LONDON BOROUGH OF TOWER HAMLETS

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

HELD AT 6.40 P.M. ON THURSDAY, 17 NOVEMBER 2016

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

Members Present:

Councillor Clare Harrisson (Chair)	INEL JHOSC Representative for Tower Hamlets Council
Councillor Susan Masters (Vice-Chair)	INEL JHOSC Representative for Newham Council
Councillor Ann Munn (Member)	INEL JHOSC Representative for Hackney Council
Councillor Ben Hayhurst (Member)	INEL JHOSC Representative for Hackney Council
Councillor Clare Potter (Member)	INEL JHOSC Representative for Hackney Council
Councilman Wendy Mead (Member)	INEL JHOSC Representative for City of London

Other Present:

Dr Jackie Applebee	Tower Hamlets, Local Medical Committee
Jan Savage	Tower Hamlets Keep Our NHS Public

Officers Present:

Ajit Abraham	Consultant Hepatopancreaticobiliary (HPB) Surgeon, Deputy Medical Officer and Group Director for Surgery & Cancer CAG at Bart's Health
Daniel Kerr	Strategy, Policy & Performance Officer, LBTH
Denise Radley	Director of Adults' Services, LBTH
Don Neame	Communications Lead - Transforming Services Together [TST]
Dr Ken Aswani	Clinical Director Waltham Forest CCG Governing Board
Isabel Hodkinson	GP, Principal Clinical Lead Tower Hamlets CCG
Jamie Whitburn	Communications Manager, Bart's Health Trust
Jarlath O'Connell	Scrutiny Officer, London Borough of Hackney
Joseph Lacey-Holland	Senior Strategy, Policy &Performance Officer, LBTH
Kate Adams	GP and Transforming Services Together Clinical

	Lead
Neal Hounsell	Assistant Director Commissioning and Partnerships, City of London Corporation
Philippa Robinson	Deputy Director of Commissioning/Hospital Transformation Lead, WEL Collaborative
Steve Gilvin	Chief Officer Newham CCG
Terry Huff	Chief Officer for Waltham Forest CCG
Farhana Zia	Committee Services Officer

1. APOLOGIES FOR ABSENCE

The Chair, Councillor Clare Harrisson asked everyone to introduce themselves and stated this meeting was an opportunity for members to further consider the 'Transforming Services Together' programme and the planned transformation of health services across the London Boroughs of Tower Hamlets, Newham, Hackney, Waltham Forest and the City of London.

In particular the meeting would examine proposals for:

- Self-Care;
- Elective Care;
- Movement of Services and patient pathways.

Apologies for absence were received from Cllr Mustaquim (LBTH), Cllr James Beckles (LBN) and Cllr McAlmont (LBN).

2. DECLARATIONS OF INTEREST

Cllr Ben Hayhurst declared he is a Partner Governor at Homerton University Trust Hospital.

PUBLIC PARTICIPATION

Dr Jackie Applebee, Chair of Tower Hamlets Local Medical Committee addressed the Committee (see Appendix A) and made the point that whilst the NHS might expect everyone to be self-caring, not everyone would be able to managing their health issues alone. Dr Applebee also expressed her concern about the model put forward and pressures faced by health professionals – such as Pharmacies who were facing change and reform.

3. MINUTES FROM THE PREVIOUS MEETING

The minutes from the previous meeting held on the 7th November will be considered at the next meeting of the Inner North East London Joint Health

Overview and Scrutiny meeting scheduled to take place on the 13th December 2016.

4. TRANSFORMING SERVICES TOGETHER - REPORT TO THE INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Mr Terry Huff, Chief Officer for Waltham Forest Clinical Commissioning Group (CCG) introduced the report and stated the purpose of the presentation was to give Members a better understanding of how the 'Transforming Service Together' (TST) programme intended to re-model services with particular focus on the introduction of Self-Care initiatives plus proposed changes to Elective care. NHS representatives around the table intended to give Members an overview of how services would move and an idea of the new patient pathways that would be created.

Self-Care

Mr Steve Gilvin, Chief Officer for Newham CCG referred Members to the diagram on page 39, which demonstrated how the Self-Care model would work. He said it was important to see the model in the wider sense because Self-Care would empower people to take control of their own health. Patients would be supported, giving them confidence, knowledge and skills to manage their long-term condition such as diabetes or COPD.

The person-centred approach to self-care would mean patients staying out of hospital with a range of professional input provided through the community from General Practice, Pharmacies, Social Care and the Third Sector. Mr Gilvin stated each CCG area in North East London had developed their own social prescribing initiatives and the Third-Sector was hugely important in signposting and supporting patients. He referred the Committee to pages 40-41 which provided examples of Self-Care initiatives in the region.

Isabel Hodkinson, for Tower Hamlets CCG stated people were keen to see the NHS make a digital offer such as information and advice on Self-Care and that evidence showed patients wanted digital access to their own medical records. This could create major savings for the NHS.

This was followed by questions and comments from Members who stated:

- **Cllr Harrisson**: Great to hear the NHS intends to provide a more digital offer but it's the most vulnerable in society such as elderly, homeless who do not have access to technology or are not accustomed to it. How do you intend to reach people in these groups?
- **Cllr Munn:** Page 14, point 1.5 refers to Patient Activation Measures (PAM). What is this and how to you intend to measure the success of any self-care programme?
- **Cllr Masters**: Has an Equalities Impact Assessment been undertaken in relation to the 'TST' programme?

- **Cllr Harrisson:** Can the NHS map out the journey for a patient who falls in the middle group – i.e. they may not be computer savvy nor are they hard to reach; what will the pathway look like for them?
- **Cllr Hayhurst:** Are the Self-Care initiatives mentioned in the slides replacing existing services such as services for those with Diabetes?
- **Cllr Harrisson:** How do you intend to strengthen the relationship between health and social care services? Concerned that if the Self-Care pathways are implemented what the knock on effect would be for Local Authorities.

- **Cllr Masters:** The diagram refers to the Third Sector. How will they be supported to provide these bespoke services?

In response, NHS Representatives stated the following:

- We are acutely aware that hard to reach groups such as the homeless and elderly may not have access to the digital offer that is being developed and therefore the TST programme intends to start with these groups first in order to help assure inclusion.

- The PAM measure was developed in the USA and is a core enabler for Self-Care programmes. Questions are designed to access the patient's knowledge, skills and confidence to manage their own health and healthcare. Professionals will require training to use the measure but once acquired it can be applied to patients in any setting and used by staff across different professions/grades.

- An Equalities Impact Assessment has been done and we are looking at how we can take this further when developing the North East London Sustainability and Transformation Plan (NEL STP). There is a draft EIA being developed to show the local, regional and wider impact and will be available on the NEL STP website shortly.

- The Self-Care initiatives will not reduce the level of Primary Care but will assist in managing demand and provides an alternative route. It will not be replacing services currently provided. Developing the Self-Care pathway is to enable patients to take control but to also educate them in managing their condition – the Self-Care programme has oversight and checks built into the programme so professionals can intervene when necessary.

- Financial pressures exist in both the health and social care arena. The TST programme is not without risk but we have to have these difficult conversations. CCG's and Local Authorities are working together and there are many examples of integrated services which are person-centred and have a holistic approach. More joint commissioning of services is recognised as being a benefit to both health and social

care, as are pooled budgets. The Better Care Fund has enabled closer relationships to form and more transparency of budget and spends.

- The NHS acknowledges it cannot rely on the Third Sector without providing funding and professional support. We need to build resilience and work alongside volunteers. For example the self-prescribing initiatives have paid volunteers who work with community groups.

Elective Care

Mr Ajit Abraham, Consultant Hepatopancreticobiliary (HPB) Surgeon, Deputy Chief Medical Officer and Group Director for Surgery and Cancer CAG at Bart's Health, presented the slides relating to Elective Care. He set out the vision for reconfiguring the surgical services across East London which would maximise patient safety and contribute to making the service more sustainable.

He referred members to the diagram on page 42 and explained the proposal was an opportunity for innovation in Elective Surgery. He said that the creation of surgical hubs, offering Core, Core-Plus and Complex surgical services would allow closer collaboration and networking between surgeons to deliver safer, sustainable and higher quality care.

Mr Abrahams said that services would be co-designed with patients in order to ensure the surgical hubs will deliver the care required in the most suitable setting.

Members made the following comments and asked:

- **Cllrman Mead:** Will you have a balance of Elective and Emergency surgeon's at each locality?
- **Cllr Hayhurst:** Can you quantify in numbers, how you intend to measure the success/outcomes for complex specialism at the designated hubs?
- **Cllr Masters:** How will patients be transported between hubs and has consideration been given to transport infrastructure?
- **Cllr Masters:** What savings are going to be achieved by re-designing elective care into hubs?
- **Cllr Harrisson:** Where will pre and post-surgery advice and care be provided?

In response NHS Representatives stated:

- Yes, there will be a balance. The designation of complex surgery at a hub means surgeons, due to the number of cases they deal with, can apply their specialist expertise and achieve better outcomes. Surgeons will be expected to work at each site, so if demand increases for

general surgery they'll be able to deliver this and vice versa i.e. complex.

- This model will enable the strengthening of the Surgical Rota with enough Doctors and Consultants to cover both emergency and elective surgery. Doctors assigned to Elective surgery on a given day will not be 'on call' for emergency surgery.

- Measuring success will be a challenge but if the length of stay and quality of recovery from surgery can be improved that is a positive for the hospital as well as the patient.

- Patient Transport services contracted by the hospital will move patients from one site to another. We are in dialogue with Transport for London and Local Authorities about the impact the TST programme will have on road infrastructure and public transport. The Local Estates Strategy sets out the implications the proposed changes will have and we are working alongside London Ambulance and TfL.

- The proposal is not about making savings but about strengthening the Surgical Core plus making the system more efficient. By re-designing elective care into hubs and networks we can attract the right staff, who have the right skills mix to deliver excellent care. The decision to allocate where specialist services should be located has been made because those services have historically been at that particular location and work well as well as taking into account the demography of certain sites. There is merit to tailor services in this way.

- Pre and post-surgery clinics will be held at Core and Core-plus sites. Work is on-going to make the pathway clearer.

Movement of Services and Patient Pathways

Dr Ken Aswani, Waltham Forest GP and Clinical Director (Leyton/Leytonstone) for Waltham Forest CCG Governing Board, presented the remaining slides.

He referred members to page 49 and said the Acute Care Hubs and Ambulatory Care had made a real difference to the number of patients using emergency services. For example, there had been a 25% reduction in emergency admissions over three years at Whipps Cross Hospital. Mr Huff added there was potential to do more by improving signposting for patients and averting admissions by using Acute Care Hubs.

Members asked the following questions:

- **Cllr Masters:** The figures achieved for the Acute Care Hub at Whipps Cross are impressive. What has caused this impact? Is this driven locally or nationally?

- **Cllr Harrisson:** Are ambulance staff, call-handlers trained how to direct patients to the Acute Care Hubs?
- **Cllr Masters:** In reference to page 21, what happens if patients require more than 24 hour care?

In response NHS Representatives stated:

- A study was undertaken to establish where admissions to hospital come from. Care Homes were identified as being one source and we have worked with them to identify high risk and deliver ward rounds in-house patients. We have developed integrated care plans for high-risk patients and have a primary care team, known as Rapid Response who can visit patients in the community who are at a high-risk of admission.
- There is an Integrated Discharge Team based at the hospital, which ensures patients are discharged back into the community as soon as possible. It's a nationally driven programme that has delivered success locally.
- The London Ambulance Service (LAS) staff and 111 call handlers are trained and know how to signpost patients to the Acute Care Hubs. The Rapid Response Team is delivering care closer to home and is a back up to the emergency service. However we need to re-examine our relationship with the LAS and what they handle, as RRT might be able to assume more responsibility for lower category calls.
- The Acute Care Hub sits alongside Accident and Emergency Departments. Patients are triaged and assessed and if their health issue can be dealt with swiftly then the Acute Care Hub will do so. If a patient requires more than 48 hours care they are admitted to the short-stay ward – if additional tests or observation is required.

The Chair, Councillor Clare Harrisson thanked the NHS delegation for their presentations and report.

The INEL JHOSC Members **NOTED** the report presented on 'Transforming Services Together' and further discussed what they wanted to scrutinise at the next meeting of the Committee.

5. ANY OTHER BUSINESS

Members of the INEL JHOSC agreed

1. They required further information on how the 'Transforming Services Together' agenda fitted in with the NEL STP and information on the consultation with patients and local authorities.
2. Required further information about STP Governance and how the transformation programmes will be rolled out and implemented and if specific proposals constitute a 'significant variation'.

3. Report on the Hackney proposal and cross border working – Pathology Laboratory issue and its overlap with STP?
4. Required more specific examples and not the boarder vision – in particular the financial impact and the NHS estates strategy.
5. Request the CEO of the LAS to attend and look at the impact the closure of King George Hospital will have on Bart's Health.

The meeting ended at 8.30 p.m.

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

Appendix A

Self Care:

We support the empowerment of patients to be in control of their health, however "self care" in the current climate of unprecedented cuts smacks of being financially driven. The document states

A crucial enabler of self care is IT literacy; residents need to have the skills and the access to technology to identify the right information at the right time and use technology as a route to pro-active self-management.

We are very concerned about the impact of this on the 58% of over 60s who have no internet access, those who are not IT literate, those for whom English is not their first language. In our view this can only further widen inequities in health care, it will be the most vulnerable who are the least able to access the information. It is also our view that it is all very well to be well informed but that services still need to be available to support any self care. The reality is that many of these services have been cut such as stop smoking support and support services to help people lose weight for example. Health is about so much more than health care, Michael Marmott's work amongst others shows that health is determined by people's socioeconomic status, whether they have access to good housing, good education and healthy diets, whether they are able to work or be supported to work. Self care can have little impact on the health of a patient living in poverty when healthy choices are so much harder to make.

1. With the increased emphasis on self care, what resources will be made available to support those without the necessary skills, language, access or cognitive ability to use technology as a route to proactive self- management?
2. What resources will be available to support patients to self care given cuts eg to pharmacists' funding and the budget for public health?

Dr Jackie Applebee
Chair Tower Hamlets Local Medical Committee