

**MINUTES OF A MEETING OF THE INNER NORTH EAST LONDON
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

MONDAY 25 JULY 2016

Meeting held at 7.00 pm at Hackney Town Hall, Mare St, E8 1EA

Committee Members present:

City of London Corporation
Common Councilman Wendy Mead OBE

Hackney Council
Cllr Ann Munn
Cllr Ben Hayhurst
Cllr Rosemary Sales

Newham Council
Cllr Susan Masters (in the Chair)

Tower Hamlets Council
Cllr Sabina Akhtar
Cllr Muhammad Ansar Mustaqim

Member apologies:

Hackney Council
Cllr Clare Potter
Tower Hamlets Council
Cllr Clare Harrison
Newham Council
Cllr Anthony McAlmont

Officers in attendance:

Tower Hamlets CCG: Jane Milligan (Chief Officer)
Newham CCG: Steve Gilvin (Chief Officer)
City and Hackney CCG: David Maher (Deputy Chief Officer)
Barts Health NHS Trust: Dr Alistair Chesser (Chief Medical Officer) and Ralph Coulbeck (Director of Strategy)
NHS NEL CSU (TST Team/STP Team): Neil Kennett-Brown (outgoing Programme Director NEL STP); Nicola Gardner (incoming Programme Director NEL STP); Dr Kate Adams (GP and TST Clinical Lead for Out of Hospital Programme); Don Neame (Director of Communications)
City of London: Neal Hounsell (Scrutiny Lead Officer)
Hackney: Jarlath O'Connell (Overview & Scrutiny Officer)
Newham: Michael Carr (Scrutiny Manager)
Tower Hamlets: Daniel Kerr (Strategy, Policy and Performance Officer) and Joseph Lacey-Holland (Senior Strategy, Policy and Performance Officer)

Also in attendance:

Carol Ackroyd (City & Hackney Keep Our NHS Public)
Nick Bailey (City & Hackney Keep Our NHS Public,
Dr Coral Jones (City and Hackney BMA)
Dr Nick Mann (City and Hackney Keep Our NHS Public)
Carol Saunders (Tower Hamlets Keep Our NHS Public)
Jan Savage (Tower Hamlets Keep Our NHS Public)
Michael Vidal – member of the public

1. ELECTION OF CHAIR AND VICE CHAIR

- 1.1 The Overview & Scrutiny Officer opened the meeting and invited nominations for Chair.
- 1.2 Cllr Munn, the outgoing Chair, stated that Cllr Harrison had to give her apologies for this meeting but had put her name forward for Chair. Cllr Harrison was proposed by Cllr Munn and seconded by Cllr Masters. Following a show of hands Cllr Harrison was elected as Chair. Cllr Mustaquim abstained.
- 1.3 The Overview & Scrutiny Officer asked for nominations for Vice Chair.
- 1.4 Cllr Munn proposed Cllr Masters and Cllr Hayhurst seconded. Following a show of hands Cllr Masters was elected unanimously as Vice Chair.
- 1.5 In the absence of the Chair, Cllr Masters as Vice Chair chaired the meeting.

2. APOLOGIES FOR ABSENCE

- 2.1 Attendees were welcomed to the meeting and introductions were made.
- 2.2 Apologies for absence were received from Cllr Anthony McAlmont (Newham), Cllr Clare Harrison (Tower Hamlets) and Cllr Clare Potter (Hackney)
- 2.3 It was noted that it was customary for the Health and Social Care Scrutiny Chairs from London Borough of Waltham Forest to be invited to the meeting as observers and Cllr Masters welcomed Cllr Richard Sweden (Chair, Social Care Scrutiny Committee, LBWF) to the meeting.

3. URGENT ITEMS/ ORDER OF BUSINESS

- 3.1 There were no urgent items and the order was as on the agenda.

4. DECLARATIONS OF INTEREST

- 4.1 Cllr Hayhurst stated that he was a member of the Council of Governors of Homerton University Hospital NHS Foundation Trust.
- 4.2 Cllr Masters stated that she had been a founding secretary of the Newham Save Our NHS Group.

5. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

- 5.1 The minutes of the meeting held on 26 October 2015 were agreed as a correct record. There were no matters arising.

6. NHS NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN

- 6.1 The Chair welcomed the officers for this item in particular the Chief Officer for the NEL STP Jane Milligan (JM) who was also the Chief Officer of Tower Hamlets CCG and Steve Gilvin (SG) (Chief Office, Newham CCG).
- 6.2 Members' gave consideration to the briefing paper on the STP.
- 6.3 In introducing the report JM described the Partnership Steering Group of the NEL STP Board which had on it the Chief Executive of Waltham Forest Council who was the main local authority link.

Questions and answers

- 6.4 Cllr Hayhurst stated that while he was sympathetic to the fact that the STP process had been foisted on them and with a quick timescale for delivery, underpinning it all was a £928m deficit in the sub-region over 5 years. He added that the aims were laudable. He asked whether the changes were going to be focused around centralising operations and what commitments could be given on maintaining current levels of provision, overall.
- 6.5 JM replied that the Transforming Services Together programme was an important plank of the STP. The key was bringing together Barts Health and BHRUT so as to focus on where the right care can be delivered.
- 6.6 Cllr Munn stated that JM had written to lead Members the day after the draft Plan had been submitted and reference had been made to how vital integration with social care was to delivering this overall programme. It also referred to a single NEL plan for investments and disposals and she asked what commitments could be given on ensuring that surplus NHS property would be put to use locally.
- 6.7 JM replied that they had to write the JSNAs for the NEL area to determine how they might utilise existing loops in the system. It was perhaps not as consistent as they would have liked but, for example, the local Hackney Pilot was a key part of the overall plan. Cllr Munn commented that the plans thus far had not detailed what might move or what might close and that patient groups would surely find this confusing.
- 6.9 Mrs Mead asked whether the PFI burdens on Barts Health might lightened in any way.
- 6.10 JM replied that they realised there were indeed significant challenges on the Trust but in the STP there were no specific requests around support on the PFI issue. Steve Gilvin (SG) added that some relief around excess costs was important and they would be arguing the case for that more broadly. Cllr Hayhurst asked about the £53m savings goal for Barts vis a vis the £63m to be saved from infrastructure. If that £53m was PFI this would mean only £10m savings needed to be found therefore in this STP process. SG replied

that the door wasn't closed on the PFI discussion. The priority was to produce a plan that had the potential to solve all the problems and if through this process part of the financial burden of the PFI could be unlocked that would be greatly welcomed. Cllr Hayhurst commented that if the PFI debt could be repackaged a case could be made here. SG replied that other areas had had relief of PFI costs built into their (STP) solutions e.g. BHRUT had some PFI costs subsidised, so there was precedent in this patch. There were difficulties in re-packaging and refinancing a deal of this complexity. Neil Kennett-Brown (NKB) clarified that there were £10m in estates running costs but a further £16m in the revenue model. This was not about reconfiguring the whole estate and making disposals but rather about ongoing costs.

- 6.11 Mrs Mead asked whether progress had been made on the new private wing at St Bartholomew's.
- 6.12 Ralph Coulbeck (RC) replied that they were in the progress of finalising arrangements with a third party and there was no fully agreed position as yet. It would go some small way towards easing the financial burden on the Trust.
- 6.13 Cllr Masters asked what engagement had there been with LMCs on GP issues?
- 6.14 JM replied that there was a clear aim to have a strategy for primary care. They had had discussions with Dr Jacky Applebee, the Chair of Tower Hamlets LMC, on how to engage further with GPs and they would take this forward through the Transforming Services Together programme.
- 6.15 Michael Vidal (MV) asked about a letter sent from NHS Improvement to Trust Chief Executives dated 19 July on the consolidation of services and asked in particular what the early thinking was on the consolidation of pathology services and what services they would consider unsustainable.
- 6.16 RC replied that they were not providing any services which reached the criteria for unsustainability as had been set out. On pathology a plan had not yet been worked up but Barts Health operated a hub and spoke model and there would be an opportunity now to look at how services could be improved. JM added that there was a recognition that NEL was different from many others in that the area had experienced a significant population growth and this was being built into the plan.
- 6.17 MV asked what assessments had been made on the impact on the STP of Barts Health now being placed in financial special measures.
- 6.18 JM replied that she didn't think this development would impact in particular on the STP. They would work closely with NHSE on solutions. SG added that he was not entirely clear what it would mean for the wider health economy in east London. They continued to believe that TST was the right plan and that hadn't changed.

- 6.19 Dr Nick Mann (NM) (City and Hackney Keep Our NHS Public) stated that as a local GP he was very keenly aware that all the providers were in substantial deficit and that The King's Fund had been very clear that this integration plan constituted 'magical thinking'. He stated that experiences from the USA showed that Accountable Care Organisation models didn't save money nor did they improve care. He stated that the STP was light on detail on how this might save money without closing a major hospital. The savings of 50% from productivity and 50% from the workforce were totally unachievable, in his opinion. The plan envisaged cutting the GP workforce by 10% over 5 years (from 600 to 400 GPs) and how did this make sense in the context of a 60% cut in hospital beds in the region since 1987.
- 6.20 Dr Kate Adams (KA) replied that there would be not cuts to GP Practices. They were trying to be realistic about the situation and to think differently about how primary care was delivered. They were looking at how to make greater use of nurses and pharmacists in primary care whilst keeping GPs for the more complex problems.
- 6.21 Carol Saunders stated that the area would have a rise in population the size of Brighton & Hove yet they were talking about having to make savings of £104m and £165m.
- 6.22 SG replied that this was not about taking money out. It was about how to find a way to improve the quality of care. It was a big ask to close the quality and financial gaps he added.
- 6.23 Dr Coral Jones stated that this was reorganisation was happening by stealth and GPs had not be properly consulted. Decisions were being made by Transformation Boards and it was insulting to local GPs. These were not our solutions she added. It involved cutting of 2/3 of funding compared to other areas and care closer to home would lead to the burden being put on unpaid carers. There was no evidence that these "new ways of working" actually worked and this was fantasy thinking. Nobody was talking about the harm which would ensue, she added.
- 6.24 SG stated that the TST Plan had been built very carefully on strong engagement with local GPs and they had spent a lot of time at meetings with the various GP clusters. He reminded Members that the CCGs who are driving this are also GP led organisations.
- 6.25 Carol Ackroyd stated that they were aware that the region couldn't say to NHSE that this was undoable as that would risk future transformation funding but it was important to make sure there was opposition to this iniquitous plan. There was a need for a massive campaign nationally to make clear that this was not acceptable, she added, and national NHS campaigns around the country would support local CCGs on this.
- 6.26 JM replied that part of the challenge was to work on the local plans. From discussions she had had nationally this plan, in her view, represented an opportunity to provide evidence to feed in to the next Comprehensive

Spending Round. It was important that North East London did not miss out by not having a plan of its own that was credible. NKB added that this was not about cuts but about growth. £4.1bn came into NEL annually and this would be £4.5bn in 5 years' time. There would be a growth in funding. The challenge was that, with the population growth and the higher rate of inflation used in NHS calculations, there would be a shortfall. The NHS was still in a better position than local authorities, he added, which were facing cuts of 20-30%. There was a productivity challenge as well as a savings challenge. There was also, he added, waste in the system and a need to get the whole system to work more effectively.

6.27 The Chair thanked the officers for their briefing and their attendance.

RESOLVED: That the report and discussion be noted.

7. 'TRANSFORMING SERVICES TOGETHETER' UPDATE

- 7.1 Cllr Masters stated that the Committee last had an item on TST in October and in February there had been an informal meeting in Stratford on the development of the consultation plan. The public consultation had now taken place and the Committee had asked Neil Kennett-Brown and colleagues to return to the Committee to present what they found during the consultation and to discuss the next steps. The same officers for item 6 remained for this item.
- 7.2 Members gave consideration to the report '*Transforming Services Together – report of engagement*'.
- 7.3 SG and RC took members through the report and RC detailed the proposals relating to surgery. SG thanked the Save our NHS and the Keep Our NHS Public groups in the three boroughs for their detailed responses. He stressed that in no way did these proposals undermine A&Es or surgery in any of the hospitals and they would now be looking to implement the proposals.
- 7.4 Cllr Masters stated that while the NHS had consulted a large number of groups here they had done so at a very superficial level and it was only when she had gone through the full 173 pages document did she understand the full implications. When she had presented it to the Patient and Public Involvement Group in her local GP Surgery they had been very surprised by its implications.
- 7.5 Don Neame (DN) (Director of Communications, NHS NEL CSU) stated that they had spoken to a thousand people on this consultation and these changes would of course not be happening overnight. The principles had been signed up to early on. The Patient Reference Groups involved the Healthwatch organisations in each borough and they wanted to be involved further.
- 7.6 Cllr Masters stated that one thousand contacts was nothing considering the population size and asked what the timetable was for implementation.

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- 7.7 DN replied that the CSU's view was that they did not need to consult further. The consultation had been for new ideas. It would not be necessary to consult on every extension of the existing Plan.
- 7.8 DN pointed to the issue of Physician Associates as an illustration stating that there were already two currently working in Tower Hamlets so this would not be an innovation within the TST area. Cllr Masters expressed the concern that there were only 2 overall and none in Newham so there would be no awareness there of the role or its implications. She asked when would there be a formal Case for Change proposal.
- 7.9 DN replied that that had been made two years previously.
- 7.10 Cllr Hayhurst stated that the NHS had a statutory obligation to come to this committee for health service changes of this magnitude. DN replied that they didn't believe that this constituted a significant case for change. Cllr Hayhurst asked what the total budget saving was here. DN asked if the Cllr was stating that it in the legislation it was to do with money. Cllr Hayhurst stated that Scrutiny Committees had received Case for Change proposals on changes which had been significantly smaller than here. DN and Cllr Hayhurst agreed that the legislation did not specify financial limits.
- 7.11 SG stated that on the back of the original proposal they had now produced a business case. There would be a £400m budget gap if they did nothing here. Because they were not changing the acute portfolios this did not constitute a formal case for change.
- 7.12 Cllr Hayhurst took issue with this and stated that on the point of engagement and on the point of procedure there was a statutory obligation here which had to be observed. The changes to cancer pathways hadn't fallen into this definition yet they had come to Scrutiny. What happened had been a very broad brush consultation, in his opinion. It was a very large overview with no costings and it had missed out the middle phase and now the NHS appeared to be headed to implementation. This was about democratic procedures and this didn't fit he added. He stated that he was concerned about this and the Committee could refer this to the Secretary of State on the basis that they had not been properly consulted.
- 7.13 SG replied that if there were areas where they wanted further information this could be provided.
- 7.14 Cllr Hayhurst stated that what Members had been after from the outset was a financial line by line on the proposed changes. £400m was one and a half times the budget of the Homerton and this was a significant change.
- 7.15 NKB stated that they had a summary document which was 110 pages and a third document which had a financial narrative. Cllr Hayhurst repeated that what the Committee wanted was a line by line financial breakdown. He read from the statutory instrument and relevant guidelines here which listed the

occasions when there is a duty to consult and he concluded that this was the case in this situation, acknowledging that the definition of 'substantial variation' had not been tested in the courts.

- 7.16 Cllr Munn added that the NHS had merely sought comments on the broad thrust of these proposals and were now suggesting that the Committee go along with these changes.
- 7.17 Cllr Masters, in the Chair, stated she would like a meeting to be arranged in September to establish from officers what was need to be presented in order to make progress here and a formal meeting to consider a case for change document could follow. SG undertook to take this away and discuss further with colleagues.**
- 7.18 Cllr Mustaquim asked what the impact of Brexit and the fall in value of sterling would have on the area of recruitment in local NHS bodies.
- 7.19 SG replied that he was not sure whether they would need to be reviewing strategy on Brexit in the context of TST but he would take this away.
- 7.20 Cllr Sweden (Waltham Forest) stated that he had been involved in various case for change proposals in the past and one general point in relation to patient flows was that patients generally wanted to move towards the centre and not outwards, when services were being consolidated to central locations. He also asked about the plans to sell off land on the site of Whipps Cross and asked what provision if any was being made to secure affordable accommodation for clinicians and medical staff.
- 7.21 RC replied that the point about patient flows in relation to surgery was well made. In relation to key workers he stated that it was a key part of any estates redevelopment plan. Barts Health was working closely with Waltham Forest Council and the CCG on this.
- 7.22 MV asked if progress wasn't made on TST would NHS Improvement take the initiative here and make these changes anyway.
- 7.23 SG replied that there was a lot of detail in the Investment Case. There was always a risk of this but they wanted to work together with local partners to make it their plan.
- 7.24 Dr Mann stated that he had concerns about redeployment of services being done by decree. There were issues with care at home and he was worried that there was evidence that home monitoring did not work. It didn't lower costs and didn't improve care, in his opinion. Overall TST represented a downscaling of plans and there would less than half the number of GPs locally in 10 years' time, yet demand was increasing. Downscaling triage makes things worse and there was no need to redesign the whole service. This plan was dangerous he concluded. His fear for the future was that when it got to a stage where this Plan was not working, the Secretary of State would then step in and Lewisham Hospital had set a precedent for this. There was a need to

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challenge these grand schemes and not be subservient to them. Who was going to pick up the rising demand he added.

- 7.24 KA replied that a lot was being done on transforming GP care. She worked in urgent care and she also was the lead on End of Life Care. She was adamant that improving quality could also improve costs. The point of this programme was to look at how the sector could be more innovative.
- 7.25 Cllr Masters, in the Chair, reiterated the need for a meeting to discuss what could be formally presented to the Committee at the next meeting. Cllr Hayhurst commented that it appeared that proposals were scheduled to be presented to CCGs in October. Cllr Masters asked whether the NHS would now agree to delay this.
- 7.26 SG stated that he would discuss with stakeholders. It was noted that Neil Kennett Brown would be moving on from his current role.
- 7.27 Cllr Munn stated there was a need to agree which chunks of the TST could come forward in more detail as part of a case for change adding that, in her view, all elements would have to come at some stage.
- 7.28 The Committee agreed that there be an informal planning session with officers in September followed by a formal committee meeting on TST in October or November.

ACTION:	INEL Scrutiny Officer Lead to set up a meeting between Cllrs Harrisson, Masters, Munn and Hayhurst with Steve Gilvin and the STP Programme Director in September to establish what needs to be presented to the next formal meeting of the Committee to be scheduled in October/ November.
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RESOLVED:	That the report and discussion be noted.
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The meeting concluded at 8.50 pm.