MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

15 October 2019 (4.00 - 6.35 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Eileen Keller, Mohammed Khan and Paul Robinson
London Borough of Havering	Nic Dodin, Nisha Patel and Ciaran White
London Borough of Redbridge	Beverley Brewer and Neil Zammett
London Borough of Waltham Forest	Richard Sweden (substituting for Councillor Umar Alli)
Essex County Council	Chris Pond
Epping Forest District Councillor	Alan Lion
Co-opted Members	Ian Buckmaster (Healthwatch Havering), Cathy Turland (Healthwatch Redbridge) and Richard Vann (Healthwatch Barking & Dagenham)

Apologies were received for the absence of Councillor Umar Alli (Richard Sweden substituting) Mike New, Healthwatch Redbridge (Cathy Turland substituting).

Councillor Aniket Patel (Epping Forest) was also present.

Also present:
Sarah See and Emily Plane, Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups (CCGs)
Dr Amit Sharma and Daniel Monie, BHR CCGs
Tim Burdsey, NEL Early Diagnosis Programme Manager
Archna Mathur, Director of performance and Assurance, NEL Commissioning Alliance
Dr Angela Wong, Clinical Chair, NEL STP Cancer Commissioning Board
Natasha Dafesh and Peter Hunt, Communications, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Jeff Middleditch, Cancer and Clinical Services Divisional Manager, BHRUT

Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Jilly Szymanski, Scrutiny Co-Ordinator, London Borough of Havering

All decisions were taken with no votes against.

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

9 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

10 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 9 July 2019 were agreed as a correct record and signed by the Chairman.

11 PRIMARY CARE TRANSFORMATION UPDATE

Officers representing the BHR CCGs that a primary care strategy had been introduced for North East London that sought to establish more integration between health providers and between the health and social care sectors. It was accepted that recruiting and retaining the GP workforce remained important to the success of the strategy.

Governance of primary care transformation included the establishment of a BHR primary care transformation programme board, chaired by a Cabinet Member from Essex. The most significant area of work was the development of Primary Care Networks and 40% of GP practice income would in future be derived via collaborative working.

There would be six Primary Care Networks in Barking & Dagenham, five in Redbridge and four in Havering. Each Network had a local GP who acted as clinical director. Paid roles in the Networks could include a social prescriber (for which 100% of the cost would be reimbursed this year) and a local pharmacist (for which 75% pf the cost would be reimbursed. From April 2020, a workforce budget would be allocated to each Primary Care Networks for the Network to spend as it preferred on roles such as physician associates or paramedics. A total of £1.6m would be invested in Primary Care Networks in Redbridge alone.

Work was in progress to increase the availability of GP appointments that could be booked on line. On line consultations could be accessed by 60% of Redbridge residents, 42% in Barking & Dagenham but only 23% in Havering. It was also noted that the new GP contract would require practices to open from 8 am to 6.30 pm. There remained significant numbers of patients who booked appointments but did not attend or cancel

these. A new text messaging reminder service had been introduced in order to address this.

There were 46 vacant GP posts across the BHR area. This was better than the London average but slightly worse than the national average. A scheme had been introduced to match GPs to potential vacancies and efforts were also being made to address workload issues by establishing more part time GP posts. Only four GPs had this far been recruited via the international recruitment programme.

There were a total of 122 GP practices in the BHR area and the CCGs aimed to have GP practices care in a more collaborative way. It was accepted that satisfaction rates for GP services were too low (with Redbridge recording the lowest figures locally) but it was difficult to increase these ratings in the short term.

It was clarified that a capacity plan for all three boroughs was being developed and the CCGs were working with Councils on this. Consideration was being given to the level of health facilities that would be needed for new developments such as those at Rainham and the former Victoria Hospital site in Havering and Barking Town Centre and Baking Riverside in Barking & Dagenham. Efforts were being made to find a different model of health facilities for these new developments and work with Council officers was ongoing on this.

Officers accepted that it was sometimes difficult to persuade GPs top move from converted houses into more modern premises. It was agreed that work undertaken in Redbridge on how the location of GPs is decided should be shared with the Joint Committee for information.

It was an overall priority of the CCGs to move more care out of the hospital environment. This depended however on workforce issues being sufficiently resolved. Good work undertaken by local GPs in areas such as diabetes and atrial fibrillation had already reduced pressure on hospitals in these areas.

The Joint Committee noted the update.

12 CONTINUING HEALTHCARE UPDATE

Following a referral from the Barking & Dagenham Health Scrutiny Committee, Continuing Healthcare was defined as NHS care for patients assessed with a primary health need. Eligibility of patients for this type of care was reviewed annually and this was current received by 149 patients in Barking & Dagenham, 181 in Havering and 175 in Redbridge.

The CCGs intended to introduce a placements policy in order to help them make decisions about the location of Continuing Healthcare Packages (e.g. at home or in a care/nursing home). This would apply to all new patients eligible for Continuing Healthcare and a small number of existing patients whose care needs had changed considerably since their last review. The number of patients expected to be affected in the local BHR boroughs was estimated to be 20-25 per year. The overall eligibility to receive Continuing Healthcare would not change.

The policy to be introduced would mean that a home care package would not be funded if this cost was in excess of 10% more expensive than the cost of the equivalent package in a care or nursing home. An appeals process would be available against any such decisions. A consultation on the policy had run from 8 July to 30 September 2019 and the main themes of responses had covered signposting of support, the impact of the potential separation of family members and the maintenance of personalised care. A final decision on implementing the new policy would be taken by the CCGs on 28 November.

Members felt that the consultation documents had been difficult to follow and that patient choice was being disregarded by the new policy. It was that people may be forced to go into care even though many elderly people fared better in their own homes. Other points raised by the Committee were that Local Authorities should be represented on the appeals panel and that the 28 day window for an appeal was too short given CCG rates of response to correspondence. It was also felt that the 10% threshold should not apply for people approaching the end of their life.

In response, officers confirmed that all feedback would be considered and that the make-up of the appeal panel would be reviewed. It was possible that the final policy would have a threshold larger than 10% and it was confirmed that this would not apply to people at the end of their life who wished to die in their own home.

Members also raised concerns at the impact on people having to enter care homes. It was questioned what quality assurance systems would be used for care homes and how many homes used for Continuing Healthcare were rated as inadequate or requires improvement. Other issues raised included that care should be provided at home where possible and that it was unclear patients would be allowed to attend any appeal and if the decision making meeting on 28 November would be held in public.

It was agreed that the clerk would draft a letter giving the Committee's views as outlined during the meeting and including recommendations for changes to the proposed policy.

13 NORTH EAST LONDON CANCER EARLY DIAGNOSIS CENTRE

The proposed North East London Cancer Early Diagnosis Centre was aimed at patients who required repeated cancer screening procedures. The centre, which was due to open in May 2020, would support a personalised care approach whilst supporting best practice.

A construction company had been commissioned and building work was about to start. The location of the site had to be within budget and a non-acute site was also required and it was therefore felt that Mile End was the only location that met all the criteria.

Members were concerned however that too many resources were being put into the Tower Hamlets area at the expense of Outer North East London boroughs. Officers responded that early diagnosis rates were higher in Outer London than e.g. Tower Hamlets and that the new facility would allow the sharing of good practice. This would allow hospitals in North East London to support each other to deliver capacity. It was also hoped to establish a similar centre in Outer North East London. An officer from the Barking, Havering and Redbridge University Hospitals NHS Trust added that the Trust had been involved in the development of the facility and the new Centre may allow BHRIT to perform more endoscopies or similar procedures in its own unit.

The Joint Committee noted the position.

14 FORECAST DEMAND FOR CHEMOTHERAPY

The cancer and clinical support divisional manager stated that the view of clinicians was that demand for chemotherapy would fall over the next 10 years as advances in technology and medical options would mean that surgery or radiotherapy would be the more common options for the first line of cancer treatment.

There was a very good radiotherapy service at BHRUT with two new machines having been recently introduced. It was felt that any growth in demand for chemotherapy services up to 4-6% per year could be accommodated in the existing chemotherapy unit and also by increasing the proportion of chemotherapy delivered at home.

Members remained unclear however how the Trust would meet the increase in demand for chemotherapy which it had previously stated would be some 80% over the next 10 years. The Committee was not convinced that this could be done using the existing Sunflowers Suite at Queens Hospital nor that the fall in demand for chemotherapy predicted by the Trust would happen in reality. It was also felt that the responses by the Trust were too vague with no clear statement of the methodology used to forecast chemotherapy demand.

It was agree that a separate meeting be arranged for a representative group of the Joint Committee to discuss these matters in ore detail with appropriate BHRUT officers.

15 CANCER SERVICES - HEALTHWATCH RESPONSES

The Chief Executive of Healthwatch Redbridge explained that the organisation retained a number of concerns around the changes to chemotherapy services. These covered a lack of information around the demographics of patients using the service, the lack of knowledge among patients of the Cedar Centre cancer support hub, and that care may not be delivered close to home as seen with the planned Early Diagnosis Centre in Mile End. Disappointment was also expressed that BHRUT had not as yet taken the option of using the group of cancer patients Healthwatch had engaged with, as a reference group.

It had not proven possible for a meeting between Healthwatch and BHRUT to discuss these issues to be arranged prior to the Joint Committee meeting but the Healthwatch representative would bring a further update to a future meeting of the Joint Committee.

16 HEALTHWATH HAVERING - STP WHAT WOULD YOU DO? SURVEY

Whilst separate versions of the report had been produced by each borough Healthwatch, it was noted that a number of the general findings applied to all three boroughs. All Healthwatch organisations in England had been commissioned by NHS England to undertake a survey of local residents on how they would like to see the NHS develop during the period of NHS England's long term plan.

Key concerns raised by respondents included the time taken to obtain a GP appointment and improvements needed at A & E. NHS terminology was often confusing and, in Havering, there had been a low take-up of digital services with face to face consultations being preferred. Recommendations by the Healthwatch organisations covered the increased use of social prescribing, cancer care, phlebotomy services and signposting patients to available support.

The report on the equivalent survey compiled by Healthwatch Redbridge would also be forwarded to the Committee for information. Social prescribing was used more extensively in Redbridge and work was also in progress with the CCG to improve refugee and migrant access to healthcare. The main theme of findings in Barking & Dagenham related to primary care and in particular the lack of out of hours appointments. Some 89% of respondents in Barking & Dagenham wanted better access to GP appointments with 60% wanting to see a GP within one week.

The Healthwatch Havering officer would check if it was correct that 90% of respondents in that borough had been aged over 65. The survey would feed into development of the 10 year NHS plan and the findings, although not

raising any new issues did reinforce what the concerns of local residents were. The relevant CCG had agreed an action plan following the Healthwatch Barking & Dagenham survey and were happy to do the same for Havering and Redbridge.

The Committee noted the survey work undertaken by the Local Healthwatch organiations.

17 COMMUNITY URGENT CARE UPDATE

The Joint Committee noted a written update on the implementation of a new model for Community Urgent Care and that it was not possible to scrutinise this issue in detail due to an ongoing procurement process.

18 JOINT COMMITTEE'S WORK PLAN

Future issues suggested for the Joint Committee's work programme included the digital transformation of NHS services and performance information including A & E waiting times and friends & family test scores

Chairman