MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Waltham Forest Town Hall
18 April 2017 (4.00 - 6.15 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Jane Jones
London Borough of Havering	Dilip Patel, Michael White and June Alexander
London Borough of Redbridge	Stuart Bellwood and Neil Zammett
London Borough of Waltham Forest	Richard Sweden (Chairman) and Paul Douglas (substituting for Councillor Anna Mbachu)
Co-opted Members	Ian Buckmaster (Healthwatch Havering) and Mike New (Healthwatch Redbridge)

All decisions were taken with no votes against.

Also present:

Enrico Panizzo, Senior Commissioning Manager, Waltham Forest Clinical Commissioning Group (CCG)
Melissa Hoskins, Communications and Engagement Manager, BHR Clinical Commissioning Groups
James Avery, Deputy Chief Nurse, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Louise Perman, Deputy Lead Officer, PMS contract review
Louise Mitchell, Director, Planned Care Transformation Programme, BHR CCGs
Dr Anju Gupta, Clinical Lead
Dr Ravi Goriparthi, Clinical Lead

Approximately 20 members of the public were in attendance.

34 CHAIRMAN'S ANNOUNCEMENTS

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

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

Apologies were received from Councillors Peter Chand (Barking & Dagenham) Suzanne Nolan (Redbridge) Chris Pond (Esex) and Anna Mbachu (Waltham Forest – Councillor Paul Douglas substituting).

Apologies were also received from Richard Vann, Healthwatch Barking & Dagenham.

36 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

37 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on on 17 January 2017 were agreed as a correct record and signed by the Chairman.

38 STATEMENTS BY MEMBERS OF THE PUBLIC

The Committee was addressed by the Honorary Secretary of the City & Hackney branch of the British Medical Association. Concerns were raised by the speaker over who would be accountable for planning and commissioning local health and social care services under the Sustainability and Transformation Plan (STP). It was felt there was a danger that Councils may lose their power to scrutinise and influence local health and social care services and it was asked how Councils would raise these concerns.

The Chairman of the meeting noted the concerns raised and suggested these could be responded to at a future meeting. The Chairman further suggested that these concerns should also be raised at the forthcoming meeting of the equivalent committee covering Inner North East London.

The Committee was also addressed by a representative of the Save Our NHS campaign. Concerns were raised by the speaker about the decision by BHRUT to only hold their Board meetings in public on a bi-monthly rather than monthly basis. It was felt that issues such as the loss of beds at Queen’s or a report on excess pneumonia deaths at the Trust were not being discussed in public and that greater transparency should be provided.

The Chairman asked the Clerk to the Committee to seek to ascertain an explanation from BHRUT for this change in policy.

39 INTEGRATED URGENT CARE AND NHS 111 PROCUREMENT UPDATE

Officers explained that urgent care services including the NHS 111 service were currently in the process of being reprocured across the seven North East London boroughs. It was planned for the new service to meet national standards and for NHS 111 to be the first point of contact for urgent care needs.

The formal procurement process would commence by 21 April and the procurement documents would be made available on-line. Changes under the new service would include GPs and other clinicians being based within the NHS 111 service itself. Engagement had taken place with clinicians and was now under way with patient reference groups and other public representatives. A total of 170 surveys had been completed as part of the public engagement although overall numbers engaged with had been higher than this.

Clinical assessments at NHS 111 would be prioritised for babies and for callers over 75 years of age. All existing out of hours health phone numbers for North East London would be combined within NHS 111 although this was already the situation in Outer North East London. A patient sub-group fed into the procurement process and patients were also represented on the relevant Programme Board.

The new provider of the NHS 111 service would be expected to work with GP practices in order to obtain appointment slots that could be made available via NHS 111. It was anticipated that 2-3 appointments per day at each GP practice could be made available via NHS 111 for urgent patients. It was also hoped that NHS 111 could assist self-care by directing patients to pharmacies etc. It was also planned to have an on-line NHS 111 service in due course.

Whilst the precise value of the urgent care contract was confidential at this stage, the contract was expected to be of a large value. Fewer calls were now referred from NHS 111 to ambulances with calls being retriaged by clinicians if necessary. It was hoped that the new NHS 111 service would establish better connections with GPs, pharmacies and mental health services etc which would reduce the numbers of people attending A & E. It was also hoped that repeat prescriptions would be able to be issued via the service. It was also anticipated that IT connections between GP practices and NHS 111 would be established within this financial year.

It was hoped that consortia of bidders would apply for the contract, including smaller, local organisations.

The Joint Committee AGREED that the not for profit sector should be involved in the NHS 111 contract and otherwise noted the position.

40 OUTCOME OF BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS' NHS TRUST CARE QUALITY COMMISSION INSPECTION

The Deputy Chief Nurse for BHRUT confirmed that, following the recent CQC inspection, the Trust had exited special measures. The inspection had been targeted on certain services including paediatrics, outpatients and accident & emergency. The most recent inspection report had given better ratings to the Trust but it was accepted that further work still needed to be undertaken. Three of the Trust's core services were now rated as 'good' with none being rated 'inadequate'.

Several areas of outstanding practice had been noted in the Trust's children's services as well as in services for dementia which had seen a lot of improvement. Staff feedback on the Trust's services was now more positive and an operational plan for the next two years had been developed. The Trust's full operational plan and strategy could also be supplied to the Committee.

It was accepted that the Trust needed to work more closely with the NHS 111 service. Waits for treatment had improved and there were now only three people who had waited more than a year for treatment at the Trust. Patient feedback at the Trust was above the London average and a new patient experience strategy had recently been launched.

A lot of overseas recruitment of nurses had taken place but it had proved difficult to keep recruits in post long term. The Trust was therefore looking to further develop its nursing associates scheme whereby healthcare assistants could train to move into nursing. From January 2018, the Trust would also begin training its own nurses in partnership with the University of East London.

Whilst the Trust aimed to received 'good' and 'outstanding' ratings for all services assessed, officers accepted that a lot of work remained in order for this to be achieved. Trends in performance were shown on the Trust's Integrated Quality Dashboard and this could potentially be brought to a future meeting of the Committee.

The decision to close A & E at King George Hospital had been taken in 2011 and broader planning around this was currently being reviewed. The lower ratings received for 'being safe' domains at Queen's were primarily due to a lack of hand washing by staff. These areas were now being monitored on a monthly basis. Members felt it would be useful for the Committee to receive a further update on progress with the safety of services at the Trust.

The decision to only have public Board meetings on a bi-monthly basis allowed more time to be spent on delivering improvements but officers would report back to the Trust the Committee's concerns that a greater degree of transparency was required. The Clerk to the Committee would also contact the Trust re this issue.

Officers also agreed to share information on the number of deaths in A & E at the Trust over the last two years.

Subject to the actions listed above, the Committee NOTED the position.

41 PRIMARY MEDICAL SERVICES CONTRACT UPDATE

The review of the Primary Medical Services (PMS) contract for GPs had been initiated by NHS England in 2014. Following a pause, CCGs had been asked by NHS England to restart the review in November 2016, on the basis of only a local offer with no London-wide offer. Any agreement reached would not be to the detriment of patients. Governance of the contract negotiations was the responsibility of the Primary Care Commissioning Committee which included representation from local Councils.

Around one third of Practices across Barking & Dagenham, Havering and Redbridge were subject to the PMS contract. Any proposals by the CCGs needed to be affordable and existing PMS contracts were being investigated to see if any further revenue could be derived from them. Discussions would be held shortly with NHS England in order to establish the best option in terms of affordability. The new contract was required to be in place by the end of October 2017 and officers accepted this was a tight timescale.

All local GP Practices had now been inspected by the CQC although the outcomes of inspections were still awaited for approximately 25% of cases. Six local GP practices had been placed in special measures with around 30 receiving a rating of 'requires improvement'. All Practices in this position were offered support to revise procedures as well as on-line training being made available for Practice staff.

GP networks were being established across Barking & Dagenham, Havering and Redbridge which would be vehicles for collaborative working between Practices. Work between Practices on areas such as quality improvement for diabetes services was already under way.

Some sanctions were available for poorly performing Practices. Officers would consider the position if the Practice of a member of the CCG governing body was itself placed in special measures. Officers accepted that there were significant problems facing primary care in North East London including workforce issues and concerns that there would not be sufficient capacity to cope with the rising population in the area.

The review did not specifically cover the issue of health inequalities but it was anticipated that this would be covered by the work of the GP networks. The Committee agreed that health inequalities should be covered by the PMS review, as should workforce and capacity issues.

Whilst there was a small positive correlation nationally between GP list size and quality, it was accepted that single practices often also recorded better scores for patient experience. GP practices were encouraged to share services such as Practice nurses and back office functions although Practices remained private businesses. Several Members added that GPs were now often reluctant to become partners due to the added workload and preferred to stay as salaried GPs or locums.

It was AGREED that a letter should be sent on behalf of the Committee summarising its concerns that issues such as workforce, capacity and health inequalities should be included within the PMS contract review.

42 SPENDING NHS MONEY WISELY CONSULTATION

It was noted that the effect of the recently announced General Election and associated restrictions on publicity on the consultation was currently being considered by officers.

It was accepted by officers that local health services faced a financial challenge with £55 million in savings having to be found across the Barking & Dagenham, Havering and Redbridge CCGs. Essential services such as cancer, emergency services and mental health services would be protected. Some savings had already been made by, for example, keeping to the CCGs' policy on funding of Procedures of Limited Clinical Effectiveness.

The current consultation, which was due to run until 18 May 2017, sought the views of stakeholders and the public on reducing or stopping funding of services such as IVF, cosmetic procedures, over the counter medicines, bariatric weight loss surgery and sterilisation. The proposals suggested options for decreasing the number of IVF cycles that were funded. Over the counter services that it was proposed would no longer be funded included the prescribing of gluten free food and vitamins. It was also proposed that travel vaccinations would no longer be funded. It was clarified that the ceasing of cosmetic procedures would not apply to cases of post-cancer reconstruction, trauma or severe burns. For services such as mole or cyst removal, exceptions could still be made if for example a clinician felt these had a significant impact on an individual and/or there was a clinical need for removal.

It was emphasised that no decisions had been made as yet. The consultation document had been widely distributed to GPs, Councils,

community groups etc. Drop-in sessions had also taken place in each borough.

A Member raised the issue of the impact of the proposals on financially disadvantaged groups and officers agreed that this would be fed back as a response to the consultation. The proposed service changes had not been set by NHS England and similar reductions in other geographic areas had been looked at by the project team. It was possible, given the financial context, that other savings areas may be proposed but only these areas had been identified at present.

For services such as mole and cyst removal, exceptions could still be made if for example a clinician felt these were unsightly. Some bariatric surgery would also still be available if agreed clinical criteria were met.

Final decisions on the proposals would be taken by the CCG governing bodies towards the end of June and Equality Impact Assessments would be completed for all changes proposed. Members felt that more explicit guarantees were needed and that each of the proposed changes needed a thorough Equalities Impact Assessment in order to assure that there was no disproportionate effect on those least able to cope with the changes. It was AGREED that these comments, together with the need for clinically approved procedures to still be available as required, should form the Committee's response to the consultation.

43 DATES OF FUTURE MEETINGS

It was AGREED that the Committee's meetings for the 2017/18 municipal year should be arranged for the following dates and venues. All meetings were due to start at 4 pm.

Tuesday 18 July 2007, Barking & Dagenham
Tuesday 10 October 2017, Redbridge
Tuesday 16 January 2018, Havering
Tuesday 3 April 2018, Waltham Forest

44 URGENT BUSINESS

There was no urgent business raised.

Chairman