

LONDON BOROUGH OF TOWER HAMLETS

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

HELD AT 7.00 P.M. ON THURSDAY, 11 SEPTEMBER 2014

**COMMITTEE ROOM 2, EAST HAM TOWN HALL, BARKING RD, LONDON E6
2RP**

Members Present: Councillor Ann Munn (Chair), Councillor Dianne Walls OBE (Vice Chair), Councillor Mahbub Alam, Councillor Asma Begum, Councillor David Edgar, Councillor Ben Hayhurst, Common Councilman Wendy Mead, Common Councilman Dhruv Patel, Councillor Rosemary Sales and Councillor Winston Vaughan.

Member Apologies: Councillor Anthony McAlmont.

Officers in Attendance: Luke Byron-Davies (Scrutiny Manager, LB Newham), Jarlath O'Connell (Overview and Scrutiny Officer, LB Hackney), Neal Hounsell (City of London Corporation), Tahir Alam (Strategy Policy and Performance Officer, LB Tower Hamlets), and Philippa Sewell (City of London Corporation).

Also in Attendance: Councillor Richard Sweden (London Borough of Waltham Forest), Zoë Hooper (Transforming Services, Changing Lives, NEL Commissioning Support Unit), Jo Carter (Barts Health), Peter Morris (Barts Health), Neil Kennett-Brown (North East London Commissioning Support Unit), Dr Sam Everington (Chairman of Tower Hamlets Clinical Commissioning Group), Dr Fiona Sanders (Hackney Local Medical Committee Chair), Dr Jackie Applebee (Tower Hamlets Local Medical Committee), Maggie Falshaw (Practice Manager, GP Practice, Tower Hamlets and Save Our Surgeries Chair),

Members of the Public: 4

The meeting commenced at 7pm and closed at 9pm

1. WELCOME AND INTRODUCTIONS

Past Chair Councillor Winston Vaughan welcomed everyone to the meeting and advised of a change in the order of agenda items.

2. ELECTION OF CHAIR AND DEPUTY CHAIR

RESOLVED – That Councillor Ann Munn be elected Chair and Councillor Dianne Walls Deputy Chair for the ensuing year.

3. APOLOGIES FOR ABSENCE

Late apologies for absence were received from Councillor Anthony McAlmont. NHS England also sent apologies.

4. DECLARATIONS OF INTEREST

Councillor Ben Hayhurst declared an interest in item 6, the Removal of the Minimum Practice Income Guarantee (MPIG), by virtue of a conflict of interests arising from his career as a barrister, and undertook to leave the room during the discussion of this item.

5. MINUTES OF PREVIOUS MEETING

The Committee gave consideration to the minutes of the meeting held on 17 February 2014.

RESOLVED – That the minutes of the meeting of the Committee held on 17 February 2014 be agreed as a correct record.

6. TRANSFORMING SERVICES, CHANGING LIVES PROGRAMME

The Chair welcomed Peter Morris from Barts Health, Neil Kennett-Brown from the NE London Commissioning Support Unit, and Dr Sam Everington, Chairman of Tower Hamlets CCG.

Mr Kennett-Brown reported that the programme had started in February 2014, with an interim case for change finalised in June. The engagement period had begun in July and would end on the 21st September, with a formal case for change and an outline of the work programme being in November 2014. Dr Everington advised Members that this programme needed to deal with health in general, not just health services, and find new, modern, and more productive ways of working to address the upcoming challenges to health care.

Councillor Winston Vaughan opened the questioning, asking whether the expected increased demand on hospitals from the predicted growth in population was to be addressed through current budgets?

Mr Kennett-Brown responded that an increase in patients would result in an increased budget, but that there would be a time lag on receiving it. He stated that policy and decision makers should be influenced to increase the speed. Dr Everington advised that the current funding formula was based on age, but deprivation levels in East London boroughs resulted in a 65 year old being equivalent to a 70 year old in health terms.

At a follow up request from Councillor David Edgar, Mr Kennett-Brown undertook to circulate a document summarising information on the funding formula.

Councillor David Edgar asked for more details concerning the level of engagement and the timing of the next stage of the process.

Mr Kennett-Brown replied that almost everyone recognised that this case for change as a fair and honest reflection, but wanted to know what changes would be made. Although the proposals were still being developed, Mr Kennett-Brown advised that CCGs would be presented with the formal case for change and proposals for work in November 2014, but that no details would be available until after the general election.

The Chair queried whether anything unexpected had arisen from the engagement process?

Mr Kennett-Brown confirmed that nothing had been a surprise other than that some basic services had been highlighted, such as late letters or general administration problems, as well as than clinical suggestions.

Councillor Ben Hayhurst queried why the details of the proposals were coming so late in the process, and whether there would be enough time for them to be considered and scrutinised properly.

Mr Kennett-Brown advised Members that they wanted to be as open as possible, and there was a requirement to consult fully on the proposals. Some changes would be a matter of communication (i.e. administration changes) and some would need formal consultation. In a follow-up question, Councillor Hayhurst queried whether any proposals would be made to close or merge A&E departments, and Mr Morris and Mr Kennett-Brown confirmed that there was no intention to shut any A&E or Maternity departments.

Councillor Dianne Walls enquired as to the movement to community based services, in particular the practical implications of such a move.

Mr Morris replied that a shift to integrated care to address the change in demographics and economics inevitably meant more resources would be needed in the community. He added that in primary care the biggest change would be cultural, not structural. Dr Everington advised that a joined-up approach was being sought to improve the patient's whole journey; this would involve new technology and new roles, such as care co-ordinators.

In a follow up question, the Chair asked whether an argument was being made in favour of primary care funding during discussions with ministers. Mr Morris responded that that was the answer he would give if asked, and advised that better interconnectedness was needed in the NHS to ensure effective knowledge transfer. He added that if acute providers didn't act now they wouldn't be any space in hospitals in 10 years time as they would be full of patients waiting for elective procedures because of a failure to deal with the primary care aspects..

Councillor Rosemary Sales queried whether the proposals were based more heavily on monetary savings or on achieving efficiency?

Mr Morris replied that there were three drivers for the change: an economic one, the achievement of better interconnectivity, and to address the shift in demographics.

Common Councilman Dhruv Patel asked how improvements to the healthcare system requiring significant investment would be made during a period of budget cuts.

Mr Kennett-Brown responded that the NHS budget included schemes to provide invest-to-save schemes, and Mr Everington added that proposals would be about clinical changes that should be implemented for practical reasons as well as cost efficiency.

Councillor Ben Hayhurst asked about the £400million of quality and productivity savings to be made over the next five years.

Mr Kennett-Brown advised that pages 53 and 54 of the full case for change outlined the details.

Councillor Mahbub Alam queried whether technological improvements would replace jobs.

Dr Everington responded that there was no suggestion for a loss of jobs, that the technology would just enable a different, more efficient way for staff to work. It was hoped that improvements would provide an ease of service for most patients, and free-up staff time for more face-to-face interaction with patients needing direct communication.

In response to a question from a member of the public, Mr Morris advised that the cost of capital would be higher when derived from the private sector and that there was a need overall to smooth out the cost of capital, public vs private, in the NHS. He added that Barts had reduced the size of soft services in their PFI contracts which had reduced them by £8m per year. Dr Everington added that there needed to be a national solution to the PFI issue. Mr Kennett-Brown added that the overall focus of the proposals addressed the whole of the healthcare journey, offering a holistic service for patients. Services would have to join together within the NHS wherever possible to provide a seamless service while addressing the challenges ahead.

The Chair thanked the officers for attending and answering questions.

7. REMOVAL OF MINIMUM PRACTICE INCOME GUARANTEE (MIPG)

The Chair welcomed Dr Fiona Sanders, Hackney LMC Chairman, Dr Jackie Applebee, from Tower Hamlets LMC, and Maggie Falshaw, the Chair for Save Our Surgeries. NHS England had sent their apologies for the meeting.

Dr Jackie Applebee advised Members that funding for GP surgeries had been reduced to an all-time low of 8.7%. The MIPG had previously protected practices from loss of services as a result of cuts and was originally set in place in perpetuity, but now plans had been made to phase it out over the next 7 years. Instead, money would be put into a national pot with distributions weighted by patient age. This had a disproportionately negative effect on East London owing to deprivation levels causing residents to become ill at a younger age.

Lots of practices were threatened by this change, but a higher proportion of these were in East London, and campaigns were underway to halt the removal of the MIPG. Ms Saunders reported that an offer had been received from NHS England with criteria offering help for practices losing over £3 per head. She added that very few practices fell into this category, and those that were able to absorb the first few years of cuts would struggle to manage services 3 or 4 years later as cuts continued.

Councillor Rosemary Sales opened the questioning, querying the progress of the Judicial Review (JR) and the role of the Local Authorities.

Dr Applebee replied that the JR was going ahead but the timescale was still unknown. Dr Sanders reported that Local Authorities could help by ensuring their portion of public health contracts (split between LAs and CCGs) was reinvested with local practices. Dr Applebee also asked the JHOSC to help keep pressure on NHS England and politicians to change the proposal.

The Chair highlighted the need for data to be presented for Local Authorities to become involved fully in the issues.

Ms Falshaw replied that the Clinical Effectiveness Group could provide some data, and that the British Medical Association had a calculator to work out loss per patient for practices on the GMS contract. She advised that data collected for Tower Hamlets could be anonymised and shared with the Committee. Dr Sanders added that staffing data was more anecdotal.

Councillor Winston Vaughan asked whether NHS England had been approached for meetings.

Dr Sanders advised that contact had been made but owing to cuts in NHS England there had been difficulty in getting a response; she added that meetings were now being confirmed.

Waltham Forest Councillor Richard Sweden queried whether an alternative funding allocation had been suggested, taking account of deprivation levels (e.g. healthy-life expectancy) as well as age.

Dr Applebee responded that an alternative which looked at ‘years to death’ (rather than from birth) had been drawn up, which she agreed to share with the JHOSC. This demonstrated a life expectancy for richer areas up to 15 years longer than those with high levels of deprivation.

Members discussed the points raised by members of the public, and it was:

RESOLVED – that the JHOSC write to Neil Roberts of NHS England, copying in MPs, summarising this discussion and outlining concerns.

The Chair thanked Dr Sanders, Dr. Applebee and Ms Falshaw for attending and answering questions.

8. AOB

The Chair advised that the next meeting would provisionally take place on 20th November 2014 at 7.00pm in Tower Hamlets.

The meeting ended at 9.00 p.m.

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