

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.00 pm	Thursday 26 July 2018	Council Chamber - Town Hall, Main Road, Romford, RM1 3BD
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**LONDON BOROUGH OF BARKING &
DAGENHAM**

**Councillor Eileen Keller
Councillor Emily Rodwell
Councillor Paul Robinson**

**LONDON BOROUGH OF
WALTHAM FOREST**

**Councillor Richard Sweden
Councillor Saima Mahmud
Councillor Catherine Saumarez**

LONDON BOROUGH OF HAVERING

**Councillor Nic Dodin
Councillor Nisha Patel
Councillor Ciaran White**

ESSEX COUNTY COUNCIL

Councillor Chris Pond

LONDON BOROUGH OF REDBRIDGE

**Councillor Stuart Bellwood
Councillor Beverley Brewer
Councillor Neil Zammett**

EPPING FOREST DISTRICT COUNCIL

**Councillor Aniket Patel
(Observer Member)**

CO-OPTED MEMBERS:

**Ian Buckmaster, Healthwatch Havering
Mike New, Healthwatch Redbridge
Richard Vann, Healthwatch Barking &
Dagenham**

**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

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.

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

Apologies have been received from Councillors Beverley Brewer (Redbridge) Chris Pond (Essex) and Emily Rodwell (Barking & Dagenham).

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 disclose an interest in an item at any point prior to the consideration of the matter.

4 MINUTES OF PREVIOUS MEETING (Pages 1 - 8)

To agree as a correct record the minutes of the meeting held on 13 February 2018 (attached) and to authorise the Chairman to sign them.

5 BHR CCGS - COMMUNITY URGENT CARE SERVICES CONSULTATION (Pages 9 - 38)

Report and details of consultation attached.

6 NEW NHS 111 CONTRACT (Pages 39 - 52)

Report attached.

7 PROPOSED AMENDMENTS TO JOINT COMMITTEE'S TERMS OF REFERENCE (Pages 53 - 62)

Report attached.

8 JOINT COMMITTEE'S WORK PLAN 2018-19 (Pages 63 - 66)

Report attached.

9 SCHEDULE OF FUTURE MEETINGS

The Joint Committee is asked to discuss and agree the schedule of future meetings for the 2018-19 municipal year. This is provisionally as follows:

Tuesday 2 October 2018, 4 pm, Barking & Dagenham

Tuesday 15 January 2019, 4 pm, Waltham Forest

Tuesday 9 April 2019, 4 pm, Redbridge

Anthony Clements
Clerk to the Joint Committee

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Council Chamber - Town Hall
13 February 2018 (4.00 - 6.10 pm)**

Present:

COUNCILLORS

London Borough of Barking & Dagenham Adegboyega Oluwole and Jane Jones

London Borough of Havering Dilip Patel and Nic Dodin

London Borough of Redbridge Stuart Bellwood

London Borough of Waltham Forest Richard Sweden and Geoff Walker

Co-opted Members

Ian Buckmaster (Healthwatch Havering), Mike New
(Healthwatch Redbridge) and Richard Vann
(Healthwatch Barking & Dagenham)

Also present:

Wendy Matthews, Deputy Chief Nurse/Director of Midwifery, Barking, Havering
and Redbridge University Hospitals NHS Trust (BHRUT)

Rehan Khan, Consultant Obstetrician, Barts Health and Co-Chair/Clinical Lead,
East London Local Maternity System

Vicky Scott, Director of Provider Collaboration, East London Health & Care
Partnership (ELHCP)

Ian Topmpkins, Director of Communications, ELHCP

June Okochi, Maternity Programme Manager, ELHCP

Jane Milligan, Accountable officer, NHS North East London Commissioning
Alliance

Tom Travers, Chief Financial Officer, BHR Clinical Commissioning Groups

James Gregory, Director of Programme Management Office, BHR Clinical
Commissioning Groups

All decisions were taken with no votes against.

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

22 CHAIRMAN'S ANNOUNCEMENTS

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

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

Apologies were received from:

Councillor Pater Chand, Barking & Dagenham
Councillor Michael White, Havering
Councillors Hugh Cleaver, Suzanne Nolan and Neil Zammett, Redbridge
Councillor Mark Rusling, Waltham Forest
Councillor Chris Pond, Essex
Councillor Aniket Patel, Epping Forest

24 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

25 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 10 October 2017 were **AGREED** as a correct record and signed by the Chairman.

26 EAST LONDON LOCAL MATERNITY SYSTEM

The BHRUT Director of Midwifery explained that the East London Local Maternity System (ELLSMS) had put together a five year plan which aimed to halve the number of still births in the area by 2030. An increase of 1,500 births per year was predicted in North East London in the next five years. There were sufficient maternity units in the sector to cope with this but it was accepted there were workforce gaps and high staff turnover in local maternity services.

The North East London area had a very diverse language and ethnic mix and 20% of pregnant women in the area were presenting with multiple co-morbidities. Priorities of the maternity transformation plans included establishing continuity of care in maternity and treating more women in lower risk settings such as the midwife-led unit at Queen's Hospital.

Officers accepted that there were major challenges around maternity staffing and wished to create an environment where people wanted to work in East London. It was possible that midwives could work across providers under a programme of common training etc. It was also wished to build a culture in East London where the patient and their safety came first. It was noted that there were only two maternal deaths in East London in the previous year. There was good continuity of care at ante and post-natal stages and trajectories had been established to improve this further. Some 1,300 local women had been engaged in the plans to deliver improved maternity care.

It was planned to introduce a pilot of digital maternity services and to introduce a new estates strategy so that more maternity services could be delivered in the community. The introduction of joined up work on neo-natal safety would reduce the numbers of unnecessary admissions. A bid for £7.6m funding for maternity transformation work had been made to NHS England and the outcome of this application would be known in the next two weeks.

Officers confirmed that NICE guidelines were followed in the use of antibiotics during labour and it was emphasised that there were very few stillbirths in East London. BHRUT was funded until March 2019 to a midwife:birth ratio of 1:24 which was the best in the country. It was accepted however that attracting the workforce to fill these posts was a challenge.

It was clarified that the Secretary of State for health wished to reduce numbers of stillbirths by 20% by 2020. There was already a low rate of stillbirths in North East London. It was accepted that there was a shortage of midwives, particularly in London. The implications of Brexit had created uncertainty for midwives recruited from other European countries such as Italy or Portugal. Flexibility in work patterns could be shown for example allowing retiring midwives to switch to part time working. Work also took place with schools and colleges to recruit nurses and midwives.

It was emphasised that very few midwives were struck off the Nursing and Midwifery Council register. Officers accepted that midwives were placed under stress by for example court cases brought if a baby was born with brain damage but stress levels were lower in a midwife's general work. Struck off midwives would not be reemployed by local Trusts.

It was accepted that the removal of bursaries had been challenging but apprentices were also used in maternity. Training places for midwifery were still being filled although lower overall numbers were now applying. Financial incentives for trainee midwives were not currently being considered.

The Director of Midwifery supported neighbourhood midwives and this service would continue if sufficient transformation monies were received.

Post-natal care had improved across the area and it was wished to provide further post-natal support where this was needed.

27 CLINICAL COMMISSIONING GROUPS - SINGLE ACCOUNTABLE OFFICER

Jane Milligan (JM) Single Accountable Officer for the NHS North East London Commissioning Alliance explained that she oversaw the seven Clinical Commissioning Groups (CCGs) covering North East London. She

supported the ambitions for integrated care and that health and social care budgets would be brought together by 2021.

It was emphasised that the role of Single Accountable Officer was not about undermining work in progress at borough level. Joint working could however bring benefits in some areas such as maternity commissioning and procurement of the NHS 111 service. This had led to the establishment of a Joint Commissioning Committee, meeting in public from April 2018,.

It was accepted that there were financial challenges in the local NHS system such as BHRUT having recently been placed in financial special measures. Resources for the whole system were therefore being looked at by addressing costs and the quality of care. Updates on this work would continue to be given at both North East London and borough level.

The development of Accountable Care Systems (now known as integrated care systems) would mean services could be delivered in an integrated way. JM wished to see a more patient-centred approach and to also address workforce challenges.

Pilot work on the pooling of health and social care budgets was already under way, prior to the Government target of bringing together these budgets by 2021. In New Zealand primary care had worked closely up with district general hospital services and JM felt that North East London could learn from this work.

JM felt that her priorities included stability and overseeing quality improvements in key workstreams. Estates planning and digital enablement were also key priorities. It was emphasised that the health sector had the same overall resources but that costs had increased and it was therefore necessary to find ways of having a joined up approach. It was challenging to make progress with tackling diabetes and cardiovascular disease and it was accepted that the sector had an ageing and growing population.

The local health sector had undertaken a lot of work on population growth working with Councils to consider the impact of population growth on care. The NHS estates plan will provide an overview of planning across north east London and could be brought for scrutiny.

The Joint Committee noted the position.

28 **CLINICAL COMMISSIONING GROUPS - FINANCIAL RECOVERY PROGRAMME**

The BHR CCGs Chief Financial Officer explained that the three local CCGs were required to make a total saving of £55m which was approximately 5% of the total annual budget for the three CCGs. This had led to the requirement for some very challenging financial decisions to be taken.

It was accepted that the funds allocated to the local CCGs did not meet the demand for health services, particularly given the ageing population of the area.

Work to reduce the deficit included areas such as focussing on value for money and the removal of duplication in contracts, the CCGs themselves making efficiencies, supporting provider efficiencies and maximising efficiencies from estates. A director of performance and delivery had been recruited to oversee the CCGs' savings and BHR CCGs' governance had been independently reviewed, receiving a positive report.

Providers were being encouraged to ensure a joined up patient journey through the NHS system. More digital technology was being used with for example virtual triage being introduced for gastroenterology. Work on pressure ulcer management was being undertaken with BHRUT and NELFT.

Two consultations had taken place to restrict access to certain routine treatments and medications which were expected to save up to £6.7m overall. Public feedback had broadly supported the savings proposals and made further suggestions such as recycling more equipment and reducing managerial & agency staff. As regards estates, property charges were no longer being paid on sites identified for disposal such as St. George's Hospital, Hornchurch.

To this point, some £40.5m savings had been identified compared to a £45m in-year target and a total of £55m savings required to return to balance. A Delivery and Performance Board had been established to monitor the implementation of agreed savings. It was accepted that the impact of BHRUT recently being put into financial special measures could be challenging to the delivery of the required savings.

Significant savings would also be required in 2018/19 and it was hoped to achieve economies of scale across North East London. A savings target of £48m was expected with £32m already identified. Officers accepted however that a lot of work would still be needed to close the remaining budget gap.

It was clarified that savings derived from 1 car park charges related to the CCGs' office carpark which is used by staff rather than the public. Measuring of referral to treatment times related to the entire time a person waited for treatment, including once the initial referral had been made. Asset disposal such as the future of the St George's Hospital site (which the CCG does not own) was being reviewed to ensure the maximum savings of both capital and revenue were achieved.

The Committee noted the position.

29 HEALTHWATCH HAVERING - QUEEN'S HOSPITAL IN-PATIENT MEALS UPDATE

A director of Healthwatch Havering explained that the organisation's work on the quality of food at Queen's Hospital sought to make observations rather than criticisms of the Hospitals Trust and its work. Healthwatch also appreciated the challenges involved in providing food in hospital.

Healthwatch has first visited the hospital as part of this review and encountered mixed results. Food on a ward treating patients with dementia had been found to be of poor quality and arrangements for assisting patients with eating had not been effective.

This had led to a further unannounced visit on 4 October as well as an announced Healthwatch visit on 5 October. The Healthwatch members had found that arrangements for mealtimes had improved but there remained some problems such as a lack of communication between Sodexo Catering and ward staff. Patients with dementia had also been observed as not being given a choice of food.

Healthwatch had made a number of recommendations covering areas such as improved training and a review of the procedure by which patients ordered their food and these had been responded to by BHRUT. The Deputy Chief Nurse at BHRUT added that the food service contract at the hospital was now managed better and the contractors were held more to account. There were now 53 trained meal time volunteer assistants at the hospital but it was accepted that more work also needed to be done in this area.

The Director of Healthwatch Havering added that the organisation was grateful for the Trust's positive response and for their acceptance of the control of contract issue. It was likely that Healthwatch would arrange a further visit to review the issues re food at Queen's Hospital.

The Committee noted the report from Healthwatch Havering.

30 URGENT BUSINESS

There was no urgent business raised.

Chairman

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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 26 JULY 2018

Subject Heading:	BHR CCGs – Community Urgent Care Consultation
Report Author and contact details:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering, anthony.clements@onesource.co.uk
Policy context:	Clinical Commissioning Group officers will give details of a current consultation to which the Joint Committee has the power to respond.
Financial summary:	No financial implications.

SUMMARY

Officer representing the local Clinical Commissioning Groups (CCGs) will give details of proposals, currently being consulted on, for changes to local Community Urgent Care services.

RECOMMENDATIONS

1. That the Joint Committee consider the proposals and agree a formal response from the Joint Committee to the consultation.

REPORT DETAIL

Officers will present details of proposals to amend local services for Community Urgent Care. These proposals are currently being consulted on and the consultation document is attached.

The Joint Committee is a statutory consultee for the consultation and it is suggested that Members may wish to scrutinise the proposals and give their views at the meeting. These could then inform a formal written response to the consultation, which closes on 21 August.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.



Right care, right place, first time

Consultation on community urgent care services

What do you think about our plans for local GP hubs, walk-in services, and GP Out of Hours services?



Why are we here today?

- GPs and our A&Es are under increasing pressure
- NHS funding challenges – spend NHS money wisely
- Challenges for GPs and practices
- Patients want to see their own GP, but can't always get appointments quickly
- Where do you go if you need urgent help but you can't see your own GP?



What is urgent care?

Urgent care is care that is needed the same day.

This includes cuts, minor injuries, wound infections or tonsillitis, urinary infections, mild fevers etc

Page 13 **Emergency care** is care provided when life or long term health is at risk

This includes serious injuries or blood loss, chest pains, choking or blacking out etc

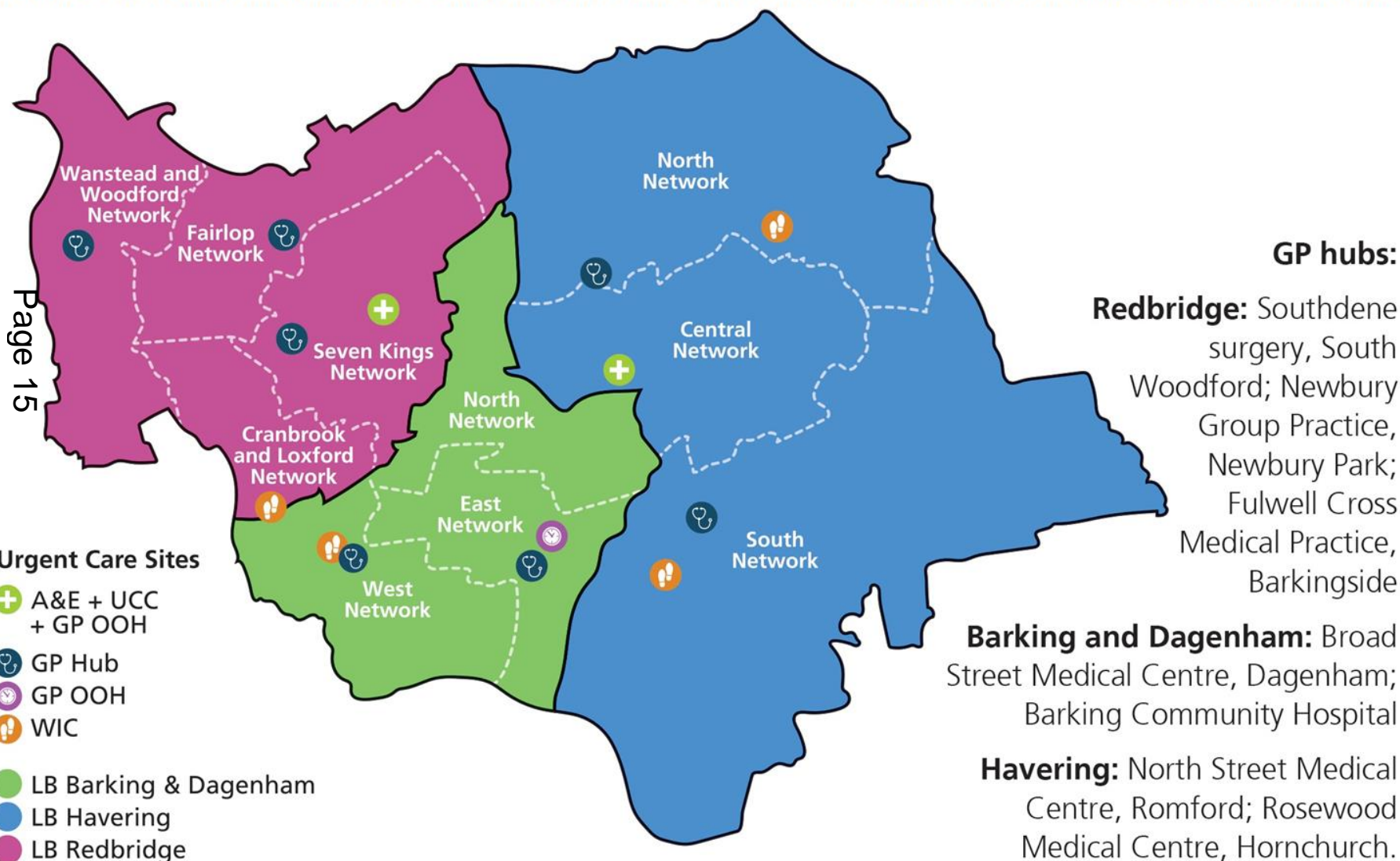
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What are community urgent care services?

- Services you use when you cannot see your own GP or a pharmacist cannot help you – and include GP access hubs, walk-in centres, and GP out-of-hours services
- We are not looking at changes to A&E services at any of our local hospitals
- We are not looking at changes to how GPs run their practices or to pharmacies




Community urgent care services now



Why do we need to change

Page 16

- People are confused by current mix of services
 - Services are similar or even duplicate each other
 - National guidance – changes we have to make
 - Population growth – 143,000 more people in 15 years
 - Digital future – more use of online tools
 - Need to spend NHS money wisely
- 
- Three thick, curved lines in red, orange, and green colors, sweeping from the bottom left towards the right side of the slide.

NHS 111 – meeting national standards

- NHS 111 is a free service available 24/7
- NHS 111 advisors can help you access a nurse, emergency dentist or a GP depending on the situation
- NHS 111 is much more than a helpline and can provide access to the right medical attention when you need it
- In future, more people will speak to a GP or other health professional through NHS 111 (at least 50% of all calls)




Urgent Treatment Centres

National guidance:

- Led by GPs, but with nurses and other health professionals
- Open at least 12 hours a day
- Urgent (not emergency) care
- More diagnostics (blood and urine tests, X-rays, ECGs or heart tests)
- Patients can be booked into appointment by NHS 111 or walk in and wait
- Patients assessed or 'streamed'
- Emergencies and life-threatening conditions still treated by A&E

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In Barking and Dagenham, Havering and Redbridge, the two Urgent Care Centres at King George Hospital and Queen's will become UTCs, open 24/7, all year round.



Our proposals

- Make it easier to **access** services – make NHS 111 the number to call for urgent health care advice or services (999 – emergencies)
- **Book** urgent GP appointments – 12 locations and a standardised service so patients know what to expect
- **Upgrade** facilities at some locations with better diagnostic tests than at your own GP or community location (only places you can walk in and wait. We're asking for views on two options.
- **Simplify** where you go for minor illness and injury – Urgent Treatment Centres or call NHS 111 for advice or to book urgent appointments

We are not consulting on changes to emergency care services or to A&E services at any of our local hospitals



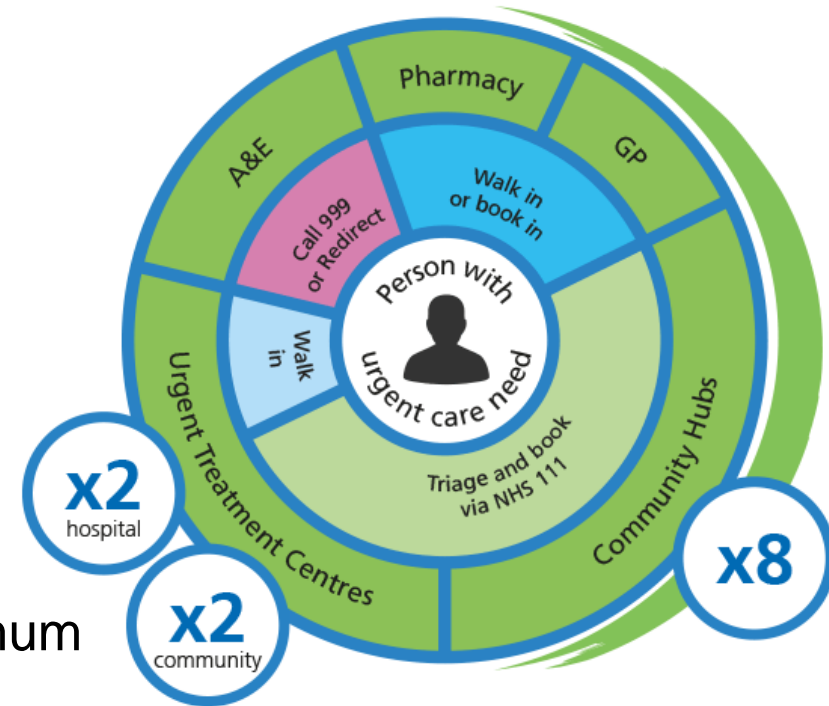
Option 1

Four Urgent Treatment Centres – four locations you can walk into or be booked a timed appointment by NHS 111

- King George Hospital
- Queen's Hospital
- **Barking Community Hospital**
- **Harold Wood Polyclinic**

Eight community locations for bookable urgent appointments (including Loxford Polyclinic and South Hornchurch Health Centre)

- Less waiting time – seen within maximum 30 minutes of appointment time
- Standardised service, so patients know what to expect



Option 2

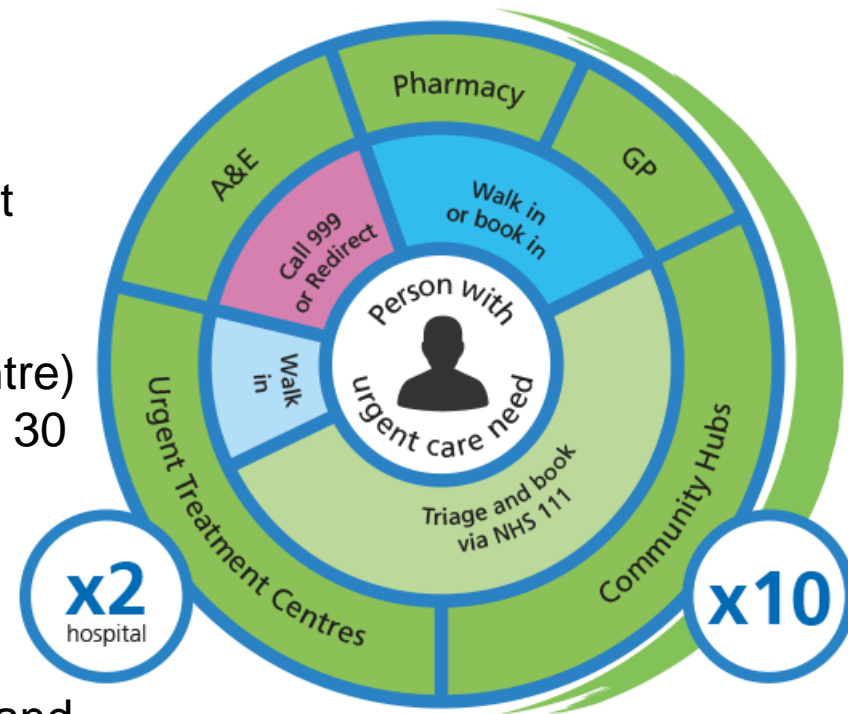
Two Urgent Treatment Centres – two locations you can walk into or be booked a timed appointment by NHS 111

- King George Hospital
- Queen's Hospital

Ten community locations for bookable urgent appointments (including Barking Community Hospital, Harold Wood Polyclinic, Loxford Polyclinic and South Hornchurch Health Centre)

Less waiting time – seen within maximum 30 minutes of appointment time

- Standardised service, so patients know what to expect



Simplest system, with patients given advice and signposted to the right service, first time, by calling NHS 111.

What will the future will look like

- **Pharmacies** and **NHS 111** for advice and over-the-counter medicines
- Contact your **GP** first
- **Call NHS 111** for advice or if your GP can't see you
- If you need to be seen, **book an urgent appointment**
 - 12 community locations across Barking and Dagenham, Havering and Redbridge (including the Urgent Treatment Centres)
 - Seen within 30 minutes of appointment time.
 - Daytime, evening and weekends appointments
 - See a GP or a nurse (as needed)
- **Urgent Treatment Centres**
 - Walk in or book an appointment by calling NHS 111
 - Upgraded facilities - more diagnostic tests available
- **A&Es – for emergencies only**



What we want your views on

- Will our proposals make it easier for people to get urgent care and understand the choices?
- What do you think of two options on changes to where you can walk in and wait to be seen (without booking an appointment in advance)



Have your say

- **No decisions have been made**
- E-copies of document and questionnaire sent to GP practices, trusts, councils, MPs, community and voluntary groups
- Working closely with Healthwatch and community and voluntary groups
- Drop-in sessions in each borough and talking to community groups
- What else should we do?
- Please complete the questionnaire at:
 - www.barkingdagenhamccg.nhs.uk/urgent-care
 - www.haveringccg.nhs.uk/urgent-care
 - www.redbridgeccg.nhs.uk/urgent-care
- Consultation period ends **5pm, 21 August 2018**



What do you think? Any questions?



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Right care, right place, first time

Consultation on making changes
to community urgent care services

**What do you think about our plans for local GP hubs,
walk-in services, and GP Out of Hours services?**

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About this document

This document explains why we want to change and improve the way we provide community urgent care services in Barking and Dagenham, Havering and Redbridge (BHR) and our proposals for doing this.

Community urgent care services provide urgent same-day care and advice for people with urgent, but not emergency or life-threatening, physical and mental health issues. They are the services you use when you have an urgent problem but you cannot see your own GP, such as GP hubs and walk-in centres.

Our consultation is about improving urgent care across our area. What do we mean by urgent? We mean things like cuts, minor injuries, urinary infections or mild fevers etc. – so not an emergency or something life threatening, but things that can’t and shouldn’t wait.

We want to make it easier to get this care if you need it by:

- Making it easy to book a same-day appointment if your GP can’t see you
- Upgrading facilities at some locations so more places can help with injuries or illnesses that need tests or x-rays
- Making it easier to know how to get the care you need first time with more consistent opening times and help available from different places.

To do this, we want to:

- Make NHS111 the number to call for urgent health care advice or services (999 is still the emergency number)
- Maintain a wide choice of community locations where you can book an urgent appointment, but have fewer places where you can walk in and wait without seeking advice first. This will reduce waiting times.

Introduction

People are confused by the community urgent care services currently available, and want it to be easier to get help when they need to see a GP or nurse on the same day. We know many services are similar or even duplicate each other – so we need to make it easier for you to get the right care in the right place, first time when you need it.

In future, people will get healthcare and services in a very different way from today. Using the latest technology, patients will be able to click or call before they come into a service. We’re already seeing Skype and online tools being used in parts of London, and a virtual NHS GP service launched in London last year.

We also need to ensure we are meeting national standards for urgent care and, as always, spending NHS money wisely.

We are taking the first steps towards this simpler model of care, by making it easier to book an urgent appointment by calling an improved NHS 111 and moving away from walk-in services.

This consultation is not about emergency care services or changes to the A&E services at any of our local hospitals, nor are we proposing changes to how GPs run their practices.

We are asking for your views on our proposals for changes to community urgent care services.

No decision has been made. We want to know what you think and if there is anything else you want us to consider. Your feedback will inform the decision-making process.



Dr Arnold Fertig – Independent GP, BHR CCGs



Khalil Ali – Lay Member for Public Participation, Redbridge CCG

Co-chairs of the Community Urgent Care Programme Board

How to have your say

We want to hear from as many people as we can so we can make the best possible decision.

We are asking you to share your views through an online questionnaire. We’ve used this approach for other consultations and it helps us to reduce costs and to spend NHS money wisely.

We are also working with GPs, patient groups, local Healthwatch organisations and community and voluntary organisations to make sure we reach as many local people as possible. If you would like us to come and talk to your group about these proposals please get in touch. Comments from health professionals are welcomed.

This document summarises our thinking and we recommend that you read this before completing the questionnaire.

For more information visit our websites:

www.barkingdagenhamccg.nhs.uk/urgent-care
www.haveringccg.nhs.uk/urgent-care
www.redbridgeccg.nhs.uk/urgent-care

All responses must be received by 5pm on 21 August 2018.

What is urgent care?

Urgent care is care needed on the same day. This could include anything from cuts, minor injuries, wound infections, tonsillitis, urinary infections, or mild fevers etc.

Urgent care is not emergency care, which is provided in a medical emergency when life or long term health is at immediate risk. This could include serious injuries or blood loss, chest pains, choking or blacking out.

These descriptions were agreed with our Healthwatch colleagues as part of the BHR urgent and emergency care research study in 2016.

At the moment, urgent care is delivered in many ways across Barking and Dagenham, Havering and Redbridge:



Seeing a GP

Most people will call their GP practice if they need an urgent same-day appointment.

If their practice is busy or closed, there are appointments available on weekday evenings and at weekends at our seven GP hubs across the area. You can call NHS 111 or the separate GP hubs booking line (not 24/7).

If your GP practice is closed and you call NHS 111, you may be booked an appointment with the GP Out Of Hours service (GPOOH) which sees people at three locations.

You can find out how to choose and register with a GP by visiting the NHS Choices website.

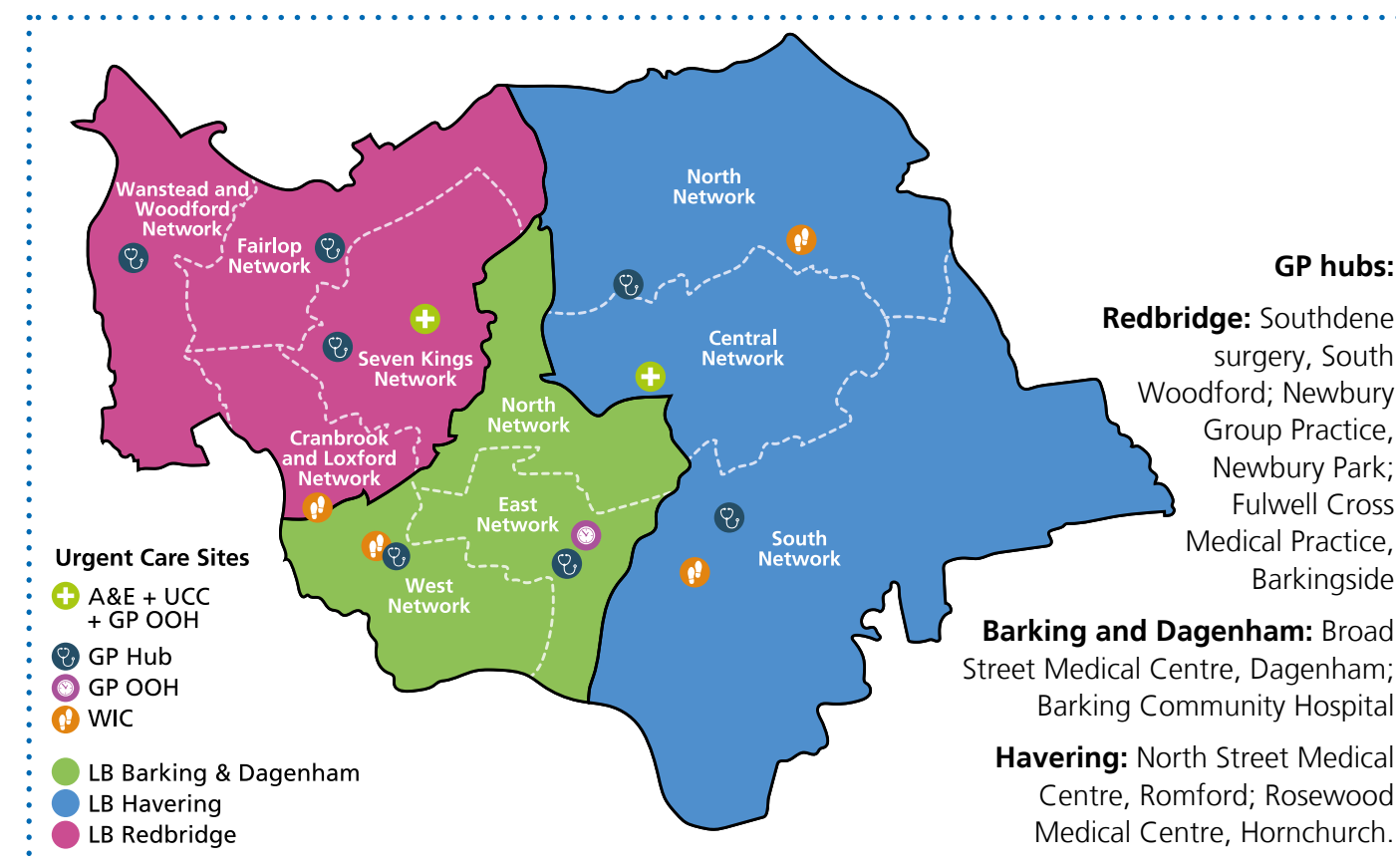
Minor illnesses and injuries

People are not always sure where to go to get the care they need when they have a minor illness or injury. While some will choose to ask their local pharmacist for advice, most want to speak to or see a GP. In our area, many urgent care services have different names and are open at different times, but offer the same thing – an appointment with a GP or nurse.

The GP hubs see people who book appointments. Four walk-in centres (or WICs) in our area see people who walk in without an appointment. These walk-in services are at Barking Community Hospital, Harold Wood Polyclinic, South Hornchurch Health Centre and Loxford Polyclinic. People can also call NHS 111 and be booked into Loxford Polyclinic. These services are open at different times. Details are available on our websites.

People with minor illnesses and injuries who walk into our local hospitals will usually be seen first by a GP or nurse in the Urgent Care Centres (UCCs). NHS 111 can also book you an appointment at a UCC if they think this is the right place for you to be seen.

Where are services located now?



A better NHS 111

NHS 111 is the NHS free non-emergency telephone number where you can speak to a highly trained adviser, supported by healthcare professionals. You can call 24 hours a day, 365 days a year – just dial 111. Calls are free from landlines and mobile phones. There is also a textphone service and a confidential translator service which is available in many languages.

NHS 111 helps people who want advice for an urgent health need on the same day. It will be an important part of giving people joined-up urgent care services, and should be the first call you make if you can't see your GP or if a pharmacist can't help.

We're already making improvements to our local NHS 111 service, so you'll be able to get more than just advice and signposting to services in future.

In our area, NHS 111 health advisors fast-track parents of children aged under 12 months and people aged over 65 to speak directly with a GP or other health professional.

NHS 111 can already book you into an appointment at some of our existing community urgent care services, and we plan to add more – meaning one call to NHS 111 will be the only call you need to make.

In future, they will be able to book you an urgent appointment with your own GP. NHS tools to help you get advice online and a digital app are also being tested in other parts of London before being rolled out across the capital.



What have local people told us?

We've talked extensively to our residents to find out what you think of local community urgent care services. Our research study in 2016 involved more than 4,000 people and included a telephone survey, 10 focus groups and two workshops.

People told us that the wide range of services available is confusing and means they don't know which service to choose. Even finding the right service is complicated – with different numbers, different

opening hours and a mix of walk-in services or pre-bookable appointments to pick from. People said they can't always get a same-day appointment with their own GP, so some will just head to A&E instead of using an alternative, more appropriate service – even though it is likely to mean a longer wait for help.

Key findings



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A&E is seen as a reliable 24/7 service, long waits are not a deterrent; **only 6% of people** said they went to A&E because they thought they got better care there



33% of those who went to A&E said that they could not get a timely appointment with their GP



26% of people had been to A&E before with the same issue



37% of people had seen their GP with the same issue before going to A&E.



People in Barking and Dagenham and Havering are **more aware** of walk in centres than those in Redbridge

This year, the Healthwatch organisations in all three of our boroughs worked with us to talk with local people about some of our emerging ideas. They spoke with more than 500 people – a mix of parents, young adults (15-24) and older people aged 65 and over as these groups are our biggest users of urgent care services.

A report on the findings is available on our websites alongside the other documents supporting this consultation.

While most people can confidently describe the difference between 'urgent care' and 'emergency care', it's clear more needs to be done to help people feel confident to make the right choices for their urgent health needs. Simplifying the system and providing

better support and advice through NHS 111, as well as from your local pharmacist, will help patients.

While patients would prefer to see their own GP, there is significant support for more appointments within the local community (at a GP hub or bookable service) when your own GP is not available. There's also good recognition of the role of pharmacies in providing expert advice for minor illnesses.

People welcomed news of the improvements to NHS 111 and felt this would make it easier to get health advice quickly, to book an urgent appointment and would reduce the number of people who go to A&E when they have a minor illness or minor injury. But people told us we need to do more to raise awareness about what NHS 111 can now help with.

What services and GP practices told us

Managing demand, staffing levels and communication between service providers are some of the main issues we've heard from GPs and other healthcare providers in our area. Everyone accepts that change needs to happen but 'when' and 'how' is now the challenge. That's why we've worked closely with and involved clinicians from the start to help develop the proposals in this consultation.

We will continue to work closely with providers and GP practices on how we can make urgent care better in Barking and Dagenham, Havering and Redbridge because any change would affect them too. National issues around recruitment and staff shortages mean that staff are under increasing pressure.

Why community urgent care in our area needs to change



Services are confusing and vary across our three boroughs

People have told us they want it to be simpler to get the urgent care or advice they need quickly and in a timely way.

We know that the mix of services is confusing, for patients and for many professionals too. This can mean people aren't seen in the most appropriate place first time. That can be frustrating, as it means extra travel, longer waits and delays in getting the help you need.

Some people have a telephone assessment before they see or speak to a doctor or nurse, others are booked in before a detailed assessment, and you can just walk into others, regardless of your need. This isn't fair and we want to make sure that all services prioritise those in most need in a consistent and clear way.

We also know that many of our services offer the same thing at the same time – an appointment with a GP or nurse. Some people also go to lots of different services for the same health need.

We want to make it easier for everyone to call (and in future, click) and be guided to the right place for the care you need, first time. We're already improving the NHS 111 telephone advice service. In future, there will be an online version so you can click for advice too.

We also want to move away from walk-in services and make more bookable urgent appointments available for those who need to be seen. This will help people to go to the right place for their needs, and reduce travel and waiting times. We've looked at travel times and the vast majority of local residents will be within a 15 minute drive of a community urgent care service, with good

public transport links across the three boroughs.

Because you'll need to call for an appointment, we think this will also encourage people to register with and visit a GP. This is better for your health as a GP can help patients manage their existing conditions and deal with minor illnesses and other health issues before they become more serious.

People who haven't registered with a GP can visit a walk-in service without making an appointment first. This means walk-in services often see patients who wouldn't need urgent care if their condition was properly managed.

We want these changes to help people find it easier to get the urgent care they need first time at a place and time that is convenient for them.

Continued overleaf...

Continued from previous...



Our population is growing and changing, and so is the demand

People are living for longer, and healthcare needs are increasing. In BHR, as with other parts of England, more and more people are using NHS services every year. This is not a good experience for patients who may have a long wait to see a GP or in A&E, and also puts increasing pressure on our hard-working frontline staff and clinicians.

Over the next 15 years, the population of Barking and Dagenham, Havering and Redbridge is expected to grow by 143,000 extra people. That's a 19% increase – and equivalent to the size of Basildon. This is partly due to the large-scale housing developments planned in Ilford and Barking town centres, Romford, Rainham and Beam Park, and Barking Riverside.

We need to make plans now to make sure our services can provide appropriate urgent care for all local people in the future.



A digital future for healthcare

Advances in digital technology are already making it easier to get health advice and services online. Across London, doctors and patients are talking via Skype and we've seen the launch of the 'GP at Hand' virtual NHS service. In our

own area, GPs from NHS 111 are using video consultations with care homes when a resident is unwell, so staff can care for them safely in the home and avoid an often unnecessary journey by ambulance to A&E.

In future, it will be easier and quicker to get help from a health professional without needing to go into a busy health centre and see someone. Many people won't even need to leave their home, as they'll get advice through their phone, smartphone, tablet or PC.

You won't waste time sitting around waiting and if you do need to see someone, you will be in the right place for your needs. Your appointment will fit around your life and responsibilities – collecting your children from school, your work, or caring for a relative or neighbour.

We'll continue to make NHS 111 better for patients including introducing an online version. We'll make sure services and organisations link up to share information including electronic health records. This will improve the quality of care patients receive.



We need to spend NHS money wisely

We spent £14.3 million on community urgent care in 2017/18. Too many of our existing urgent care services provide similar care at the same

time. It's confusing for patients, and not the best use of our limited NHS resources.

Some people visit a number of services before they get the right treatment. Sometimes this is because their symptoms worsen, but sometimes it's because the first place they go can't meet their needs. It could be because they need to see a nurse for a wound dressing or need an X-ray. It can also be because they believe they need a specific medicine or test or just reassurance, so they go to another service if this isn't provided at their first visit.

In our 2016 survey, 37% of people said they had seen their GP with the same issue before attending A&E. All of this costs money which could be spent more effectively. So we need to help patients by directing them to the right place, first time.

While our proposals are not just about improving quality and patient experience, we have a duty to use our funds carefully to ensure that local people can access the healthcare that is most needed and that people with equal need have equal opportunity to access treatment.

We believe our proposals will not only improve the quality of services and patient experience, but will also be more cost-efficient than our current confusing system.

Meeting national standards

We have used national guidance to shape our thinking. Not only will this help us deliver the best possible care and services for local people, but it may support our case for investment into local services where this is needed, now and in the future.

NHS England guidance says we need to establish urgent treatment centres (or UTCs) in our area. These will be GP-led, open at least 12 hours a day, every day, and be equipped to diagnose and deal with many of the most common non-emergency ailments people attend A&E for.

Urgent treatment centres (or UTCs) are designed to ease the pressure on hospitals, leaving A&Es free to treat the most serious cases. This should mean fewer people need to go to A&E and when UTCs are located next to an A&E department, they will be able to deal with those people who go directly to hospital but who do not have life-threatening or emergency health issues.

UTCs will be part of a joined up system of urgent and emergency care which, in our area, will include an improved NHS 111 service and a network of services offering pre-booked urgent appointments with a GP.

Our two current hospital urgent care centres – again, we are not talking about A&E departments – will be upgraded to UTCs to offer the best medical testing available (also known as diagnostics) and allow appointments and tests to be pre-booked via NHS 111, so patients, you and your family, will avoid the usual long waits.

We have to deliver those 'upgrades' in any case – we're not consulting on them - as they are part of the latest national guidance in the government's NHS Five Year Forward View plan. They are also good news for patients and staff.

National UTC requirements	Urgent Care Centres at King George (KGH) and Queen's (April 2018)	Urgent Treatment Centres at KGH and Queen's
Open 12 hours a day, every day of the year	24/7, every day of the year	24/7, every day of the year
Bookable appointments (via NHS 111)	KGH only	Yes
Sees walk-in patients	Yes	Yes
All patients assessed by GP-led service on arrival at hospital/ ED	KGH only	Yes
Access to patients' GP health records	No	Planned
Able to refer people with other community and hospital services if needed	No	Yes
Access to diagnostics (x-ray, ECG, urine and blood testing)	Access to some diagnostic services at Queen's. At KGH, patients referred into A&E if they need diagnostics	Yes

How did we decide on our options?

We developed a number of scenarios and tested these against what local people have told us, clinical standards, and national guidance. We also looked at the financial cost of different scenarios.

Doing nothing is not an option. More and more people are using A&E when it's not an emergency, because they find choosing an alternative too complicated. As our population increases, this pressure on A&E and our GPs, the first place people call, will continue. It will mean longer waits and an increasingly poor patient experience, and will not help reduce the pressure on our dedicated workforce or our A&Es.

It's also unaffordable. We've already talked to local people about our local financial challenges – not just to NHS services but also social care services.

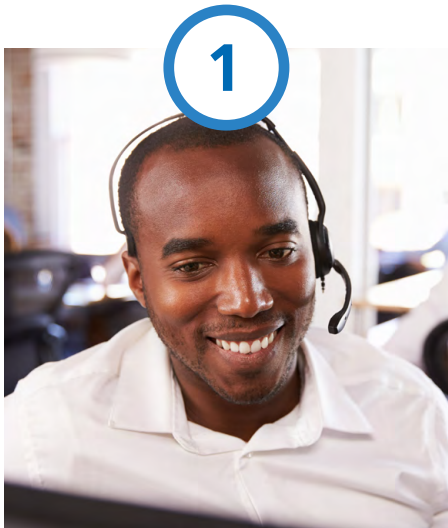
The Clinical Commissioning Groups (CCGs) delivered £32.3 million in savings in 2017/18 (against a £55 million savings target. 2018/19 will be just as tough and we're currently aiming to deliver £45million in savings. This means we need a simpler, more cost-effective system of care that will meet the needs of our growing population. This is why we also ruled out any scenario that would cost more money than we would spend if we carried on with current services.

You can read more about how we developed and decided on our options on our CCG websites at:

www.barkingdagenhamccg.nhs.uk/urgent-care
www.haveringccg.nhs.uk/urgent-care
www.redbridgeccg.nhs.uk/urgent-care

Our proposals for changes to community urgent care services

We are proposing to:



Improve the way you access services

NHS 111 will be the one call you need for all urgent care advice and services (if you can't see your own GP). We won't have a separate number for the GP hubs in future. You should still call 999 for all emergencies. 111 is just for urgent advice or services.

When you call, NHS 111 advisors will assess your needs, give you health advice and if you need to be seen, either help you speak directly to a GP or other health professional or book you a timed appointment at a community urgent care service.

In future, you will be able to call or click before you come in as we roll out new technology such as a digital version of NHS 111.



Change the way you get urgent GP appointments

People with an urgent health need will call NHS 111, be assessed and if they need to be seen, offered an appointment at a convenient time and location in their local area. More same-day appointments will be bookable, in advance, at 12 locations across our area, making it more convenient and easier to get the care you need when you need it. You'll be seen within a maximum of 30 minutes of your appointment time.

Most of our GP hubs are currently located at existing GP practices. In future, we will look to have GP bookable services at the same locations or from centres that are as conveniently located for local people. These bookable services will offer a standard approach to urgent care, so patients know what to expect when they attend.



Change where you would go for minor illness and injuries

The Urgent Care Centres at King George and Queen's Hospital will be upgraded to become Urgent Treatment Centres. These will offer booked appointments as well as seeing people who walk in or are taken in by ambulance.

With more bookable appointments available at 12 locations across the area, we will make sure resources, including staffing and facilities such as x-ray and testing, are in the right places to meet demand.

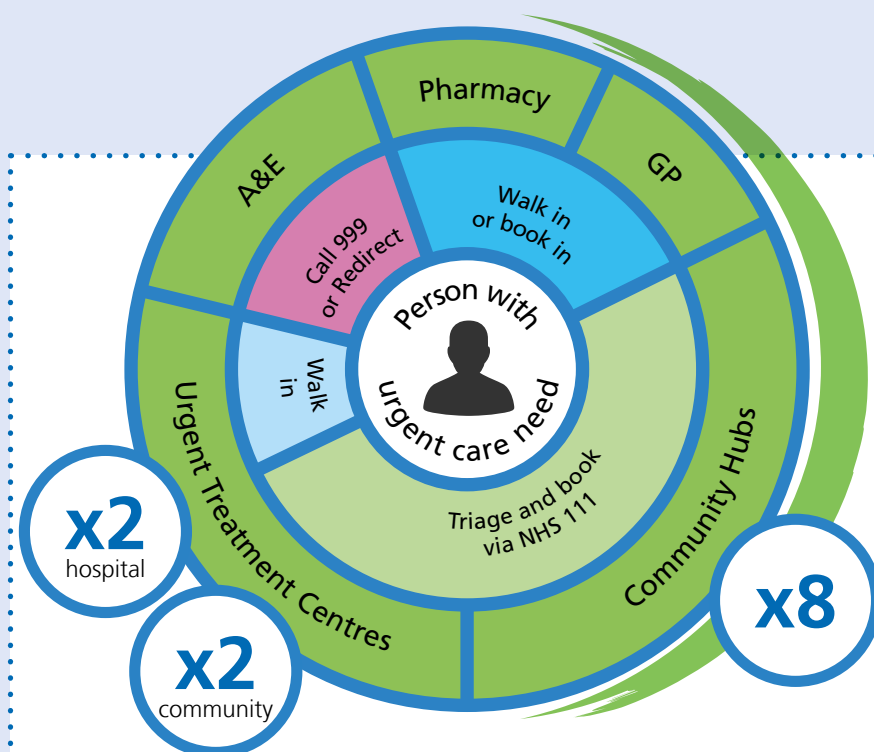
This consultation is not proposing any changes to emergency care services or changes to the A&E services at any of our local hospitals.

Our options

There are two options for changes to community urgent care services that we would like your views on.

These are about services outside of our hospitals that people can choose to go to directly (i.e. walk into without booking an appointment).

Both options will help to make it easier for people to choose the right service when they have an urgent health need and will provide improved care for local people in the future.



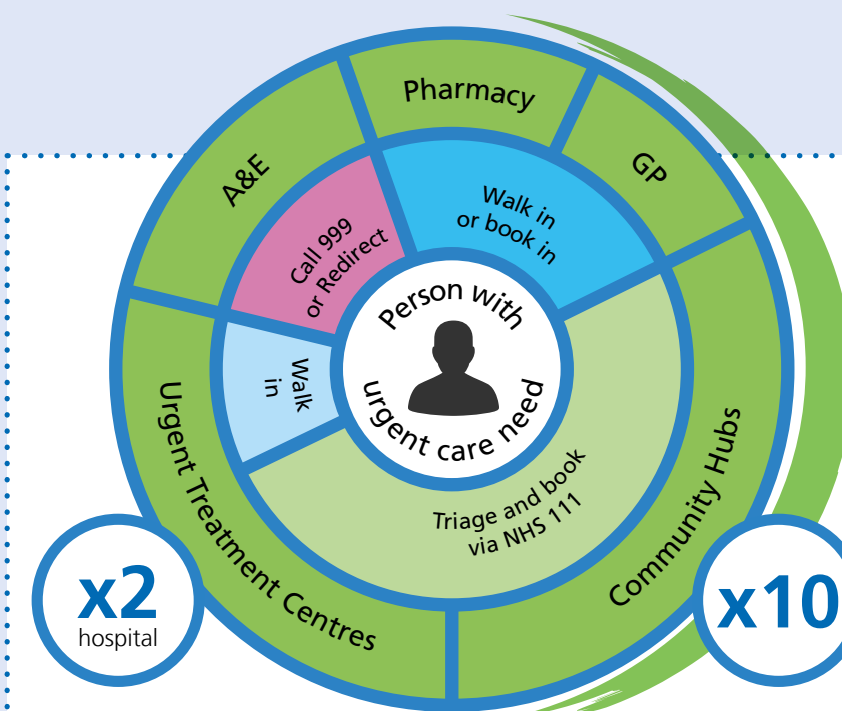
Option 1

Our existing Urgent Care Centres at King George and Queen's Hospitals will be upgraded and become Urgent Treatment Centres in line with national policy. These will see patients who walk in or who are booked into a timed appointment by NHS 111. Patients will be encouraged to call NHS 111, rather than walk in.

As well as the two existing Urgent Care Centres, people could also continue to walk into Barking Community Hospital and Harold Wood Polyclinic, and services at these locations would be upgraded to become community Urgent Treatment Centres.

This would mean there would be four locations (including the hospital UTCs) in Barking and Dagenham, Havering and Redbridge where you can walk in and be seen as well as book an appointment by calling NHS 111.

There would also be eight other community urgent care services across the area where you can be booked in following a call to NHS 111. You will be seen within a maximum of 30 minutes of your appointment time.



Option 2

Under option 2, the Urgent Treatment Centres at King George and Queen's Hospitals would be the only places you could walk in without making a call first or getting an appointment.

By calling NHS 111, you would be booked a timed appointment at 10 community urgent care service locations across Barking and Dagenham, Havering and Redbridge, or at one of the two UTCs.

These community locations would include Harold Wood Polyclinic, South Hornchurch Health Centre, Loxford Polyclinic and Barking Community Hospital. You would no longer be able to walk in without an appointment at these four centres.

This option means all community urgent care services outside of the hospitals would be bookable. We would make sure more appointments were made available so services could see everyone at a convenient time.

Patients would spend much less time waiting around as you will be seen within a maximum of 30 minutes of your appointment time.

When you call NHS 111, you will be assessed and given advice or booked into the right service for your needs. This means you will get the right care in the right place, first time, and you won't be redirected to another service.

Option 2 means most patients will call or click before they come in. This matches our vision for the future of urgent care and will provide local people with a simpler system of quality urgent care.

Summary of the options

Option 1

Patients can walk in or book urgent appointments at four Urgent Treatment Centres

- King George Hospital
- Queen's Hospital
- Harold Wood Polyclinic
- Barking Community Hospital

Bookable appointments available at eight community urgent care service locations.

No walk in service at Loxford Polyclinic or South Hornchurch Health Centre – bookable only

Option 2

Patients can walk in or book urgent appointments at two Urgent Treatment Centres

- King George Hospital
- Queen's Hospital

Bookable appointments available at ten community urgent care service locations

No walk in service at Harold Wood Polyclinic, Barking Community Hospital, Loxford Polyclinic or South Hornchurch Health Centre – bookable only

How services might look in the future

	Current services	Future services
Getting advice and looking after yourself	You can get advice and over-the-counter medicines for minor illnesses and injuries from your local pharmacist or you can call NHS 111 for advice.	Pharmacies and NHS 111 will continue to help as they do now.
Seeing a GP	<p>Most people call their GP for an urgent appointment.</p> <p>Urgent GP appointments are available in the evenings and at weekends at seven GP hubs across the area.</p> <p>When your GP practice is closed, you can call NHS 111 and you may get an appointment with the GP out of hours service (three locations).</p>	<p>You should contact your GP or NHS 111 first.</p> <p>If your practice is closed or busy, NHS 111 can give you advice and if you need to be seen, book you a convenient, timed appointment with a GP in one of 12 community urgent care services located across the area (including our Urgent Treatment Centres).</p> <p>Appointments will be available in the daytime, evenings and at weekends.</p> <p>These will have a mix of GPs and nurses so they all offer the same wide range of care.</p>
Minor illness or injuries	<p>Four centres see patients who walk in without an appointment.</p> <p>These are:</p> <ul style="list-style-type: none">● Barking Community Hospital● Harold Wood Polyclinic● South Hornchurch Health Centre● Loxford Polyclinic <p>These services are not all the same, with different opening hours and days. Different diagnostics tests are also available at each location Only Barking Community Hospital and Harold Wood Polyclinic offer x-rays.</p> <p>You can also walk in and be seen at Urgent Care Centres at King George and Queen's Hospitals (as well as Whipps Cross for some Redbridge residents).</p>	<p>Our existing Urgent Care Centres will be upgraded and become Urgent Treatment Centres in line with national policy. These will see patients who walk in or who are booked into a timed appointment.</p> <p>Under option 1, people could also continue to walk into Barking Community Hospital and Harold Wood Polyclinic, and facilities would be upgraded to become community Urgent Treatment Centres, open at least 12 hours a day.</p> <p>NHS 111 will also be able to book you an appointment at these centres and at eight community locations including Loxford Polyclinic and South Hornchurch Health Centre. These would offer a standard approach to urgent care so patients know what to expect.</p> <p>Under option 2, the Urgent Treatment Centres located at King George and Queen's Hospital would be the only place you could walk in without making a call first or getting an appointment. But there will be ten locations where you book appointments by calling NHS 111.</p>

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Future vision



Right care in the right place, first time through cohesive and joined up urgent and emergency care services

How we are engaging with local people

We want to hear from as many people as possible so we can make the best possible decision. We are providing the opportunity for everyone to have their say.

We are also working with GPs, patient groups, local Healthwatch organisations and community and voluntary organisations to make sure we reach as many local people as possible. If you would like us to come and talk to your group about these proposals please get in touch.

No decisions have been made. Over the next 12 weeks (until 21 August 2018) we are engaging with local people in order to explain the changes to community urgent care services and the reasons for developing these proposals, outline what this will mean for BHR residents and encourage them to respond.

All responses will form a report, which will go to our Governing Bodies to consider and make a decision. We will put that report and details of whatever decisions are made on our websites:

www.barkingdagenhamccg.nhs.uk/urgent-care

www.haveringccg.nhs.uk/urgent-care

www.redbridgeccg.nhs.uk/urgent-care



How we will use your feedback

When you share your views – through our online survey or at any of the events we will be attending – we will ensure your personal information is kept secure and confidential. We will not share it and it will only be used to help us analyse the feedback we receive.

When the consultation closes, we will read and consider all the responses we receive. We appreciate you taking the time to respond.

We will use what you tell us to write a report for the three CCGs' decision-making Governing Bodies to consider, alongside any other evidence and/or information available. This includes the Equality Impact Assessment (EIA). The Governing Bodies will make a decision about what to do.

We will publish the dates of the CCGs' Governing Bodies' decision-making meeting on our three CCG websites. These are meetings held in public so you can come along and listen. All the reports that the Governing Body members read will be on our websites so you can read them too.

If you are responding on behalf of an organisation or you represent the public (as an MP, Councillor or similar), your response may be made available for the public to look at. If you are responding in a personal capacity, we will not publish your name or response in full but we may use some of what you've said to show particular points of views.

If you let us know your contact details when you complete the questionnaire, we can keep you up to date about any decisions we make.

If you want to comment on our proposals, we must receive this by 5pm on 21 August 2018.

Equality Impact Assessment (EIA)

An EIA is a process to make sure that a policy, project or proposal does not discriminate or disadvantage against any of the following characteristics:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

As part of this work, we will carry out an initial EIA and publish a draft on our websites. We will take into account people's responses to our proposals and this will inform a more detailed final EIA, which will be considered before any decision is made about these proposals.



Glossary

Accident and Emergency (A&E)

A 24 hour service provided by an acute hospital for conditions that need immediate medical attention for emergency or life-threatening health conditions, e.g. a serious accidental injury, a heart attack, difficulty in breathing. Also known as an Emergency Department (ED)

Carer

A carer is anyone who cares, unpaid, for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support.

CCG Clinical Commissioning Group

NHS organisations that plan, design and buy (commission) local health services.

Clinician

A healthcare professional. Can be a GP, hospital doctor, nurse or pharmacist.

Diagnostics

Procedures to identify a condition or disease, e.g. X-ray, blood tests, ECG, urine tests



ECG Electrocardiogram. A simple test that can be used to check your heart's rhythm and electrical activity. Used alongside other tests to help diagnose and monitor conditions affecting the heart.

Emergency care

Emergency care is provided in a medical emergency when life or long term health is at risk. This could include serious injuries or blood loss, chest pains, choking or blacking out.

GP General Practitioner

Your family doctor

Long term conditions

Long-term conditions are conditions that cannot be cured but can be managed through medication and/or therapy. They include a broad range of medical issues, for example asthma, diabetes, cancer and arthritis.

Minor illnesses or ailments

Common health problems like aches and pains, fevers, skin conditions and stomach upsets

Minor injuries

These could include:

- Bites, human and animal
- Cuts and lacerations
- Foreign bodies in the eyes, nose and ears
- Fractures that require plaster only
- Minor burns and scalds
- Minor head injuries (with no loss of consciousness)
- Soft tissue injuries, for example sprains and bruises
- Wound infections

NHS 111

A free 24/7 telephone advice service for people who require urgent healthcare treatment and advice but who don't know where to go.

GP access hub

Urgent, same day GP appointments that can be pre-booked by telephone. Primarily for urgent care. Appointments available from 6.30pm to 10pm on weekdays and 8am to 8pm at weekends. Seven locations across Barking and Dagenham, Havering and Redbridge,

GP out of hours service

Medical care provided outside the normal working hours of GP practices. Available via NHS 111 from 6.30pm to 8am on weekdays and throughout weekends and bank holidays. Sees people at three locations – King George and Queen's Hospital and Grays Court, Dagenham

Primary care

Services which are the main or first point of contact for the patient, usually GPs and pharmacies

Urgent care

Urgent care is care needed the same day. This could include anything from cuts, minor injuries, wound infections, tonsillitis, urinary infections, or mild fevers etc.

Urgent Care Centre or UCC

These are centres, usually located on a hospital site next to an A&E, which offer urgent care. Led by GPs supported by nurses.

Urgent Treatment Centre or UTC

Open at least 12 hours a day, 365 days a year, these centres will provide urgent care. Led by GPs supported by nurses and other health professionals. Access to better diagnostics and able to deal with a wide range of minor injuries and illnesses, including minor head injuries.

Walk-in centre or WIC

This service offers urgent care to people who walk in, without pre-booking an appointment.



How we are engaging with local people

This document is about changes we want to make to some health services in Barking and Dagenham, Havering and Redbridge. We want to know what you think about this.

If you would like to know more, please email haveyoursay.bhr@nhs.net or call **020 3688 1615** and tell us what help you need. Let us know if you need this in large print, easy read or a different format or language.

Bengali

বার্কেিং ও দাগনেহামে, হ্যাভেরিং ও রেডব্রিজি কছু স্বাস্থ্য পরষিবোয় আমরা য়ে পরবির্তনগুনো করত়ে চাই এই ডকুমেন্টটি স়ে সম্পর্কতি আপনি ঐ সম্পর্ক়ে কী ভাবছনে আমরা স়ে বষিয়ে জানত়ে চাই। যদি আপনি আরো জানত়ে চান, তাহলে অনুগ্রহ কর়ে haveyoursay.bhr@nhs.net ইমহেল ঠকিনায় বা 020 3688 1615 নম্বর়ে আমাদরে সাথে য়োগায়োগ করুন এবং আপনার কী সাহায্য প্রয়োজন তা আমাদরেকে জানান। যদি আপনি এটি বড় ছাপার অক্ষর়ে, সহজ়ে পাঠ্যযোগ্যভাবে বা ভিন্নি ক়োনো ফরম্যাটে বা ভাষায় পত়ে চান তাহলে আমাদরেকে জানান।

Lithuanian

Šis dokumentas yra apie pokyčius, kuriuos norime įgyvendinti sveikatos priežiūros srityje Barking ir Dagenham, Havering ir Redbridge vietovėse. Norėtume sužinoti jūsų nuomonę apie tai. Jei turite klausimų ar norite sužinoti apie tai daugiau, kreipkitės į mus haveyoursay.bhr@nhs.net arba tel. 020 3688 1615. Praneškite, jei šią informaciją norėtumėte gauti stambiu šriftu, lengviau įskaitomą, kita forma ar kalba.

Portuguese

Este documento é sobre as alterações que pretendemos implementar em alguns serviços de Saúde em Barking e Dagenham, Havering e Redbridge. Gostaríamos de saber a sua opinião. Caso pretenda obter mais informações, contacte-nos através do e-mail haveyoursay.bhr@nhs.net ou do número de telefone 020 3688 1615 e diga-nos que tipo de ajuda precisa. Indique-nos se precisa deste texto em letra grande, leitura fácil ou num formato ou idioma diferentes.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਉਨ੍ਹਾਂ ਬਦਲਾਵਾਂ ਬਾਰੇ ਹੈ ਜੋ ਅਸੀਂ ਬਾਰਕਿੰਗ ਐਂਡ ਡੈਗਨਹੈਮ, ਹੈਵਰਿੰਗ ਐਂਡ ਰੇਡਬ੍ਰਿਜ਼ ਦੀਆਂ ਕੁਝ ਸਿਹਤ ਸੇਵਾਵਾਂ ਵਿੱਚ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹਾਂ। ਅਸੀਂ ਜਾਣਨਾ ਚਾਹੁੰਦੇ ਹਾਂ ਕਿ ਤੁਹਾਡੇ ਇਸ ਬਾਰੇ ਕੀ ਵਿਚਾਰ ਹਨ। ਜੇ ਤੁਸੀਂ ਹੋਰ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ haveyoursay.bhr@nhs.net ਜਾਂ 020 3688 1615 ਤੇ ਸੰਪਰਕ ਕਰੋ ਅਤੇ ਸਾਨੂੰ ਦੱਸੋ ਕਿ ਤੁਹਾਨੂੰ ਕਿਸ ਤਰ੍ਹਾਂ ਦੀ ਮਦਦ ਦਾ ਲੋੜ ਹੈ। ਸਾਨੂੰ ਦੱਸੋ ਜੇ ਤੁਸੀਂ ਇਸਨੂੰ ਵੱਡੇ ਛਾਪੇ, ਆਸਾਨੀ ਨਾਲ ਪੜ੍ਹੇ ਜਾਣ ਵਾਲੇ ਜਾਂ ਕਿਸੇ ਵੱਖਰੇ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ।

Romanian

Acest document se referă la schimbările pe care dorim să le facem în cadrul unor servicii medicale din Barking și Dagenham, Havering și Redbridge. Am dori să aflăm care este părerea dvs. despre acest lucru. Dacă doriți mai multe informații, vă rugăm să ne contactați la haveyoursay.bhr@nhs.net sau la 020 3688 1615 și să ne spuneți cu ce vă putem ajuta. Spuneți-ne dacă aveți nevoie de aceste informații scrise cu caractere mari, ușor de citit sau într-un alt format ori într-o altă limbă.

Tamil

Barking மற்றும் Dagenham, Havering மற்றும் Redbridge-இல் உள்ள சில சுகாதாரச் சேவைகளில் நாங்கள் மேற்கொள்ள விரும்பும் மாற்றங்கள் குறித்து இந்த ஆவணம் விளக்குகிறது. இது குறித்து நீங்கள் என்ன கருதுகிறீர்கள் என்பதை நாங்கள் தெரிந்துகொள்ள விரும்புகிறோம். நீங்கள் மேலும் தகவல்கள் பெற விரும்பினால், haveyoursay.bhr@nhs.net என்ற மின்னஞ்சல் அல்லது 020 3688 1615 என்ற எண்ணில் எங்களைத் தொடர்புகொண்டு, உங்களுக்கு எந்த விதமான உதவி தேவை என்பதை எங்களிடம் கூறுங்கள். இந்த ஆவணத்தின் பெரிய அச்சு, எளிதில் வாசிக்கக்கூடிய பிரதி அல்லது வேறொரு வடிவம் அல்லது மொழியில் உங்களுக்குத் தேவைப்பட்டால், எங்களுக்கு தெரியப்படுத்துங்கள்.

Urdu

یہ دستاویز ان تبدیلیوں کے متعلق ہے جو ہم بarking اور ڈیگنہم، ہیورینگ اور ریڈبریج (Barking اور Dagenham، Havering اور Redbridge) میں خدمات صحت میں ہم کرنا چاہتے ہیں۔ ہم جاننا چاہتے ہیں کہ اس کے متعلق آپ کیا سوچتے ہیں۔ اگر آپ مزید جاننا چاہیں گے، تو براہ کرم ہم سے haveyoursay.bhr@nhs.net یا 020 3688 1615 پر رابطہ کریں کہ آپ کو کس مدد کی ضرورت ہے۔ ہمیں بتائیں اگر آپ کو پڑے پرنٹ، آسان پڑھائی یا کسی مختلف شکل یا زبان میں اس کی ضرورت ہے۔

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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 26 JULY 2018

Subject Heading:	North East London CCGs – Integrated NHS 111 Service
Report Author and contact details:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering, anthony.clements@onesource.co.uk
Policy context:	Clinical Commissioning Group officers will give details of the position with the awarding of a new contract for the local NHS 111 service.
Financial summary:	No financial implications.

SUMMARY

Officer representing the local Clinical Commissioning Groups (CCGs) will update on the award of a new contract for the local NHS 111 service.

RECOMMENDATIONS

1. That the Joint Committee notes the position with the NHS 111 service and takes any action it considers appropriate.

REPORT DETAIL

Officers will update the Joint Committee on progress with the award of a new contract for the NHS 111 service, covering the North East London area.

Some further details of the service are attached.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

NHS 111 Clinical Assessment Service in North East London

Dr Kate Adams, Clinical Lead for urgent care for the North East London
Commissioning Alliance

For Outer North East London Joint Health Scrutiny Committee

Summer 2018

Why integrated urgent care?

- Five Year Forward View - delivery of urgent care requires closer integration of these care services
- Improved patient care and experience
- Manage demand across the system
- Financially sustainable.

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What does integrated urgent care mean?

- Single entry point to urgent care - 111
- Organisations working together - fully integrated services, shared standards and processes
- High quality assessment, advice and treatment, and clinicians available 24/7
- Clear leadership and accountability
- Right care, right place, first time.

Current integrated urgent care services in North East London

Waltham Forest

Population: 276,000
GP Practices: 44
Major Hospitals:
 Whipps Cross
 Urgent treatment centre (UTC) at Whipps Cross: 24/7
 Extended Access Primary Care: 3X Hubs offering GP and nurse appointments evenings/weekends

Community Nursing 365 days 08.30-17.00. Night service 21.00-08.30
 Rapid Response 24/7 (NELFT)
 Mental Health Direct (NELFT) 24/7 365 days a year
 Nursing Homes 6 (319 Beds)
 Residential Homes 58 (864 Beds)
 NHS urgent medicine supply advanced service (NUMSAS): 18 Pharmacies

The area is made up of seven boroughs/CCGs

Redbridge

Population: 300,600
GP Practices: 45
Major Hospitals:
 King George Hospital
 UTC at King George 24/7
 Extended Primary Care Hubs 3
 Community Nursing Mon-Fri, 08.30-21.00, Sat-Sun 08.00-20.00

Rapid Response: Community Treatment Team (CTT) 07.00-22.00
 Mental Health Direct (NELFT) 24/7 365 days a year
 Nursing Homes 13 (640 Beds)
 Residential Homes 65 (917 Beds)
 NUMSAS: 28 Pharmacies

City and Hackney

Population: 277,000
GP Practices: 43
Major Hospital
 Homerton
 UTC at Homerton: Hours TBC
 Community Nursing Services 08.00-23.30
 Nursing Homes 4 (226 Beds)
 Residential Homes 12 (142 Beds)

Integrated independence team: Mon-Fri 08.00-22.00, Sat-Sun 10.00-18.00
 Duty doctor: all practices during core hours
Mental Health Services (ELFT) – 24/7 crisis line and moving towards 24/7 crisis able to see people in own homes Q3 2017/18
 NUMSAS: 22 Pharmacies

Havering

Population: 250,500
GP Practices: 44
Major Hospitals:
 Queen's Hospital
 UTC at Queen's: 24/7
 Extended Primary Care Hubs 2
 Community Nursing Mon-Sun 08.30-17.00 plus community liaison night service
 Rapid Response: CTT 07.00-22.00
 Mental Health Direct (NELFT) 24/7 365 days a year.)
 Nursing Homes 19 (1,048 Beds)
 Residential Homes 45 (759 Beds)
 NUMSAS: 21 Pharmacies

Tower Hamlets

Population: 296,300
GP Practices: 36
Major Hospitals
 Royal London
 UTC at Royal London 08:00-02:00
 Extended Primary Care Hubs x 4 Mon-Fri 18.30-20.00, Sat-Sun 08.00-20.00

Nursing Homes 4 (179 Beds)
 Residential Homes 9 (211 Beds)
 Community Nursing Services and Rapid Response 365/24/7
 Mental Health (ELFT) –To move to crisis line from June 2018
 NUMSAS: 20 Pharmacies

Newham

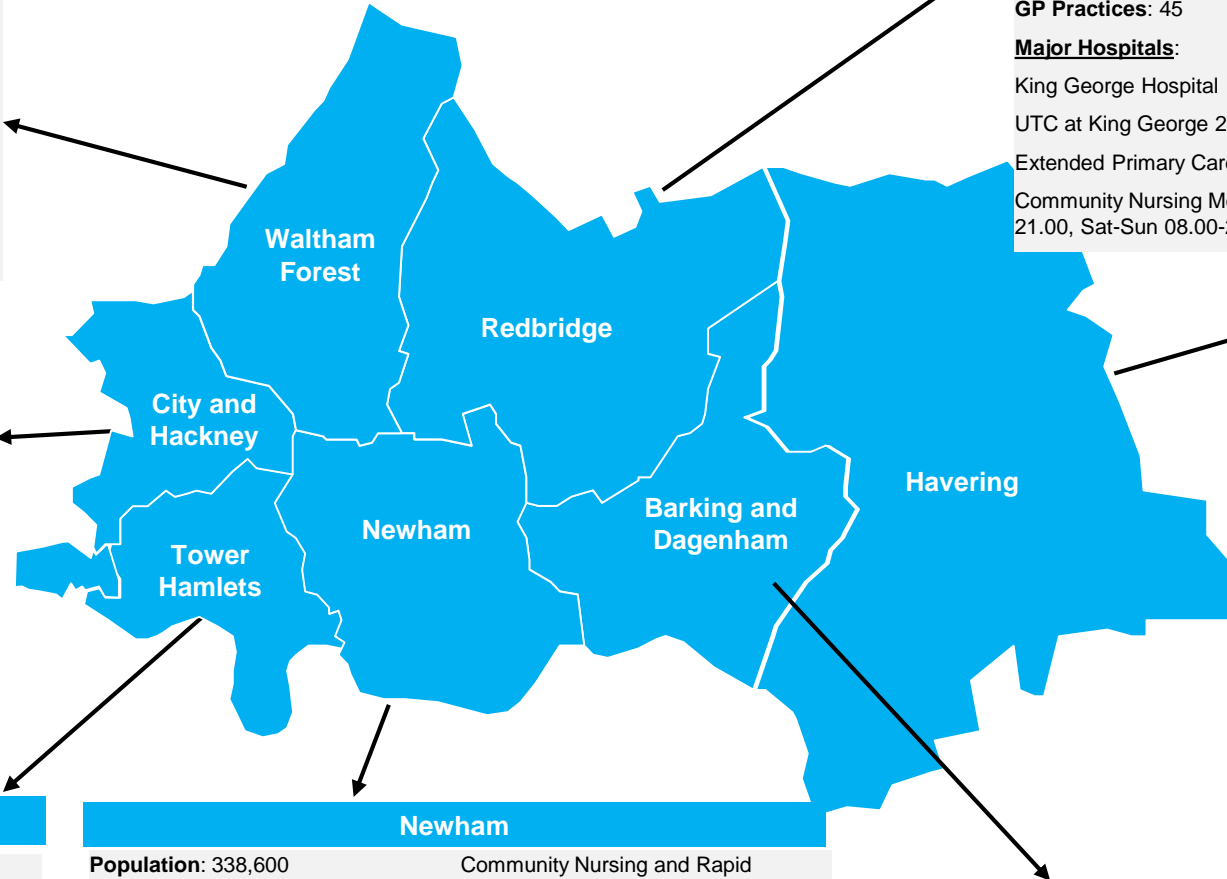
Population: 338,600
GP Practices: 55
Major Hospitals
 Newham University Hospital
 UTC at Newham 08.00-02.00
 Extended Primary Care Hubs 2 Mon-Fri, 18.30-20.00, Sat-Sun 08.00-20.00

Community Nursing and Rapid Response 365 08.00-23.00
 Mental Health (ELFT) – RAID
 Nursing Homes 6 (520 Beds)
 Residential Homes 24 (186 Beds)
 NUMSAS: 42

Barking and Dagenham

Population: 206,700
GP Practices: 38
 Extended Primary Care Hubs - 2
 Community Nursing 07.00-19.00
 Plus Night Nursing 19.00-07.00
 Rapid Response: CTT 07.00-22.00

Mental Health Direct (NELFT) 24 /7 365 days a year.)
 Nursing Homes 7 (518 Beds)
 Residential Homes 16 (203 Beds)
 NUMSAS: 24 Pharmacies



Why do we need to do things differently?

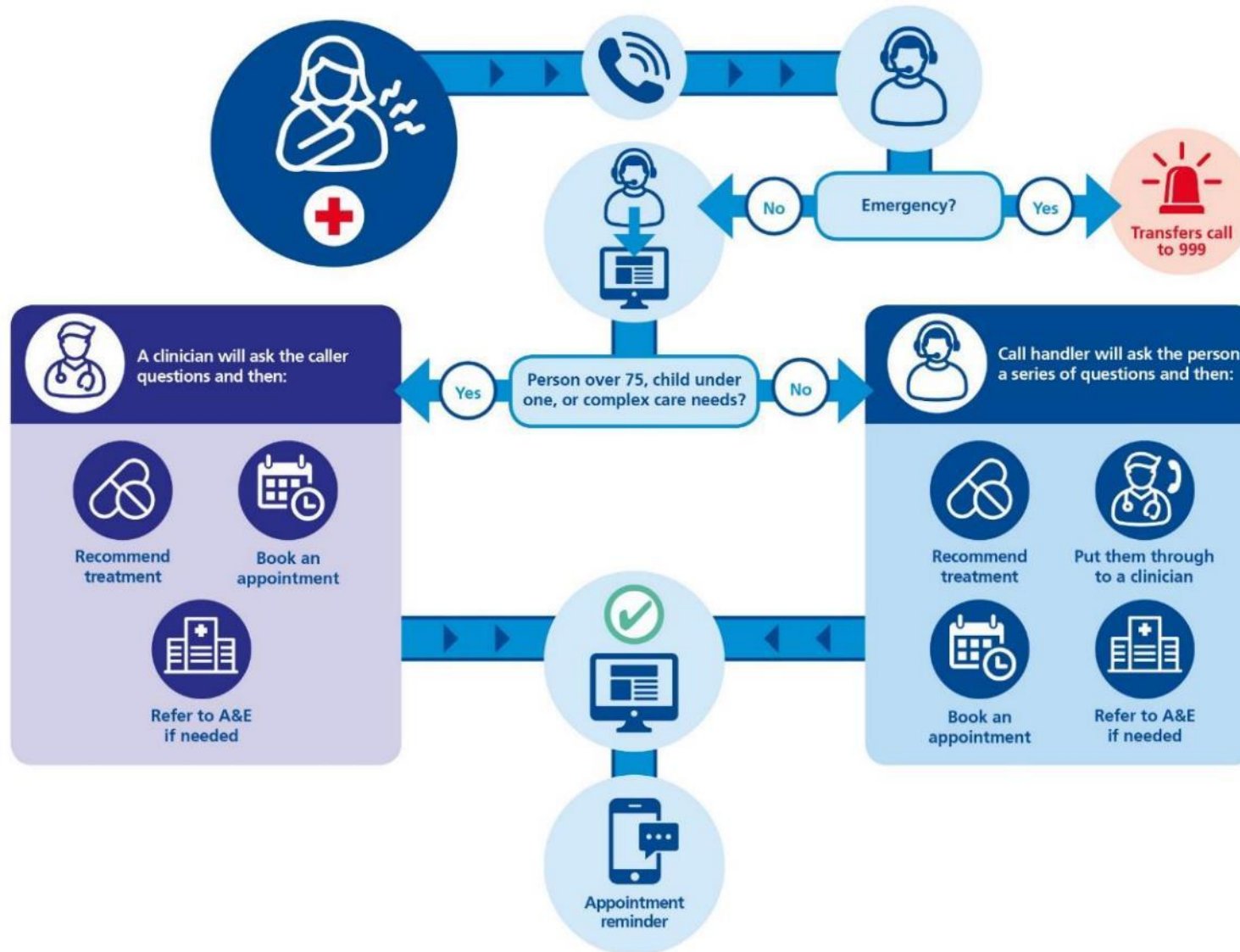


- Urgent care services in our area are extremely busy, and are not always very well joined-up with each other
- Many people don't know what services are available – particularly out of hours – or find the choice of services confusing
- Too many people who don't need life-saving treatment visit our emergency departments as they think it's the quickest way to get advice or treatment.

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This will improve with our new NHS 111 Clinical Assessment Service which begins on 1 August and will be run by London Ambulance Service.

What does the new NHS 111 Clinical Assessment Service look like



Involving patients in shaping the new service



1. Patient representative on the integrated urgent care programme board throughout the planning, service specification development, and procurement
2. Public feedback on key elements of the NHS 111 Clinical Assessment Service through a consistent survey on all CCG websites
3. Community engagement sessions, to help plan the service specification, reached over 837 people, including young people, carers, older people, representatives of the traveller community and different faith groups
4. Sent 600 community groups notice of the procurement
5. Patient group set up to develop the procurement questions and the scoring of tenders
6. Patients involved in a tender assessment day
7. Continued involvement:
 - Ongoing pathway development
 - Patient participation group run by London Ambulance Service to feedback and monitor the service.

What the new service means for patients

- ✓ One phone number for all out of hours care
- ✓ Assessments over the phone providing advice or treatment recommendations from a range of health professionals if required
- ✓ Direct booking of face-to-face appointments, with more appointments becoming available over the coming months
- ✓ The ability to prescribe medicines over the phone if required
- ✓ Easy access to patients' records and care plans – with details updated after calls
- ✓ Quick transfer to mental health crisis services for assessment/advice if required
- ✓ Access to personalised, clinical advice on smart phones or computers through a dedicated 111 Online website.
- ✓ Right advice and treatment first time – and often faster than by visiting an urgent care service.

Clinicians in the service

Most people who call will be initially assessed through clinically based questions – and then transferred to speak directly with a clinician where needed:

1. GPs
2. Pharmacists
3. Advanced Nurse Practitioners
4. Nurses
5. Paramedics
6. Integrated with mental health crisis services to transfer for assessment/advice.



Monitoring the new service



We have a number of measures to ensure the service will continue to deliver against the service specification and maintains high quality:

- Performance measures

Including: calls closed as self-care, referral and management of patients within the clinical assessment service

- Over 45 quality requirements

Including: training, average time to answer a call, primary care bookings, and safeguarding

- Patient participation group

Patient representatives from across north east London will be the voice of the public and work with London Ambulance Service to review the service.

Informing the public

We are raising awareness of the new service in the following ways:

- Engagement with CCG patient groups
- Communications to local media (print and online)
- Information on CCG, and provider websites
- Social media
- Posters
- Information in GP practices
- Information sent to stakeholders and community groups.

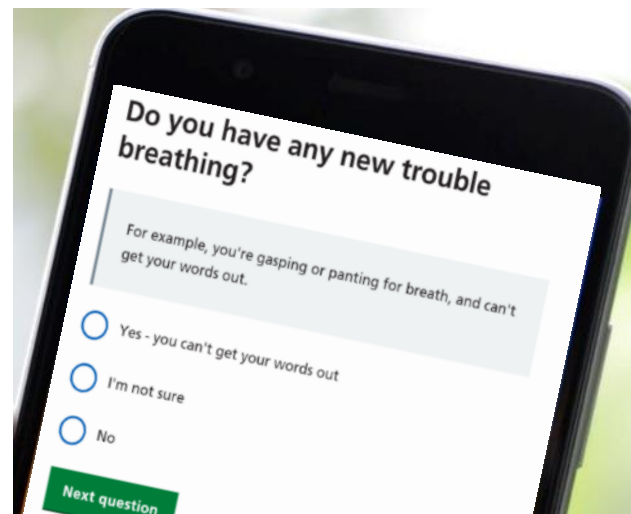


NHS 111 Online



- An online NHS 111 service which uses the same clinical assessment questions as the telephone service
- It directs people to the right service or treatment, first time
 - Map to show nearest recommended urgent care service, contact details and opening hours.
- Reduces demand on telephone service and GP practices
- Search for 'NHS 111 Online' to use the service.

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Speak to your GP practice today
You should speak to your GP practice within the next 6 hours

What to do if you can't speak to your GP practice
Other services that can help you near IG1 2QX [\[Change postcode\]](#)
[▶ Arrange for someone to phone you](#)
[▼ Visit a service](#)

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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 26 JULY 2018

Subject Heading:	Proposed amendments to Joint Committee's Terms of Reference
Report Author and contact details:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering, anthony.clements@onesource.co.uk
Policy context:	The report seeks to slightly amend and update the Joint Committee's terms of reference.
Financial summary:	No financial implications.

SUMMARY

In order to more closely reflect the current Health Service structures and the Joint Committee's ways of working, this report recommends some minor changes to the Joint Committee's terms of reference.

RECOMMENDATIONS

1. That the Joint Committee agree the proposed amendments to its Terms of Reference as shown in the appendix to this report.

REPORT DETAIL

This report seeks to amend sections of the Joint Committee's Terms of Reference to reflect the current names and structures of local National Health Service bodies over which the Committee has the power of scrutiny.

Other minor amendments are proposed in order to more closely reflect the methods in which the Committee normally works in terms of for example forming working groups or submitting formal reports.

Any proposed amendments are shown in track changes on the attached appendix.

IMPLICATIONS AND RISKS

Financial implications and risks: None.

Legal implications and risks: All of these changes appear to be minor. The Terms of Reference as a whole have not considered, just whether the changes warrant any major legal note.

Human Resources implications and risks: No HR implications arising directly.

Equalities implications and risks: None

TERMS OF REFERENCE FOR OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Establishment of the JHOSC

1. The Outer North East London Joint Health Overview and Scrutiny Committee (the JHOSC) is established by the Overview and Scrutiny Committees having health responsibilities of the London Borough Councils of Barking & Dagenham, Havering, Redbridge and Waltham Forest (“the borough OSCs”) in accordance with s.190-191 of the Health and Social Care Act 2012 and consequential amendments and the Local Authority (Overview and Scrutiny Committees Healthy Scrutiny Functions) Regulations 2002.

Membership

2. The JHOSC will consist of three Members appointed of each of the Borough OSCs.
3. In accordance with section 21(9) of the Local Government Act 2000, Executive Members may not be members of an Overview and Scrutiny Committee.
4. The Essex County Council may nominate one full Member for the Joint Health Overview and Scrutiny Committee. Thurrock Borough Council Health Overview and Scrutiny Committee may nominate an observing Member of the Joint Health Overview and Scrutiny Committee. The Councils of the Borough of Brentwood and District of Epping Forest may also each nominate an observing Member.
5. Appointments made to the JHOSC by each participating London borough OSC or Council will reflect the political balance of the borough Council, unless a participating borough OSC agrees to waive the requirement and this is approved by the JHOSC.

Attendance of Substitute Members

6. If a Member is unable to attend a particular meeting, he or she may arrange for another Member of the borough OSC to attend as substitute, provided that a Member having executive responsibilities may not act as a substitute. Notice of substitution shall be given to the clerk before the commencement of the meeting.

Role and Function of the JHOSC

7. The JHOSC shall have the remit to review and scrutinise any matter, including substantial variations, relating to the planning, provision and operation of health services that affect two or more boroughs in Outer North East London. The JHOSC will have the right to respond in its own right to all consultations on such matters, both formal and informal.

8. In fulfilling its defined role, as well as reviewing documentation, the JHOSC will have the right to do any or all of the following:

- a. Request information or to hold direct discussions with appropriate officers from each of the following organisations or their successor bodies:

Barking and Dagenham Clinical Commissioning Group (CCG)

Havering CCG

Redbridge CCG

Waltham Forest CCG

~~NHS England~~

North East London Commissioning Support Unit

Barking, Havering and Redbridge University Hospitals NHS Trust

Barts Health NHS Trust

North East London NHS Foundation Trust

~~North East London Community Services~~

London Ambulance Service NHS Trust

East London Health and Care Partnership

Care Quality Commission

NHS England

NHS Improvement

as well as any other NHS Trust or other body whose actions impact on the residents of two or more Outer North East London Boroughs;

- b. Co-operate with any other Joint Health Overview and Scrutiny Committee or Committees established by two or more other local authorities, whether within or without the Greater London area;
- c. Make reports or recommendations to any of the NHS bodies listed above and expect full, written responses to these;
- d. Require an NHS or relevant officer to attend before it, under regulation 6 of the Regulations, to answer such questions as appear to it to be necessary for the discharge of its functions in connection with a consultation;
- e. Such other functions, ancillary to those listed in a to d above, as the JHOSC considers necessary and appropriate in order to fully perform its role.

Although efforts will be made to avoid duplication, any work undertaken by the JHOSC does not preclude any individual constituent borough Overview and Scrutiny Committee from undertaking work on the same or similar subjects

Co-optees

- 9. The JHOSC shall be entitled to co-opt any non-voting person as it thinks fit or appropriate to assist in its debate on any relevant topic. Each borough Healthwatch organisation for Barking & Dagenham, Havering, Redbridge and Waltham Forest shall be entitled to nominate one co-opted (non-voting)

member of the JHOSC. The power to co-opt shall also be available to any Working Groups formed by the JHOSC.

Formation of Working Groups

10. The JHOSC may form such Working Groups of its membership as it may think fit to consider any aspect or aspects of its work. The role of such Groups will be to consider the matters referred to it in detail with a view to formulating recommendations on them for consideration by the JHOSC. The precise terms of reference and procedural rules of operation of any such Groups (including number of members, chairmanship, frequency of meetings, quorum etc) will be considered by the JHOSC at the time of the establishment of each such Group; these may differ in each case if the JHOSC considers it appropriate. The meetings of such Groups should be held in public except to the extent that the Group is considering any item of business from which the press and public could legitimately be excluded under the Access to Information legislation. The extent of available resources and the existence of relevant ongoing work at a borough level will also be considered by the JHOSC when considering whether to establish a working group.

Meetings of the JHOSC

11. The JHOSC shall meet formally at such times, at such places and on such dates as may be mutually agreed, provided that five clear days' notice is given of the meeting. The Committee may also meet informally as and when necessary for purposes including, but not limited to, visiting appropriate sites within the boroughs or elsewhere.
12. The JHOSC will meet on four a minimum of occasions per year with any variation to be agreed by the Committee. Meeting venues will normally rotate between the four Outer North East London boroughs.
13. Meetings shall be open to the public and press in accordance with the Access to Information requirements. No tape or video recorders, transmitters, microphones, cameras or any other video recording equipment shall be brought into or operated by any person at a meeting of the JHOSC unless the Chair of the meeting gives permission before the meeting (this exclusion will not apply to the taping of the proceedings by officers responsible for producing the minutes). When permission is given, a copy of any tape made must be supplied to the London Borough of Havering, in its role as Administrator.

Attendance at Meetings

14. Where any NHS officer is required to attend the JHOSC, the officer shall be given reasonable notice in advance of the meeting at which he/she is required to attend. The notice will state the nature of the item on which he/she is required to attend to give account and whether any papers are required to be produced for the JHOSC. Where the account to be given to the JHOSC will

require the production of a report, then the officer concerned will be given reasonable notice to allow for preparation of that documentation.

15. Where, in exceptional circumstances, the officer is unable to attend on the required date, and is unable to provide a substitute acceptable to the JHOSC, the JHOSC shall in consultation with the officer arrange an alternative date for attendance.
16. The JHOSC and any Working Group formed by the JHOSC may invite other people (including expert witnesses) to address it, to discuss issues of local concern and/or to answer questions. It may for example wish to hear from residents, stakeholders and members and officers in other parts of the public sector and shall invite such people to attend.
17. The JHOSC shall permit a representative of any other authority or organisation to attend meetings as an observer.

Quorum

18. The quorum for the JHOSC shall be four, provided there is present at least one Member from at least three of the London borough OSCs. For meetings involving the writing or agreeing of a final report of the Committee, the quorum shall comprise at least one representative from each of the four London borough OSCs.

Chair and Vice Chair

19. Each meeting will be chaired by a Member from the host borough on that occasion.

Agenda items

20. Any member of the JHOSC shall be entitled to give notice to the Clerk of the Joint Committee that he/she wishes an item relevant to the functions of the JHOSC to be included on the agenda for the next available meeting. On receipt of such a request (which shall be made not less than five clear working days before the date for despatch of the agenda) the relevant officer will ensure that it is included on the next available agenda.

Notice and Summons to Meetings

21. The Clerk of the Joint Committee will give notice of meetings to all members. At least five clear working days before a meeting the relevant officer will send an agenda to every member specifying the date, time and place of each meeting and the business to be transacted, and this will be accompanied by such reports as are available.
22. Any such notice may be given validity by e-mail.
23. The proper officer of each Council shall ensure that public notice of the meeting is displayed in accordance with the customary arrangements of that Council for giving notice of Committee etc. meetings.

Reports from the JHOSC

24. ~~Once it has formed recommendations~~ Where required, for any reviews that require recommendations, the JHOSC will prepare a formal report and submit it to the relevant bodies. In accordance with the Department of Health Guidance on the Overview and Scrutiny of Health dated July 2003, the JHOSC should aim to produce a report representing a consensus of the views of its members. If consensus is not reached within the JHOSC, minority views will be included in the report.
25. In undertaking its role the JHOSC should do this from the perspective of all those affected or potentially affected by any particular proposal, plan, decision or other action under consideration.

Formal Consultations and Referrals to Secretary of State

26. Under guidance on Local Authority Health Scrutiny issued by the Department of Health in June 2014, only the JHOSC may respond to a formal consultation on substantial variation proposals covering health services in more than one constituent Council area. This power also extends to the provision of information or the requirement of relevant NHS officers to attend before the JHOSC in connection with the consultation.
27. The JHOSC may only refer matters directly to the Secretary of State on behalf of Councils who have formally agreed to delegate this power to it.

Procedure at JHOSC meetings

28. The JHOSC shall consider the following items of business:
- (a) minutes of the last meeting;
 - (b) matters arising;
 - (c) declarations of interest;
 - (d) any urgent item of business which is not included on an agenda but the Chair, after consultation with the relevant officer, agrees should be raised;
 - (e) the business otherwise set out on the agenda for the meeting.

Conduct of Meetings

29. The conduct of JHOSC meetings shall be regulated by the Chair (or other person chairing the meeting) in accordance with the general principles and conventions which apply to the conduct of local authority committee meetings.
30. In particular, however, where any person other than a full or co-opted member of the JHOSC has been allowed or invited to address the meeting the Chair (or other person chairing the meeting) may specify a time limit for their contribution, in advance of its commencement which shall not be less than five minutes. If

someone making such a contribution exceeds the time limit given the Chair (or other person chairing the meeting) may stop him or her.

31. The Chair (or other person chairing the meeting) may also structure a discussion and limit the time allowed for questioning by members of the JHOSC.

Officer Administration of the JHOSC

32. The London Borough of Havering will be the Lead Authority for clerking and administering the JHOSC. The Clerk of the Committee will be the Principal Committee Officer, London Borough of Havering. Costs of supporting the JHOSC will be shared, in proportion to their representation on the Committee, by the London Boroughs of Barking and Dagenham, Havering, Redbridge, Waltham Forest and by Essex County Council, in cash or in kind.

Voting

33. Members may request a formal vote on any agenda item by informing the Clerk of the Joint Committee at least five working days before a meeting. If it is not possible to give this notice, Members have the right to request a vote at a meeting itself, provided they explain to the meeting why it has not been possible to give the standard notice of this request. The decision on whether to allow a vote, if the standard notice has not been given, will rest with the Chairman of that meeting.
34. Any matter will be decided by a simple majority of those members voting and present in the room at the time the motion was put. This will be by a show of hands or if no dissent, by the affirmation of the meeting. If there are equal votes for and against, the Chair or other person chairing the meeting will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote. Co-opted members will not have a vote.

Public and Press

35. All meetings of the JHOSC shall be open to the public and press unless an appropriate resolution is passed in accordance with the provisions of Schedule 17 of the National Health Service Act 2006.
36. All agendas and papers considered by the JHOSC shall be made available for inspection at all the constituent authority offices, libraries and web sites.

Code of Conduct

37. Members of the JHOSC must comply with the Code of Conduct or equivalent applicable to Councillors of each constituent Local Authority.

General

38. These terms of reference incorporate and supersede all previous terms of reference pertaining to the JHOSC.

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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 26 JULY 2018

Subject Heading:	Joint Committee's Work Plan 2018-19
Report Author and contact details:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering, anthony.clements@onesource.co.uk
Policy context:	The information presented gives suggestions for the Joint Committee's work programme for the coming year.
Financial summary:	No impact of presenting the information itself.

SUMMARY

An outline work plan is attached for discussion and agreement by the Joint Committee.

RECOMMENDATIONS

1. The Joint Committee to review the proposed work plan, make any amendments that it wishes and agree the final work plan for 2018-19.

REPORT DETAIL

Shown below is a proposed work plan for the Joint Committee for the 2018-19 municipal year. This has been drawn up following initial discussions between borough health scrutiny officers. It should be noted that some gaps have been left in the work plan as the municipal year progresses as previous experience has shown that is often prudent to leave some spare capacity to deal with consultations or other matters that may arise during the year. The work programme also suggests slots be left for scrutiny during the year of work of the cross-borough

health organisations – BHRUT, NELFT and joint work undertaken by the Clinical Commissioning Groups. The Joint Committee may wish to consider how it could most usefully these scrutinise these areas when discussing the report.

The Joint Committee is asked to review the proposed work programme, discuss any amendments that it wishes to make and agree the final work plan for 2018 -19.

MEETING DATE	AGENDA ITEMS
26/07/2018	
	New NHS 111 contract
	Urgent Care Services consultation
	JHOSC terms of reference amendments
	JHOSC meetings schedule
	JHOSC work programme
02/10/2018	
	BHRUT AND WHIPPS CROSS
	Healthwatch Havering – Services for the Visually Impaired
15/01/2019	
	NELFT
09/04/2019	
	CCGs

IMPLICATIONS AND RISKS

Financial implications and risks: None for the purpose of this Report.

Legal implications and risks: None.

Human Resources implications and risks: No implications arising directly.

Equalities implications and risks: There are no equalities considerations.

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