowledged Hackney's changing demographics. They said they needed to challenge the local perception that new hospitals like UCLH have better maternity care because on the whole UCLH and Homerton provide a comparable service.

The discussion moved on to maternal mortality rates. Councillor Hayhurst suggested higher mortality rates in east London may be what is driving patients away. Ms Brintworth explained that the mortality rate is relatively low considering the number of high risk cases that are presented. She said East London hospitals are seeing an increase in the number of older women, diabetic women, obese women and women diagnosed with cancer choosing to give birth. These factors can influence the maternal mortality rate.

Councillor Hayhurst asked what measures were in place to handle a maternity related death. Ms Brintworth said that there was an action plan in place and a report was written on the topic.

The Chair queried if patients were being tracked between births. Ms Brintworth confirmed that all patients had a trackable birth record and that all of the providers within the ELMS had a bereavement team who were able to monitor a patient's wellbeing up to their next birth. One provider piloted a National Care Bereavement Pathway for traumatic birth; this service included the support of a consultant midwife who was available for advice up until the next pregnancy. The pilot produced successful case studies.

It was noted that the slightly higher mortality rate figures between the years 2013-2015 were an anomaly.

It was confirmed that maternity care would be provided to all women regardless of their citizenship status. Overseas patients who have elected to have maternity care in the UK will be billed. A migrant or refugee would not be turned away if they required care but could not afford it.

The Chair thanked speakers for their report and invited them to the Tower Hamlets Health Scrutiny Committee meeting on 8 January 2018 which would be discussing a report on the Royal London Hospital Maternity Services.

RESOLVED

(a) To note the report

6. ITEM 5. WORKFORCE

James Cain, Head of Workforce Transformation, Health Education England, presented the report on Workforce. He said that when the 44 STPs were formed Health Education England was tasked with creating 44 multi-agency action boards.

Population growth has resulted in pressure on health services. There are pockets in east London which are under doctored. In addition to this the nursing workforce is migrating away due to affordable housing issues.

Workforce retention is included in a work stream. Providing people with careers as opposed to jobs is a key theme in the work. The apprentice levy has increased to enable local people to enter the workforce as local people are more likely to stay on longer term.

The national target for increasing the number of GPs is 500. North East London has a target of employing 19 additional GPs. Given the population demand, new roles are to be introduced into primary care including Physician Associate and Care Navigator. In secondary care, a Nursing Associate role will be introduced.

Dr Sam Everington said that investment is a key factor in retention. Commissioners have invested in training science graduates to learn some GP skills over a 2 year training course. He argued that the diversification of roles is an essential benefit to a changing workforce and used the example of utilising pharmacists to support GPs with paperwork and prescriptions. He also advocated for e-contact consultations.

The Chair asked primary care colleagues what they thought about virtual consultations, also referred to as the Babylon Project. On the whole the GP's agreed that it was a major risk and encouraged 'cherry picking'. They thought the funding formula was rather crude, for example a young person with significant needs would generate the same charge as a low risk patient.

Steve Gilvin, Chief Officer, Newham Clinical Commissioning Group, acknowledged that cherry picking could be an issue but said there would be a menu of options on what could be provided, which was a good thing.

Wendy Matthews, Deputy Chief Nurse /Director of Midwifery, Barking, Havering and Redbridge University Hospital NHS Trust, asked what impact Brexit would have on European nurses.

Mr Cain replied that on average European junior nurses left after two years but experienced nurses tended to stay on. Health Education England is focussing efforts on training newly qualified nurses. There is a Capital Nurse Programme to ensure London nurses are given the best training. With regard

to Brexit, there has not been a significant shift towards nurses leaving the country but the reduction of the pound has resulted in difficulty in attracting European nurses on salary.

Councillor Hayhurst asked a question about housing options available to nurses and whether the health service and local authority worked in a joined up way to ensure key workers were provided with suitable housing.

It was noted that there had been little joined up working with the health service and local authorities on key worker housing. Members suggested offering workers a suite of benefits such as nursery places, housing, and training to encourage people into entering the profession.

Councillor Susan Masters asked about the job roles of the Physician Associates. Dr Everington said some of them will be trained on hospital work and some on GP work. It is envisaged that the roles will specialise in chronic conditions but this will depend on the individual's strengths.

A Member asked what the contingency plan would be if these roles could not be filled. Mr Gilvin responded saying that the GP Resilience Programme has allocated some funding to practices that are struggling. It is not a huge amount but the workstream is there in case intervention and advice is required.

There was a discussion on NHS estates and the sale of land. Mr Tompkins explained that any sale of NHS assets goes into a general pot with no guarantee that the funds will be allocated to an east London Trust.

Councillor Richard Sweden asked how GPs felt about the dilution of their profession with the introduction of the new roles. Dr Everington responded that initially there was some opposition to the idea but it is now widely welcomed due to the demands on the service.

Mr Gilvin informed the committee about a piece of work on quality improvement with Newham CCG that is being piloted.

RESOLVED

- (a) To note the report

The Chair thanked delegates for their contributions and brought the meeting to a close.

7. ANY OTHER BUSINESS

INNER NORTH EAST LONDON JOINT HEALTH
OVERVIEW & SCRUTINY COMMITTEE,
09/11/2017

There was no other business.

The meeting ended at 8.47 p.m.

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