LONDON BOROUGHS OF TOWER HAMLETS, HACKNEY AND NEWHAM

MINUTES OF THE INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

HELD AT 3.30PM ON FRIDAY 25TH MAY 2012

C1, FIRST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON E14 2BG

Members present:

Councillor Lesley Pavitt (Tower Hamlets, Chair)

Councillor Ted Sparrowhawk (Newham)
Councillor Winston Vaughan (Newham)
Councillor Luke Akehurst (Hackney)
Councillor Benzion Papier (Hackney)
Common Councilman Vivienne Littlechild (City of London)

Other members present:

Councillor Ben Hayhurst (Hackney)
Councillor Peter Golds (Tower Hamlets)
Councillor Terry Paul (Newham)
Councillor Denise Jones (Tower Hamlets)

Guests present:

Sarah Mcilwane, Senior Programme Manager for Urgent Care, NHS North East London and the City
Dr Murray Ellender, NHS East London and the City
Dr Steve Ryan, Medical Drector, Barts Health NHS Trust
Adrienne Noon, Director of Communications and Engagement, Barts Health NHS Trust

Officers present:

Tracey Anderson, Overview and Scrutiny Officer, LB Hackney
Sarah Barr, Senior Strategy Policy and Performance Officer, LB Tower Hamlets
Neal Hounsell, Strategy and Performance Director, City of London
Clive Mentzel, Head of Overview and Scrutiny, LB Newham
Johana Fiserova, Scrutiny Manager, LB Newham

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Dr Emma Jones and Cllr Rachael Saunders (both Tower Hamlets). Cllr Papier gave apologies that he would have to leave the meeting early.

2. APPOINTMENT OF CHAIR AND VICE-CHAIR

Cllr Pavitt asked for nominations for Chair of the Committee. Cllr Luke Akehurst was nominated by Cllr Sparrowhawk and seconded by Cllr Jones. Cllr Akehurst accepted.

Cllr Akehurst took over as Chair of the meeting from Cllr Pavitt.

Cllr Akehurst asked for nominations for Vice-Chair of the Committee. Cllr Vaughan was nominated by Cllr Akehurst and seconded by Cllr Pavitt. Cllr Vaughan accepted.

3. DECLARATIONS OF INTEREST

No members had any interests to declare.

4. URGENT CARE SERVICE

The committee received a presentation from Sarah Mcilwaine, Programme Manager for Urgent Care at NHS North East London and the City and Dr Murray Ellender, NHS East London and the City on the introduction in east London of 111, a new national telephone service for contacting health services.

The current system for accessing urgent care is complicated, with lots of different services and access points. This can mean patients do nothing or use services they know – A&E, dial 999 – sometimes inappropriately. 111 aims to improve access and patient experience, helping them access the right service first time. It will also help in ensuring A&E and ambulances are only used by those who really need them.

111 is a freephone number, easy to remember and answered 24 hours a day, 365 days per year. Coverage will be national by April 2013, with east London being one of the last areas to join. NHS Direct will be 'turned off' at this point.

Calls will be answered locally by trained call handlers, who will direct callers to the most appropriate service. If the situation is an emergency the caller will be put straight through to the 999 service. Clinicians will also be available to help with calls. The service is supported by a comprehensive and up-to-date directory of services available in the area. Feedback from consultation has been positive, creating a clear system, particularly out of hours. The service will be particularly beneficial for carers, who often have to make difficult decisions about who to call.

NHS NELC are working with the local Clinical Commissioning Groups to develop the service specification for east London. Whilst there are national specifications, including the ability to call an ambulance straight away, and immediate transfer to a clinician (rather than the call-back system used by NHS Direct), there is also scope to develop local service specifications.
Questions from the Committee, with answers from Sarah McIlwaine and Dr Murray Ellender

Mrs Littlechild expressed surprise that there had only been positive feedback from the public, and ask what would happen if the clinician in the room was busy and needed on another call.

The feedback comments were taken from the Department of Health research, but there has been local engagement as well. The only concern so far is that there is still not one number but two – 999 and 111. Sarah McIlwaine and Dr Ellender said they would consider reflecting both positive and negative feedback as they continue developing the service and engaging people.

The service specification standards require that all calls are answered within 60 seconds and that there are enough clinicians in the room to support the service – there will be more than one clinician.

Cllr Pavitt asked if a GP will be informed when one of their patients calls 111, and what the strategy is for ensuring 111 is used (unlike 101 for non-urgent Police calls, which isn't well used).

Yes, GPs will be informed when their patients call 111. There will be a national marketing campaign to promote 111.

Cllr Hayhurst asked if data from NHS Direct can be used to estimate demand for 111.

The business case for 111 was done at a national level. It is expected that 37% of the population will call 111 within a year. Local and pilot data will also be used to estimate demand.

Cllr Jones asked (i) what the cost of the local 111 will be, (ii) what monitoring of the service will be done and (iii) if NHS Direct staff will move to 111 under TUPE.

The full costs of the service are not defined. East London one of the last areas to implement 111 so can learn from other areas. Costs are estimated at £7-15 per call. This will be offset by savings from closing NHS Direct, which costs £20 per call. 111 costs are lower as more people are expected to use the service.

NHS NELC are working with GPs to develop key performance indicators. They are currently trying to understand and capture baseline information. They will have indicators for speed, quality and patient experience. What's not currently clear is who will have responsibility for 111 going forward – CCGs or the National Commissioning Board.

Yes, NHS Direct staff will transfer across, under TUPE, ensuring that experience is not lost.

Cllr Vaughan welcomed the new service, acknowledging that it should take the pressure of 999. He asked if they were working with local involvement networks (LINKs) to develop new pathways which incorporate 111.

Yes, all new services and pathways should be added to the 111 database. Every effort will be made to ensure the database used by 111 staff is robust.

Neal Hounsell asked what the 'out of area message' was.

This is an interim message for areas not yet part of 111. It will be used by areas until the whole country is online. Once the service is available everywhere, people will be able to enquire about services in another area – eg near their work.

Cllr Akehurst what provisions the 111 service would be making for people who do not speak English and community languagues.

Services will use existing services such as language line and will work closely with current out-of-ours services to address this issue.

5. BARTS HEALTH NHS TRUST

The committee received a presentation from Dr Steve Ryan, Medical Director, Professor Shona Brown, Director of Organisational Development and Adrienne Noon, Director of Communications and Engagement. They updated the committee on the merger project. Whilst most of the plans at the moment are 'business as usual' this can be difficult to achieve with such a large merger project. They are creating a new organisation and partner. They outlined the vision and values of the new organisation. These have been developed through consultation and engagement. They are currently working on a draft engagement programme and involvement model. This will be key to the journey to becoming a foundation trust.

Cllr Pavitt asked what 'ambulatory' medicine referred to, and raised the issue of Barts Health being honest in their engagement work – it can be tough but she would like to see more of it. She welcomed the proposal that senior staff will do 'walkabouts' basing themselves on wards 1 day a month but felt this was not enough.

Ambulatory is a US term, that can also be called 'office' medicine. It refers to services in clinics and health centres rather than hospitals. It often means outpatients and day care. Dr Ryan acknowledged it was not obvious what it meant.

Dr Ryan said senior nurse managers, including Kay Riley, would be based on wards much more often than once per month.

Cllr Vaughan expressed concern that the name *Barts* Health indicated that the former Barts and The London Trust was dominating in relation to Newham and Whipps Cross.

Dr Ryan responded that world class means the best health care for all patients – great specialise care, connected to community care. No one hospital should dominate. And the best quality of care should also be available at Whipps Cross and Newham hospitals.

Mrs Littlechild was concerned that the Trust had set out wonderful plans and ideas, but they did not demonstrate respect for patients. Many staff are still in a mindset of service provision.

Professor Brown responded that determining the values of the new organisation was not a paper-based exercise. They had engaged with staff about what those values mean for behaviours, and challenging the issues which arose. Senior staff being role models for others will be an important part of this process.

Cllr Sparrowhawk asked when savings and changes to services would begin to be implemented.

Dr Ryan said they had to make £50million of savings for 4-5 years. This has to be focused on quality of services. Where savings can be made, particularly through procurement, they will be. But there are also changes like those made to stroke care locally, which have achieved better outcomes for patients and saved money. There are more of these sort of opportunities. Where services cannot be provided at all hospitals, Barts Health will provide transport. Significant changes will be consulted on, including coming to health scrutiny committees.

Cllr Pavitt asked two questions on behalf of Cllr Saunders. Where will health scrutiny committees fit in on changes to services at the Royal London? How can we ensure that Tower Hamlets Community Health Services are not forgotten about now they are part of such a big organisation?

Dr Ryan responded that health scrutiny committees will be consulted on changes to services at The Royal London Hospital. He added that Community Health Services are very important and something he is passionate about. He is leading the integration of services and believes the quality of services and the experience of patients, particularly for the elderly, children and end of life care, can be improved through integrated care. He is working closely with commissioners in Tower Hamlets on this, as well as with East London Foundation Trust.

Cllr Vaughan asked about what savings from economies of scale meant in practice.

The new trust will have fewer, but larger, laboratories. Evidence suggests these will have better outcomes, be quicker as well as saving money. This has not happened until now as hospitals were keen to protect their own laboratories. They are also looking at radiology for aneurisms. Each site currently has a separate rota, but clinical groups are looking into one rota for all sites.

Mrs Littlechild said she was a 'convert' to specialist treatment. Everyone wants the very best treatment and if that can't be delivered everywhere then people will travel to the sites where it is delivered. What is required is efficient and accessible transport between sites. She asked if any of the savings will go back into the transport system.

Dr Ryan said they were keen to hold onto cash from any additional savings made, rather than export them. However, they are keen to work closely with Transport for London on how visitors can best move between different hospitals if required.

6. NORTH EAST LONDON COMMISSIONING SUPPORT

The report was presented by Marie Price, North East London Commissioning Support Service (CSS). It set out the development of the organisation and how they intend to work with local Clinical Commissioning Groups (CCGs).

Cllr Sparrowhawk asked how they will work with CCGs when some CCGs haven't even agreed their governance arrangements yet.

All CCGs have got interim arrangements, and are starting to think about the transitions necessary and the support they need.

Cllr Pavitt asked Ms Price to explain how the North East London Commissioning Support Service had developed, who they were made up of and who 'owned' them. Cllr Pavitt also asked if local health scrutiny committees can influence the service level agreement between local CCG and the CSS, and what local variation there might be between boroughs.

The CSS is made up of 7 Primary Care Trusts, and they will become a new organisation once PCTs are abolished. The CSS staff are former PCT staff. After 2013, the CSS will be 'hosted' by the NHS Commissioning Board, with a view to becoming either a social enterprise or private organisation.

There is not huge scope for health scrutiny members to influence the SLA. However there are local authority representatives on the reference group (usually the director of adult social care). The SLA is between the CCS and the CSS. There will be a basic core offer to CCGs, but they wish to commission additional services dependent on their needs.

Cllr Vaughan asked if the CSS is a management group, managing CCG and what area they covered.

The CSS does not manage CCGs. The CCGs are the statutory organisation, and accountability for services will lie with them.

The CSS works across 7 PCT areas in north east central London. They have therefore been able to streamline management internally. The area they cover has 12 CCGs. There are separate CSSs for south and west London.

Cllr Paul asked what kind of social enterprise the CSS might become in 3 years, and if it was possible for them to be bought by a private company.

Becoming a social enterprise is one option for the CSS, but it is not yet clear what sort of organisation they will become. They are currently focused on developing the SLAs with CCGs, but will then need to shift their thinking.

Mrs Littlechild expressed concern that the CSS could become private, because that means they could go bankrupt and was concerned about protection for service users.

The CSS will not be providing clinical services, rather management support services to the CCG. CCGs can buy that support from wherever they want. The CCG has the responsibility for delivering clinical services. They are the NHS organisation.

Cllr Paul asked if TUPE arrangements will be honoured in the event of a takeover.

The CSS is in its very early stages of development and it's too soon to discuss those kind of eventualities.

7. INEL JOSC TERMS OF REFERENCE AND PROCEDURE RULES

The committee considered the draft terms of reference and procedure rules for the standing committee.

Cllr Pavitt suggested that as Barts Health NHS Trust also covers Waltham Forest, they should be invited to join. It was noted that the agenda for the INEL JOSC and for the Outer North East London JOSC are cross-circulated and members from other areas are welcome to attend both.

Whilst the standing committee has been set up to consider cross-borough issues as raised by providers, there is no reason why the committee could not to a piece of scrutiny review work if appropriate, provided the necessary officer support could be agreed.

There is nothing in the terms of reference on frequency of meetings – they will be called when required.

The committee agreed the terms of reference and procedure rules.

Duration of meeting: 3:30 – 5:30pm

Signed

Chair of Committee

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