

# **JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA**

**2.00 pm**

**Tuesday  
12 July 2016**

**Dagenham Civic  
Centre, Rainham Road  
North, Dagenham,  
RM10 7BN**

**COUNCILLORS:**

**LONDON BOROUGH OF BARKING &  
DAGENHAM**

**Councillor Peter Chand (Chairman)  
Councillor Linda Zanitchkhah  
Councillor Jane Jones**

**LONDON BOROUGH OF  
WALTHAM FOREST**

**Councillor Richard Sweden  
Councillor Anna Mbachu  
Councillor Tim James**

**LONDON BOROUGH OF HAVERING**

**Councillor Dilip Patel  
Councillor Michael White  
Councillor June Alexander**

**ESSEX COUNTY COUNCIL**

**Councillor Chris Pond**

**LONDON BOROUGH OF REDBRIDGE**

**Councillor Stuart Bellwood  
Councillor Suzanne Nolan  
Councillor Dev Sharma**

**EPPING FOREST DISTRICT COUNCIL**

**Councillor G Mohindra  
(Observer Member)**

**CO-OPTED MEMBERS:**

**Ian Buckmaster, Healthwatch Havering  
Mike New, Healthwatch Redbridge  
Richard Vann, Healthwatch Barking &  
Dagenham  
Alli Anthony, Healthwatch Waltham  
Forest**

**For information about the meeting please contact:  
Anthony Clements  
anthony.clements@oneSource.co.uk 01708 433065**

## **Protocol for members of the public wishing to report on meetings of the London Borough of Havering**

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.



Essex County Council



# NOTES ABOUT THE MEETING

## 1. HEALTH AND SAFETY

The Joint Committee is committed to protecting the health and safety of everyone who attends its meetings.

At the beginning of the meeting, there will be an announcement about what you should do if there is an emergency during its course. **For your own safety and that of others at the meeting, please comply with any instructions given to you about evacuation of the building, or any other safety related matters.**

## 2. CONDUCT AT THE MEETING

Although members of the public are welcome to attend meetings of the Joint Committee, they have no right to speak at them. Seating for the public is, however, limited and the Joint Committee cannot guarantee that everyone who wants to be present in the meeting room can be accommodated. When it is known in advance that there is likely to be particular public interest in an item the Joint Committee will endeavour to provide an overspill room in which, by use of television links, members of the public will be able to see and hear most of the proceedings.

The Chairman of the meeting has discretion, however, to invite members of the public to ask questions or to respond to points raised by Members. Those who wish to do that may find it helpful to advise the Clerk before the meeting so that the Chairman is aware that someone wishes to ask a question.

**PLEASE REMEMBER THAT THE CHAIRMAN MAY REQUIRE ANYONE WHO ACTS IN A DISRUPTIVE MANNER TO LEAVE THE MEETING AND THAT THE MEETING MAY BE ADJOURNED IF NECESSARY WHILE THAT IS ARRANGED.**

If you need to leave the meeting before its end, please remember that others present have the right to listen to the proceedings without disruption. Please leave quietly and do not engage others in conversation until you have left the meeting room.

## **AGENDA ITEMS**

### **1 CHAIRMAN'S ANNOUNCEMENTS** (Pages 1 - 2)

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation. Information on the meeting venue is attached.

### **2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.**

Apologies have been received from Councillors Linda Zanitchkhah (Barking & Dagenham) and Chris Pond (Essex).

### **3 DISCLOSURE OF INTERESTS**

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any point prior to the consideration of the matter.

### **4 MINUTES OF PREVIOUS MEETING** (Pages 3 - 10)

To agree the minutes of the meeting of the Joint Committee held on 19 April 2016 (attached) and to authorise the Chairman to sign them.

### **5 IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES**

The Executive Director (Integrated Care) London for the North East London NHS Foundation Trust (NELFT) will give a presentation on the Trust's Improving Access to Psychological Therapies service.

### **6 STREET TRIAGE SERVICE**

NELFT officers will give details of the Trust's Street Triage service covering Outer North East London.

### **7 PROVISIONAL ITEM: GP PRIMARY MEDICAL SERVICES CONTRACT**

To receive an update on the renegotiation of GP Primary Medical Services contracts in Outer North East London from Clinical Commissioning Group officers.

**8 PROVISIONAL ITEM: TRANSFORMING SERVICES TOGETHER**

To receive an update from officers on the current position on the Transforming Services Together project for health services in North East London.

**9 FUTURE MEETING DATES AND START TIMES**

The Joint Committee is asked to agree the following meeting dates and venues for the remainder of the 2016/17 municipal year.

Tuesday 18 October (Havering)

Tuesday 17 January (2017) (Redbridge)

Tuesday 18 April (Waltham Forest)

All meetings are currently scheduled to begin at 2 pm but the Joint Committee is asked to consider if it wishes to alter start times for future meetings.

**10 URGENT BUSINESS**

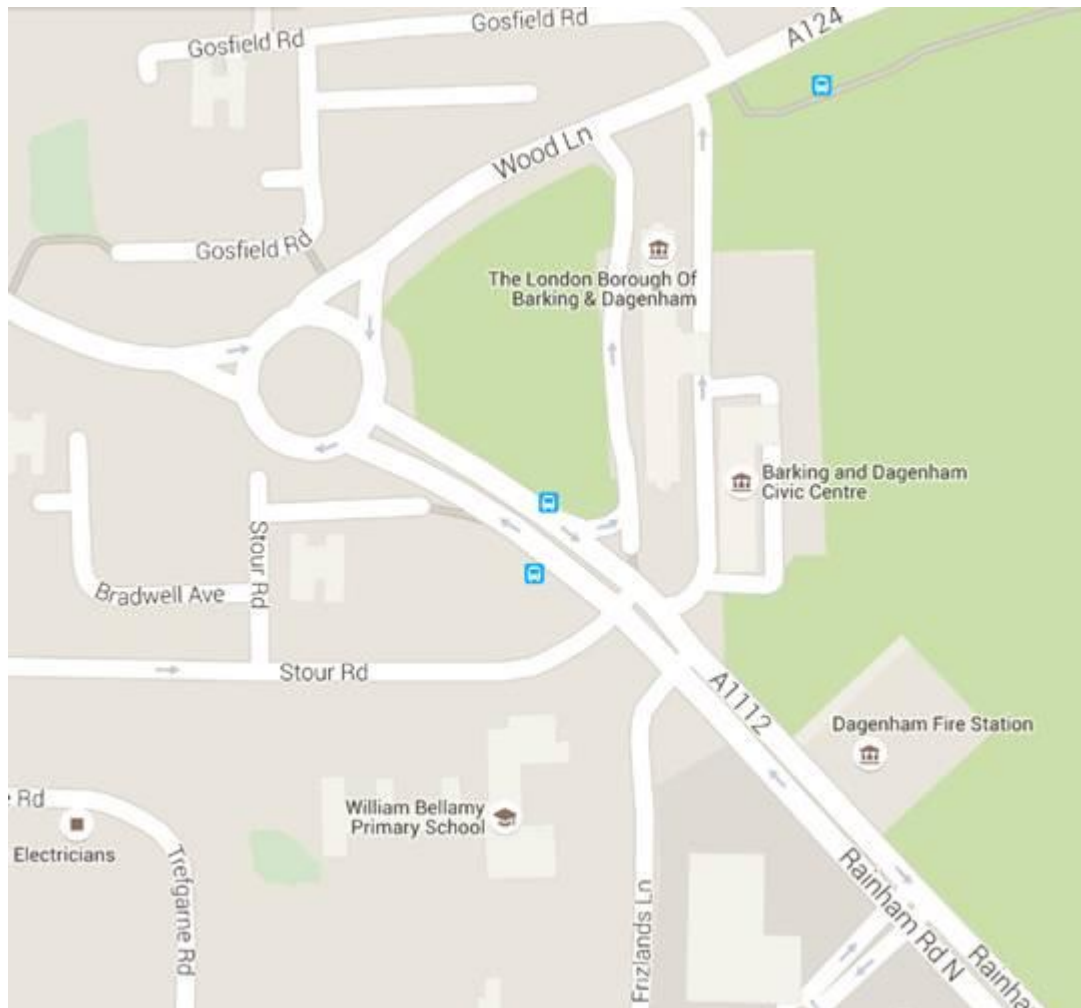
To consider any other item of which the Chairman is of the opinion, by means of special circumstances which shall be specified in the minutes, that the item be considered as a matter of urgency.

**Anthony Clements**  
**Clerk to the Joint Committee**

## **DAGENHAM CIVIC CENTRE, RAINHAM ROAD NORTH, DAGENHAM, RM10 7BN**

Paid parking available directly in front of and behind the Civic Centre (£1.30 for up to four hours).

Limited free parking is available on Stour Road, Gosfield Road and on Rainham Road North (just after the fire station) all which are short walks away.



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**MINUTES OF A MEETING OF THE  
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE  
WALTAM FOREST TOWN HALL  
19 April 2016 (2.00 - 4.16 pm)**

**Present:**

**COUNCILLORS**

<b>London Borough of Havering</b>	Nic Dodin, Dilip Patel and Linda Van den Hende
<b>London Borough of Redbridge</b>	Stuart Bellwood
<b>London Borough of Waltham Forest</b>	Richard Sweden (Chairman) and Anna Mbachu
<b>Essex County Council</b>	Chris Pond

Also present:

Councillor Mark Santos, Redbridge  
Councillor Shineen Hillfield, Waltham  
Forest

NHS officers present:

Dr Jake Bayley, HIV consultant  
Dr Kate Adams and Alex Smith,  
Transforming Services Together  
Tim Fry, Director of Capital Investment  
and Development, Moorfields Eye  
Hospital NHS Foundation Trust  
Linda Finch, Network Programme  
Director, Waltham Forest CCG

Scrutiny Officers present:

Anthony Clements, Havering (Clerk)  
James Holden, Waltham Forest  
Jilly Szymanski, Redbridge

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

28 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman gave details of the arrangements in case of fire or other event that might require the evacuation of the meeting room or building.

29 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.**

Apologies were received from:

Councillors Peter Chand and Eileen Keller, Barking & Dagenham  
Councillors John Howard and Karen Packer, Redbridge  
Councillor Gavin Chambers, Epping Forest

Alli Anthony, Healthwatch Waltham Forest  
Ian Buckmaster, Healthwatch Havering  
Mike New, Healthwatch Redbridge  
Richard Vann, Healthwatch Barking & Dagenham

30 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

31 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 19 January 2016 were agreed as a correct record and signed by the Chairman.

On minute 25 concerning proposed changes to stroke rehabilitation services, it was noted that Councillor Pond was dissatisfied that Essex residents would not be allowed to use facilities in Greater London, even if these were their nearest stroke rehabilitation facilities. The Essex Health Overview and Scrutiny Committee was taking this matter forward but it was **AGREED** that the Clerk to the Joint Committee should draft a letter on behalf of the Chairman expressing the Joint Committee's support for Councillor's Pond's viewpoint.

The minutes were **AGREED** as a correct record and signed by the Chairman.

32 **PRE-EXPOSURE PROPHYLACTICS (PREP)**

It was noted that it had recently been confirmed that NHS England would not currently be releasing funding for this type of HIV treatment.

The Committee was addressed by a doctor who explained that he had been an HIV consultant for two years and had worked in this field for eight years. He felt this treatment was very important and that it was disappointing that

NHS England had turned down the treatment which had been approved by the World Health Organisation and in countries such as the USA, Israel and Kenya.

There were 103,000 people living with HIV in the UK and the average cost of treatment for each patient was £300,000 over their lifetime. The doctor added that the number of new HIV cases among men having sex with men was rising. PReP was given to people before they were exposed to HIV and was part of a wider HIV prevention strategy. PReP had been trialled in the UK and France where it had led to an 86% reduction in new HIV diagnoses amongst the trial groups. There were minimal side effects of the treatment and only one known case of a patient on PReP still developing HIV.

PReP could not prevent other sexually transmitted infections but also worked as an HIV treatment for women. The drug was still on patent and so currently cost £5,000 per patient per year. It was however only required to be taken during periods of high sexual activity and was also due to come off patent in mid-2017 when the cost was likely to drop significantly, possibly to as little as £40-50 per year.

With the current non-availability of PReP in the UK, there were increasing amounts of the drug being sourced from abroad which may not have undergone stringent quality controls.

The doctor felt it was disappointing that NHS England had not put PReP forward for national funding, saying it was up to Local Authorities to fund this. Most previous HIV medications had been funded by NHS England. It was noted that the same drug was used in post-exposure prophylactics which were funded by NHS England and there were reports of people obtaining these drugs in order to use them pre-exposure.

It was clarified that there were few cases of HIV infection from drug use with this only constituting 3-4% of total HIV cases.

Letters in protest at the decision by NHS England had been written by London Councils, the Local Government Association and the Association of Directors of Public Health.

The Committee was addressed by Councillor Mark Santos who declared an interest as the Cabinet Member for Health at London Borough of Redbridge. Councillor Santos was also a director of Positive East, a charity working in the HIV field. Councillor Santos felt that funding of PReP should be the responsibility of NHS England.

The level of condom use among gay men had been fairly unchanged over the last 20 years at around 50%. There was however evidence of lower risk awareness currently, particularly among younger gay men where condom use was often lower.

It was **AGREED** that, following the London Mayor and Assembly elections, the Committee would write to NHS England and local MPs expressing their concern at the situation and the Committee's view that funding of PReP should be the responsibility of NHS England. The Clerk to the Committee would draft a letter to this effect.

It was further **RECOMMENDED** that this matter should be taken to the individual borough Health Overview and Scrutiny Committees, if this was felt appropriate.

### 33 **TRANSFORMING SERVICES TOGETHER**

Officers explained that the Transforming Services Together (TST) project was now in an active engagement phase concerning the strategy and investment case. The engagement period would last until 22 May.

It was emphasised that there were no plans under the proposals to close any A & E or maternity units given the predicted large increase in the population of east London over the next 15 years. It was also not planned to build a new hospital.

Primary care was of key importance to the plans as it was a priority to prevent hospital admission where possible. Some impact of the plans would be felt further into Outer North East London with for example the planned closure of A & E at King George Hospital and one third of Redbridge residents using Whipps Cross as their local hospital. Some Barking & Dagenham residents also used Newham General Hospital. A Member pointed out that residents of the southern part of the Epping Forest District Council area also used Whipps Cross.

Offices accepted that the urgent care system was confusing for patients and were trying to make this clearer, with a single point of access. Too many people went to A & E and there was a need to improve primary care access. Officers agreed that it was not acceptable for example for people in Redbridge to wait 25 minutes to get through to their GP. It was possible that one overall phone system for GP appointments could be introduced. Officers would check how much liaison had taken place with West Essex CCG regarding the urgent care proposals.

The existing integrated care programme covering CCGs and service providers in East London would also seek to avoid unnecessary admissions to hospital. A further issue was to establish better joined up working with social care. At present, zero hours contracts could sometimes mean that carers were not available quickly.

For long-term conditions, it was felt that a key issue was the continuity of patients being able to see the same GP. The bringing together of GPs with other teams would improve access but it was also important that the community supported these changes by not using GPs unnecessarily. The

vanguard project to improve access to services was in the planning stages but had not commenced as yet.

Barts Health was leading work on integrated care across London. It was accepted that there remained challenges around sharing care plans with both London Ambulance Service and colleagues in social care. It was confirmed that there remained a role for NHS walk-in centres in the new model.

Officers agreed that it was often difficult for people to see their own GP if they worked in another area. More evening appointments would therefore be made available although there were no current plans to introduce dual registration of GPs at this stage. It was also hoped to introduce more on-line booking of GP appointments together with the provision of medical advice on-line in some cases.

Delayed discharge from hospital remained an issue and some hospitals had schemes to discharge people first and then follow up with their medication. Barts Health were also looking to improve issues around To Take Away forms and the hospital pharmacies generally. Concerns Members raised around the provision of medication to in-patients with mental health issues would be taken back to the relevant organisations.

Officers agreed that home births had not been previously encouraged in North East London and that mothers should be given this as an option. A home birth service was offered at Homerton Hospital and this was usually a safer method of delivery if a low risk birth was expected. In the Netherlands, 20% of births were at home.

It was agreed that there were a high number of GPs due to retire in the next five years and that there was a shortfall of around 200 GPs in inner North East London. Discussions re succession planning for the loss of these GPs had taken place and the East London CCGs had funded a physician's associate course in response to this in order to increase the local primary care workforce.

A lot of work on mental health services was also taking place. Planning was also underway to allow the Police to contact mental health professionals directly where required.

It was emphasised that the only proposals being considered were those shown in the engagement document and that nothing had been hidden. The rising population would eventually mean the release of further income and not having to build a new hospital would also mean significant cost avoidance. Work with partners such as Public Health and London Ambulance Service could also allow access to untapped resources.

Travel times to GPs had been considered under the proposals as had provision for disabled or housebound patients such as consultations by Skype.

In summary, the main points discussed by the Joint Committee in relation to the proposals were:

- Use of zero hours contracts in social care
- Services for disabled patients such as Skype consultations
- A unified telephone system for booking GP appointments
- Merged budgets and sharing of information
- Expected GP retirements
- On-line GP appointments
- Increasing the numbers of home births
- Duplication of services

It was **AGREED** that officers should give an update on the plans to the Joint Committee, following the end of the engagement period.

#### 34 **MOORFIELDS HOSPITAL MOVE PROJECT**

The Director of Capital Investment, Moorfields Eye Hospital NHS Foundation Trust explained plans to move both the hospital and the University College London Institute of Ophthalmology into a single building on a new site. A design brief had been drawn up which included future proofing for expected rises in activity. The hospital also wished to do more in community based settings and currently had in excess of 20 satellite outreach centres.

The preferred site for the new building was near St Pancras station and hence had good transport links. It was hoped to conclude the purchase by the end of 2016 which would allow the current site to continue to be used whilst the new building was constructed. Once the site had been secured, more formal engagement would take place with patients on the hospital designs etc.

The new building would be fully step free and be financed by selling the existing City Road site with some additional donations. It was confirmed that no services would be lost as a result of the move. Once the site had been secured, it was estimated that the new hospital would take two years to design and a further three years to build.

It was accepted that it had taken too long to conclude the purchase of the site which was currently owned by Camden & Islington NHS Trust. Members were welcome to visit the site if they wished. The officer agreed to forward to the Committee monthly written updates that were produced on the project.

The Committee **NOTED** the position.

### 35 **GP PRIMARY MEDICAL SERVICES CONTRACTS**

A representative of Waltham Forest CCG explained that Primary Medical Services contracts for GPs had been locally developed and gave practices premium funding for delivering additional services. The number of practices on PMS contracts in each borough were:

Barking & Dagenham – 11 of 39 practices  
Havering – 15 of 47 practices  
Redbridge – 13 of 46 practices  
Waltham Forest – 23 of 45 practices

Any funding released from the PMS review would be reinvested back into primary care. Final sign-off was still awaited by the London Local Medical Committees so it was unlikely that the new contracts would be in place by the target date of 1 July 2016. Once the contract had been agreed at a London level, then detailed discussions would take place with individual GP practices.

PMS contracts started officially in 2004 and GPs only switched to these types of contracts voluntarily. It was noted that payments to practices under the contract were weighted according to the needs of the population in terms of age, gender, deprivation level etc. There would be a transition period for practices that lost money under the new contract.

It was not expected that any further PMS contracts would be commissioned and the review aimed to remove any differences in service to patients due to the types of GP contracts available.

The average practice size was 5,000 – 6,000 patients although in Redbridge for example, practice size varied between 2,000 and 15,000 patients. Incentives were given under PMS contracts for Saturday morning opening of surgeries and levels of screening and immunisations offered. There were also incentives for the provision of on-line services such as the booking of appointments and repeat prescriptions.

It was emphasised that there would be no loss of screening services although some screening would no longer be incentivised. Officers wished to provide more services out of hospital but there would not be a direct impact of this on the PMS contract.

The Committee **NOTED** the update.

**36 URGENT BUSINESS**

A Member requested that a presentation be arranged from a senior officer of Great Ormond Street Hospital, similar to that given by Moorfields.

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**Chairman**