Inner North East London Joint Health Overview & Scrutiny Committee

c/o London Borough Of Tower Hamlets
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Reply to: daniel.kerr@towerhamlets.gov.uk

March 2018

Dear Jane Milligan,

Questions to NHS relating to the agenda items for the cancelled meeting of the Inner North East London Joint Health Overview & Scrutiny Committee (INEL JHOSC) on 28 February 2018

As the INEL JHOSC meeting had to be cancelled because of the inclement weather conditions the Committee would like to take up your offer to submit the following questions which we had intended to ask at the meeting.

Item 4 - Single Accountable Officer Spotlight

1) The one tier of governance not mentioned once in this item is the Accountable Care System. There is some confusion about whether there will be a number of borough level systems across WEL areas, or if there will be just one that runs at a WEL level. Could you please confirm?

2) Where does the buck stop in a borough when it comes to deciding "the patients' best interests" and where financial risk should be shouldered? Is it with the CCG MD or the SAO?

3) What if a borough decides they want to go it alone?

4) There aren't many specifics in this document. You state "*Working together means reducing fragmentation and duplication by adopting common approaches, and doing things where appropriate and beneficial to do so"* (p.20). What are examples of these and how is it decided which to do together or separately? And what happens if there is a disagreement on this? How will a disagreement be resolved?

5) You say "no plans to facilitate money being moved from one CCG area to another" (p.26) yet we are aware from City and Hackney CCG Governing Body meetings over the past 18 months or so that City and Hackney has been asked a number of times to use part of its surplus to provide financial balance across the STP patch.

6) We do not feel that Hackney residents will see the new NEL NHS 111 services as better than what they already receive from CHUHSE. What improvements in the service do you expect from the new model and what reassurances can you give to residents about maintaining the standard of service they currently receive?

7) What will the additional combined cost be for these new tiers of governance?

Item 4 – Joint Commissioning Committee (tabled paper)

The Committee would like to note that an issue this important appears as an additional tabled item and recommends that this this requires full agenda item at the next meeting.

1) How will the role of the Joint Commissioning Committee differ from the NEL Commissioning Alliance? Why are two bodies required and how do these new bodies relate to the ELHCP?

2) Can you provide more detail about who will sit on the JCC, what their responsibilities will be and how often the committee will meet?

3) What consultation has there been with Boroughs in setting up the JCC? What has their feedback been and how has this been incorporated into the structure of the final committee?

4) How will the JCC work with local authorities? The only local authority reps are 1 commissioning officer from each borough. Whilst we acknowledge that this is an NHS body can you explain what steps you will take to make it both more transparent and accountable to local residents considering it will be recommending very significant commissioning decisions.

5) Following on from question 4, what will each individual borough's "line of sight" be to decisions taken at the JCC? Can you provide some examples of decisions that we expect to be taken at the JCC in future

6) It is unclear what percentage of each individual CCG budget the JCC will have control over. The briefing paper seems to indicate that there is a change to the CCG constitution meaning the JCC will exercise such commissioning powers as are delegated to it by the [CCG] governing body. What powers are being delegated to it?

Item 5 – ELHCP Finance

1) The report feels incomplete as a summing up of the financial health of the current stage of the STP. Is an update on funding and ability to meet savings or income generation targets available for the various transformation plans the Committee has been informed of? Are there any specific areas that are over or under-achieving in this sense?

2) There is very significant variance in the financial position of the 7 CCGs and the 5 Acute Trusts between Inner and Outer NEL. If the new centralising finance structure levels this out Inner NEL will lose out significantly. How will ELHCP respond to residents of INEL boroughs who might argue that their CCGs statutory responsibility is primarily to them?

3) ELCHP Payment development work – 1st bullet point (i) *Agreed should introduce evolutionary changes to payment*. What are these changes? (ii) *Longer term payment*. What are these?
What responses were received on the consultation about capitated budgets? And how has this fed in to developments?

4) In reference to the system bridge diagram, even if we achieve all our targets, we are still left with an £81 mill deficit. How will that be addressed?

5) How far can you make £20mill of efficiency savings without compromising quality or reach of services?

6) What do the 13 co-developed 'principles of payment' referred to? Which groups have endorsed them and how many people do they represent?

7) You say that payment reform has already been tested in the Vanguard area of Tower Hamlets. What did this consist of and what were the outcomes?

8) What support will there be for CCGs in deficit or with red ragged risks and how will this affect the resources of those who aren't?

9) In the RAG assessment, what do you mean when you talk about unidentified risks? How can these be measured if they're unidentified?

10) The Barts Health Trust has high levels of deficit and yet it would appear to be the BHR area that is in deficit. What are the specific challenges to dealing with this?

11) Could you please provide an update on King George's? When will a decision be made on the downgrading of services?

12) The government has now delayed plans to lay Regulations on ACOs before Parliament until a public consultation completes and the Health Select Committee reports. Also, the two Judicial Reviews on STPs are making progress. In the High Court last week one of the campaigns won a cap on costs should they lose. What's ELHCP's contingency plan here if these succeed?

Item 6 – ELHCP Cancer

1) Our STP might have the poorest performance across certain cancer indicators but it's clear that issues are at their most acute in Newham. What extra resources or plans are there to address prevention and look at improving screening levels, particularly within the communities who are particularly poorly represented? What research has been carried out into these issues?

2) In particular what work is being done to address levels of bowel cancer screening, breast cancer screening and lung cancer screening (particularly in the Asian community)?

3) What work is being done to address workforce gaps

4) Many studies have shown that there is lower awareness of cancer symptoms amongst BME communities and those lower down the socio-economic scale. Thinking of the NEL populations can we have some more details about the education programmes planned by the ELHCP (pg10).

5) Can you provide further information on how the pathway works for those who will go on to die from cancer? Work steam 5 talks mainly about recovery and living with disease. How are patients passed on, supported and managed into end of life care if their prognosis isn't good.

6) What are our statistics like for early/scheduled/routine screening take up i.e. cervical smears, mammograms? How does this compare with national and London statistics?

7) Hackney Public Health team has published a Migrant Health Needs Assessment. Could this be of use in designing services? There are shocking statistics on cervical screening take up by BAME women.

8) Members in Hackney performed a review a few years ago on 'cancer survivors' and one thing we found was that the Acute sector was pushing against any spend on wellbeing approaches (e.g. alternative therapies, social prescribing etc.) for those living with and beyond cancer. These very beneficial therapies and group sessions (often provided via Macmillan) kept people well and motivated and out of A&E but their funding was drying up. Unless there is serious movement of some funding from Acute to Prevention isn't this just rhetoric?

9) We participated in various JHOSCs on reconfiguration of cancer services the focus of which was broadly to consolidate specialist cancer services at St Barts, UCL, Royal Free to maximise expertise and drive up survival rates with the remaining hospitals being effectively reduced to providing follow-up care. Outer NEL was very

resistant to these changes but Inner supported them, for obvious reasons. How has this worked out? Have the survival rates for Urology (one of the initial areas of focus) gone up?

AOB

- **Estates**

  The Committee asked to receive a brief verbal update on Estates, with a view to a more detailed agenda item coming to the Committee meeting in the summer. Could you please provide an update on the progress made in this area, detailing how the strategy is set to be developed (detail timelines, meetings etc.), and how local authorities will be engaged?

- **Questions from the public**

  1) First, given the lack of recent substantive information on the NEL Health and Care Partnership website, we would be grateful if representatives from the Partnership can provide an update on the current plans and progress on developing:

     - Accountable Care Partnerships (that, we understand, may also be called Integrated Care Partnerships now)
     - Integrated Care Systems and
     - Accountable Care Organisations across the North East London footprint.

  2) What position does the INEL JOSC take on these developments and how is the Committee ensuring scrutiny, given the increasing public concerns emerging about these models for so-called 'integrated care'.

  Yours sincerely,

  Councillor Clare Harrisson
  Chair of Inner North East London Joint Health Overview and Scrutiny Committee