MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Council Chamber - Havering Town Hall
26 July 2018 (4.00 - 6.02 pm)

Present:
COUNCILLORS

London Borough of Barking & Dagenham	Paul Robinson
London Borough of Havering	Nic Dodin, Nisha Patel and Ciaran White
London Borough of Redbridge	Stuart Bellwood Muhammed Javed+ and Zammett
London Borough of Waltham Forest	Richard Sweden, Saima Mahmud and Catherine Saumarez
Epping Forest District	Aniket Patel
Co-opted Members	Ian Buckmaster (Healthwatch Havering) and Richard Vann (Healthwatch Barking & Dagenham)

+ substituting for Councillor Beverley Brewer

Also present:

Sam Brooker, North East London Commissioning Support Unit (NELCSU)
Carla Morgan, NELCSU
Sharon Morrow, BHR Clinical Commissioning Groups (CCGs)
Dr Arnold Fertig, BHR CCGs
Dr Kate Adams, Clinical Lead, Urgent Care, North East London Commissioning Alliance
Matthew Cole, Director of Public Health, Barking & Dagenham
Mark Ansell, Director of Public Health, Havering
Anthony Clements, Principal Democratic Services Officer, Havering
Jilly Szymanski, Health Scrutiny Coordinator, Redbridge

One member of the public was also present.

All decisions were taken with no votes against.

1 **CHAIRMAN'S ANNOUNCEMENTS**

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

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

Apologies were received from Councillors Eileen Keller and Emily Rodwell, Barking and Dagenham, Beverley Brewer, Redbridge (Muhammed Javed substituting) and Chris Pond, Essex.

3 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

4 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting of the Committee held on 13 February 2018 were agreed as a correct record and signed by the Chairman.

5 **BHR CCGS - COMMUNITY URGENT CARE SERVICES CONSULTATION**

With the agreement of the Chairman, a member of the public briefly addressed the Committee. The member of the public wished to raise what she considered the poor state of local health services, particularly in the Ilford South area. This area had the worst GP ratio of the three boroughs with, the member of the public contended, local residents waiting up to 11 weeks for a GP appointment.

It was felt that the urgent care consultation ignored this very serious situation and that the local CCGs did not know what was happening in the locality. Loxford polyclinic was not functioning as a walk-in centre and a lot of diagnostic equipment had been removed from the site.

In the view of the member of the public, there was not a GP hub at Loxford Polyclinic and appointments there could not be booked via NHS 111. Appointments could only be booked at the site and poor signage meant people did not know about the clinics available. It was felt that it should be noted that the Loxford area was the most deprived in Redbridge with many people for whom English was a second language and for whom it was therefore difficult to telephone for an appointment.

The member of the public felt that Loxford Polyclinic should be made an Urgent Treatment Centre in order to reduce the numbers of people attending A & E at King George Hospital.

Officers representing the Commissioning Support Unit confirmed that the public consultation period would close at 5 pm on 21 August 2018. Urgent care – care needed the same day for illness, cuts or minor injuries, was mainly delivered by GPs though also by community pharmacists. It was felt that there was a case for change in rationalising the way in which urgent care was delivered, particularly in the evenings or at weekends.

GP access hubs currently delivered urgent care at evenings and weekends via a separate telephone number from NHS 111. One third of these patients could be given advice by phone rather than needing to see a GP face to face and this was the same for walk-in centres. There were currently seven local GP hubs covering Barking & Dagenham, Havering and Redbridge and four walk-in centres.

It was felt that the best person to see for urgent care was a GP although officers accepted that it could be challenging to access GP services. GP services themselves were not being consulted upon. Officers felt that change was needed for a variety of reasons including public confusion over where best to go for treatment, national guidance on the need to improve facilities and the need to upgrade urgent care centres to urgent treatment centres, allowing x-rays, blood tests, diagnostics etc.

Officers felt that the NHS 111 service had improved over recent years and the new service provider starting on 1 August would increase to 50% the proportion of callers able to speak to a clinician. It was proposed that both options would allow a single phone number – 111 with which to speak to a clinician. GP and nurse appointments could also be booked via 111 and the overall number of locations at which people could be seen would not be reduced, being 12 under both options.

Under option 1, there would be four Urgent Treatments Centres (Queen's Hospital, King George Hospital, Harold Wood Polyclinic and Barking Community Hospital) with eight community locations for bookable appointments. The Urgent Treatment Centres would be walk-in but people would still be encouraged to phone or go on line first. Option 2 would provide two Urgent Treatment Centres – at Queen's and King George Hospitals and ten community locations.

Officers were aware of concerns around healthcare in South Ilford, including Loxford Polyclinic, and plans for primary care in the area had been brought to the Redbridge Overview and Scrutiny Committee. Barking Community Hospital already had an x-ray unit on site and parking was easier than at Loxford. Officers emphasised that it was not proposed to reduce capacity at Loxford and that it was wished to further develop facilities at Loxford.

It was felt that the current urgent care offer was too fragmented and that the proposals sought to simplify and standardise urgent care in line with the national strategy. Officers accepted that it could be challenging to communicate the detail of the proposals to the local community but translation services were available to people who contacted the consultation team by telephone.

Members felt that there was too much jargon in the consultation document and that terms such as GP hub should be more clearly defined. Members felt that issues such as making better use of Loxford Polyclinic should be included in the consultation response. A meeting during the consultation had been held in Loxford Polyclinic and it was emphasised that Redbridge Members in particular could not accept any watering down of services at the location.

It was felt that the underlying assumptions of the Pre-Consultation Business Case needed further discussion and the Committee therefore agreed to request that the consultation period be extended by a period of four weeks in order to facilitate this. Officers responded that they had offered to meet Redbridge Councillors on two further occasions during the consultation period. They were unable however to agree to any extension due to the requirements of the project procurement timetable.

A representative of Healthwatch Havering thanked the NHS officers for commissioning surveys on this issue by the three local Healthwatch organisations. These had shown that the public were confused by the terminology used and that people's perceptions had not changed. Some 75% of people had stated they understood the difference between urgent and emergency care although hardly any did in reality. It was also felt that there had been insufficient publicity about the new NHS 111 service and that the public consultation should not have been run over the summer holiday period.

Healthwatch Havering also raised concerns over the loss of the pharmacy at Harold Wood Polyclinic. Whilst accepting that this was a decision by NHS England, the Healthwatch representative felt that the lack of alternative out of hours pharmacies in the area meant that a pharmacy should be reinstated at the polyclinic.

Members also raised concerns over how the community locations had been chosen and if Council Local Plans and population growth had been taken into account. Issues such as the lack of parking at Urgent Treatment Centres and lack of progress at St George's Hospital (which was not part of the consultation) were also raised. Officers emphasised that the consultation was only on existing services. Services at Harold Wood Polyclinic were not being downgraded and discussions with Members could be held on this separately.

GP access hubs were available until 10 pm in the week and until 8 pm at weekends. Diagnostic tests could, if required, be arranged by NHS 111

direct at Urgent Treatments Centres. Members emphasised that they continued to find aspects of the proposals confusing and felt that terms such as GP hub or GP federation should be more clearly defined. Members added that, if it were not possible to extend the consultation beyond the summer holiday period, full details of the impact on any delay on the procurement timetable for the project should be supplied.

It was agreed that any individual borough responses should be supplied as part of the Joint Committee's response to the proposals and that the consultation document should be made easier to read.

The Committee agreed that the clerk should draft a response letter giving its views on the consultation, based on the discussions held at the meeting. This would allow a final response by the Committee to be submitted prior to the close of the consultation period.

6 NEW NHS 111 CONTRACT

The Committee was advised that the new NHS 111 service would go live on 1 August 2018. The service, which had been procured jointly by the North East London CCGs, would be provided by London Ambulance Service. Competent health advice would be provided by phone or on line and callers could still be booked to see a clinician if necessary. Translators and Typetalk facilities for deaf callers would also be available.

Pathways had been developed to refer people back to their GP if necessary and a clinical assessment service would be based within NHS 111, comprising multi-disciplinary staff. It was planned that, shortly after the launch date, NHS 111 clinicians would have access to a patient's health care records (with a patient's consent). This would facilitate a quick transfer to a mental health assessment, should this be required.

The new system would allow consistency of approach through a single contact number. The service would be monitored closely with a patient participation group also being established. National metrics on e.g. rates of abandoned calls would be collected as would local metrics. Any instances of misdiagnosis would be monitored and investigated but it was felt that overall outcomes should improve under the new service.

A monthly Clinical Governance Group covered the whole of London and allowed learning to be shared and patient experience surveys would be undertaken.

The representative of Healthwatch Havering felt that views of NHS 111 differed across the local boroughs with, for example, lower use of the service being seen in Havering, where more people tended to present themselves at Queen's Hospital A&E. There was therefore a need to persuade more people in Havering to use NHS 111 and this did not seem to have been addressed thus far. Officers accepted that A&E departments

should advise people to call 111 where appropriate and the service would shortly be advertised in A&E.

Health advisors at NHS 111 undertook a six week training course and had their calls audited before being allowed to go live on the system. There had not been any instances at NHS 111 of missed cases of e.g. sepsis. Advisers were supported and calls could be referred on to the Clinical Assessment Service as required. It was possible that skype calls could be introduced to the service in the medium term. The clinical decision software used by the service would also be more sophisticated in the future.

Staff would be transferred from the current service provider under the TUPE regulations and it was noted that the London Ambulance Service already provided the NHS 111 service in South West London. The service call centre would be based in Barking. There would be a ratio of 1 clinician to four call handlers and this would include other clinicians such as pharmacists. This was considered an adequate level of cover and the processes for establishing this could be shared with the Committee.

It was agreed that an update on the performance of the NHS 111 service should be taken by the Committee in a year's time. It was further agreed that the clerk should seek to arrange a visit for the Committee to the NHS 111 call centre.

7 PROPOSED AMENDMENTS TO JOINT COMMITTEE'S TERMS OF REFERENCE

A report of the clerk invited the Joint Committee to agree some minor changes to the Committee's Terms of Reference which sought to encompass how the Joint Committee and the relevant boroughs worked in practice and also reflect recent changes to NHS structures.

The recommendation of the report – that the changes to the Committee's Terms of Reference as shown in the report appendix be agreed was agreed unanimously with one further amendment that clause 6 of the Terms of Reference be amended to start as follows:

If a member is unable to attend a particular meeting, he or she may arrange for any appropriate Member of the borough Council to attend as substitute, provided that a Member having executive responsibilities may not act as a substitute.

8 JOINT COMMITTEE'S WORK PLAN 2018-19

The initial work plan for the Joint Committee was agreed as shown in the report to the Committee. Additional items for inclusion on the work plan included proposed changes to cancer services in the locality.

9 **SCHEDULE OF FUTURE MEETINGS**

The schedule of meetings for the remainder of the 2018/19 municipal year was agreed 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

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Chairman

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