Overview & Scrutiny

Inner North East London Joint Health Overview and Scrutiny Committee

All Members of the Inner North East London Joint Health Overview and Scrutiny Committee are requested to attend the meeting of the Committee to be held as follows:

Tuesday, 13th December, 2016,

6.30 pm
Tower Hamlets Town Hall, Room MP702, Mulberry Place, 5 Clove Crescent, East India Dock, E14 2BG

Tim Shields
Chief Executive, London Borough of Hackney
Contact:
Jarlath O'Connell
☎ 020 8356 3309
✉ jarlath.oconnell@hackney.gov.uk

Members: **Cllr Ben Hayhurst, Cllr Ann Munn and Cllr Clare Potter**

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

Hackney

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TOWER HAMLETS

INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

All Members of the Inner North East London Joint Health Overview and Scrutiny Committee are requested to attend the meeting of the Committee to be held as follows:

Tuesday, 13 December 2016 at 6.30 p.m.

MP702, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London E14 2BG.

This meeting is open to the public to attend.

Members		**Representing**
Chair:	Councillor Clare Harrisson	INEL JHOSC Representative for Tower Hamlets Council
Vice-Chair:	Councillor Susan Masters	INEL JHOSC Representative for Newham Council
Councillor Ann Munn		INEL JHOSC Representative for Hackney Council
Councillor Ben Hayhurst		INEL JHOSC Representative for Hackney Council
Councillor Anthony McAlmont		INEL JHOSC Representative for Newham Council
Councilman Wendy Mead		INEL JHOSC Representative for City of London
Councillor Sabina Akhtar		INEL JHOSC Representative for Tower Hamlets Council
Councillor Muhammad Ansar Mustaquim		INEL JHOSC Representative for Tower Hamlets Council
Councillor James Beckles		INEL JHOSC Representative for Newham Council
Councillor Clare Potter		INEL JHOSC Representative for Hackney Council
Co-opted Members		**Representing**
Deputies		

The quorum for this body is the presence of a member from each of three of the four participating authorities.

Contact for further enquiries:
Daniel Kerr, Strategy, Policy and Performance Officer,
Tel: 0207 364 6310
E-mail: daniel.kerr@towerhamlets.gov.uk
Web: http://www.towerhamlets.gov.uk/committee

Scan this code for electronic agenda:

PARTICIPATING LOCAL AUTHORITIES

PAGE NUMBER

MAP OF LOCATION

PAGE NUMBER

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

Any Member of the Committee or any other Member present in the meeting room, having any personal or prejudicial interest in any item before the meeting is reminded to make the appropriate oral declaration at the start of proceedings. At meetings where the public are allowed to be in attendance and with permission speak, any Member with a prejudicial interest may also make representations, answer questions or give evidence but must then withdraw from the meeting room before the matter is discussed and before any vote is taken.

3. MINUTES (Pages 15 - 34)

To agree the minutes of the meeting held on 7th and 17th November 2016.

4. NHS 111 SERVICE (Pages 35 - 62)

5. UPDATE ON NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (Pages 63 - 86)

Date of the next Meeting:
The next meeting of the Committee will be held on Date Not Specified in the MP702, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London E14 2BG.

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LONDON BOROUGH OF TOWER HAMLETS

COUNCIL MEETING

WEDNESDAY 21ST SEPTEMBER 2011

ESTABLISHMENT OF INNER NORTH EAST LONDON STANDING JOINT OVERVIEW AND SCRUTINY COMMITTEE

REPORT OF THE SERVICE HEAD, DEMOCRATIC SERVICES

1. Summary

1.1 This report sets out proposals to establish a Standing Inner North East London Joint Overview and Scrutiny Committee (JOSC) comprising of the London Borough of Tower Hamlets, Newham, Hackney and the City of London; and proposes that the Council agree the establishment of the JOSC and delegate to the Overview and Scrutiny Committee authority to appoint Tower Hamlets' representatives to the Joint Committee.

2. Recommendations

2.1 That the Council agree the establishment of a Standing Inner North East London Joint Overview and Scrutiny Committee, comprising the London Boroughs of Tower Hamlets, Newham, Hackney and the City of London to consider those health matters where a substantial variation or development to health services covers more than one local authority area, in accordance with the attached Terms of Reference (Appendix A) and Procedure Rules (Appendix B).

2.2 That Tower Hamlets appoint three Members to serve on the Joint Overview and Scrutiny Committee and the Overview and Scrutiny Committee be delegated authority to make those appointments from amongst the members of the Overview and Scrutiny Committee and the Health Scrutiny Panel in accordance with the required political proportionality on behalf of the Council.

2.3 That the Monitoring Officer be authorised to make any necessary amendments to the Council's Constitution pursuant to the establishment of the Standing Joint Overview and Scrutiny Committee.

3. Background

3.1 The Local Authority (Overview and Scrutiny Committee Health Scrutiny Functions) Regulations 2002 give local authorities the power to establish joint overview and scrutiny committees with general or specific health-related functions. The Secretary of State may make a direction under Regulation 10 requiring local authorities in certain circumstances to establish such a joint committee.

3.2 On 27th July 2003 the Secretary of State issued a Regulation 10 Direction requiring that local authorities of those areas where a substantial variation or development to health services covers more than one area establish a Joint Overview and Scrutiny Committee. Only the joint committee may then report back and the NHS need only report to and attend the joint committee.

3.3 There are a number of NHS consultations currently affecting the Inner North-East London sub-region which could require the establishment of a Joint Overview and Scrutiny Committee (JOSC) under the 17th July 2003 Regulation 10 Direction a standing JOSC is therefore proposed to undertake scrutiny and respond to these as required.

4. Previous ad hoc Joint O&S Committees

4.1 Tower Hamlets has previously participated in a number of ad hoc Joint Overview and Scrutiny Committees which have been established to consider particular NHS service change consultations, most recently the Inner North East London (INEL) Joint Overview and Scrutiny Committee which looked at the Health for North East London proposals for change to acute services. The Council was also previously involved in a pan-London Joint Overview and Scrutiny Committee looking at Stroke and Trauma services.

5. Current and forthcoming issues

5.1 There are a number of current issues affecting the Inner North-East London sub-region. At present there are NHS consultations around proposed changes to mental health in-patient services and to London cancer services. In addition a consultation is proposed on changes to IVF services.

5.2 These consultations could each require the establishment of a JOSC under the 2003 Secretary of State Regulation 10 Direction mentioned above, and the Primary Care Trusts have requested that the Inner North-East London authorities consider forming a standing joint committee that would meet as required to consider sector based proposals for service changes or developments.

5.3 In April 2011, the 3 Primary Care Trusts covering inner north east London (NHS Newham, NHS Tower Hamlets and NHS City and

Hackney) joined together in order to achieve the significant savings in management costs that the Government required them to make.

5.4 There are currently proposals to merge three of the four acute trusts within the East London region (Newham, Whipps Cross and Barts and the Royal London), with this merger due to take place in early 2012.

5.5 There is a trend of centralising highly specialised health services in fewer centres which means that residents may be treated away from their local acute or primary care providers more frequently. This will increasingly mean that local authorities across the region will need to come together and look collectively at health issues. The establishment of a standing joint committee will ensure that they are able to respond quickly to developments without having to formally establish a new Committee every time an issue arises.

5.6 Under current legislation the Secretary of State may require local authorities to meet jointly to consider consultations which substantially change services. A standing Inner North East London Joint Overview and Scrutiny Committee could consider such consultations alongside any other work programme areas that participating boroughs consider appropriate.

5.7 Appendices A and B set out respectively the proposed draft Terms of Reference and Procedure Rules for the Joint Committee.

6. Comments of the Chief Finance Officer

6.1 Any costs arising from the establishment of the INEL JOSC, including occasional hosting by Tower Hamlets of meetings of the Joint Committee, are minimal and can be met from the existing budgets for Overview and Scrutiny and Democratic Services.

7. Concurrent report of the Chief Legal Officer

7.1 The report correctly refers to the power in the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 for one or more local authorities to appoint a joint committee and arrange for that committee to exercise their functions to review and scrutinise matters relating to the planning, provision and operation of health services in the area of each local authority. The authorities may make the exercise of functions by the joint committee subject to such terms and conditions as they consider appropriate. A joint committee may not discharge any other functions than the health scrutiny functions the subject of the arrangements made by the authorities.

7.2 The joint committee will be subject to sections 21(6) to 21(15) of the Local Government Act 2000, in the same way as is the Council's own Overview and Scrutiny Committee. In this way, the joint committee

may not include any member of the executive of one of the participating authorities. Those provisions also deal with: (1) the power to appointment sub-committees and the exercise of functions by those sub-committees; (2) the power to co-opt non-voting members; (3) the requirement to comply with the access to information provisions of Part VA of the Local Government Act 1972; (4) the duty to allocate seats according to the requirement for political balance; and (5) the power to require members and officers to attend and answer questions.

7.3 It is proposed that the Council should appoint 3 members to the joint committee and that each of the participating authorities should appoint up to this number. The setting of the number of members of the committee is a matter falling within the arrangements that the authorities may make (as specified in 7.1 above), but is also specifically permitted by section 102(2) of the Local Government Act 1972.

7.4 It is proposed that the Council delegate to the Council's own Overview and Scrutiny Committee its power to make appointments to the joint committee. This delegation is permissible pursuant to the power in section 101(1)(a) of the Local Government Act 1972.

7.5 Before establishing the joint committee, the Council is required under the Equality Act 2010 to have due regard to the need to avoid unlawful conduct under the Act, such as discrimination, the need to promote equality of opportunity and the need to promote good relations between those who share protected characteristics and those who do not. The Council may take the view that joint scrutiny of health functions will have a positive effect when judged against these requirements.

8. Implications for One Tower Hamlets

8.1 The proposed establishment of the Joint O&S Committee will ensure efficient scrutiny of any NHS consultations affecting the four Inner North-east London authorities to the benefit of all local communities.

9. Risk Management implications

9.1 There are no direct risk management implications arising from the recommendations in this report. The establishment of a JOSC will ensure the requirements of the 2003 Direction are fulfilled and will mitigate any risk that the Council does not have sufficient time to respond and react to health developments.

10. Sustainable Action for a Greener Environment (SAGE)

10.1 There are no direct SAGE implications arising from the recommendations in this report.

11. Crime and Disorder Reduction Implications

11.1 There are no direct crime and disorder reduction implications arising from the recommendations in this report.

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report

Brief description of "background papers"	Name and telephone number of holder and address where open to inspection.
Health and Social Care Act 2001 - Directions to Local Authorities (Overview And Scrutiny Committees, Health Scrutiny Functions), issued 17th July 2003.	John S. Williams Tel: 020 7364 4204 Mulberry Place, E14 2BG

APPENDIX A

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

PROPOSED STANDING INNER NORTH EAST LONDON JOINT OVERVIEW AND SCRUTINY COMMITTEE

DRAFT TERMS OF REFERENCE

1. Consider and respond to any health matter which:

   - *Impacts on two or more participating authorities or on the sub region as a whole, and for which a response has been requested by NHS organisations under Section 244 of the NHS Act 2006, and*
   - *All 4 participating authorities agree to consider as an INEL JOSC*

2. To constitute and meet as a Committee as and when participant boroughs agree to do so subject to the statutory public meeting notice period.

APPENDIX B

Inner North East London Joint Health Overview and Scrutiny Committee (INEL JOSC)

Proposed Committee Procedure Rules

1. Establishment

1.1. The establishment of the committee is for London boroughs: London Borough of Hackney, London Borough of Newham, London Borough of Tower Hamlets and the City of London Corporation. This is in accordance with s.245 of the NHS Act 2006 and the Local Authority (Overview and Scrutiny Committees Healthy Scrutiny Functions) Regulations 2002.

2. Chair

2.1. The INEL JOSC will elect the Chair and Vice Chair at the first formal meeting of the INEL JOSC. The preference is the Chair and the Vice Chair will be drawn from different participating authorities.

2.2. Members of the Committee interested in either post will provide a written submission to the Committee support officer a week before the first meeting.

2.3. The written submissions will be circulated to all the Members of the INEL JOSC and at the first meeting one Member will nominate for the position of Chair / Vice Chair and a second Member will second the nomination.

2.4. A vote (by show of hands) will follow and the results will be collated by the supporting Officer.

2.5. It is assumed that in addition to Chairing the meetings of the INEL JOSC the Chair and Vice Chair will act as the member steering group for the INEL JOSC.

2.6. The appointments of Chair and Vice Chair will be for a period of two municipal years, following which the JOSC will again elect a Chair and Vice-chair on the basis of the provisions contained in clauses 2.1 to 2.5 above. If the INEL JOSC wishes to or is required to change the appointed Chair or Vice Chair, an agenda item should be requested supported by three of the four constituent Authorities following which the appointments will be put to a vote.

3. Membership of Committee

3.1. London Borough of Hackney, London Borough of Newham and London Borough of Tower Hamlets will each nominate up to 3 members of the INEL JOSC. The City of London Corporation will nominate up to two members. Appointments will be until further notice. Individual boroughs may change appointees at any time (providing they have acted in accordance with their own procedure rules) but should inform the supporting officers of any such changes.

3.2. Political proportionality rules apply to this Committee and each participating Borough's nomination should represent the political proportionality of their Borough.

4. Co-optees

4.1. If the Committee chooses it can co-opt non-voting persons as it deems appropriate to the Committee.

4.2. Confirmed appointments of co-optees will be for a duration as determined by the JOSC.

5. Substitutions

5.1. Named substitutes may attend Committee meetings in lieu of nominated members. Continuity of attendance is strongly encouraged.

5.2. It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure the supporting officer is informed of any changes prior to the meeting.

5.3. Where a named substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting.

6. Quorum

6.1. The quorum of a meeting of the INEL JOSC will be the presence of a member from each of three of the four participating authorities. In an instance where only three authorities choose to participate in responding to a consultation, quorum will be the presence of a member from two of the three participating authorities. Where only two authorities choose to participate in a consultation, quorum will be the presence of a member from both authorities.

7. Voting

7.1. Members of the INEL JOSC should endeavour to reach a consensus of views. In the event that a vote is required, each member present will have one vote. In the event of there being an equality of votes the Chair of the meeting will have the casting vote.

7.2. Where the Committee has reviewed a topic or proposed service change and it wishes to make recommendations to a statutory health body, the Committee shall produce a single final report, agreed by consensus and reflecting the views of all the scrutiny committees involved.

8. INEL JOSC Role, Powers and Function

8.1. The INEL JOSC can co-operate with any other Health Overview and Scrutiny Committee, joint health overview and scrutiny committee or committee established by two or more local authorities within the greater London area.

8.2. INEL JOSC will have the same statutory scrutiny powers as an individual health overview and scrutiny committee that is:

- accessing information requested
- requiring members, officers or partners to attend and answer questions
- making reports or recommendations to any NHS body or unitary authority with social care responsibility.

8.3. Efforts will be made to avoid duplication. The individual health overview and scrutiny committees of individual authorities shall endeavour not to replicate any work undertaken by the INEL JOSC. All scrutiny statutory powers for that topic being reviewed will be transferred to the INEL JOSC.

9. Support

9.1. The lead administrative and research support will be provided by the Health Scrutiny officer from the London Borough of Hackney with assistance as required from the officers of the participating borough.

9.2. Meetings of the JOSC will be rotated between participating authorities as agreed by the JOSC. The host authority for each meeting of the INEL JOSC will be responsible for arranging appropriate meeting rooms; ensuring that refreshments are available providing spare copies of agenda papers on the day of the meeting; and producing minutes of the meeting within five working days.

9.3. Each authority will identify a key point of contact for all arrangements and Statutory Scrutiny Officers are at all times to be kept abreast of arrangements for the JOSC.

10. Meetings

10.1. Meetings of the INEL JOSC will be held in public unless the public is excluded by resolution under section 100a (4) Local Government Act 1972 / 2000 and will take place at venues in one of the four INEL authorities. Accessibility issues may mean that locations in the authorities main Council Office i.e. Council Chamber would be the preferred option.

10.2. However, there may be occasions on which the INEL JOSC may need to hold site visits outside of the formal Committee meeting setting. Arrangements for these site visits will be made by the officers nominated to support the INEL JOSC with assistance from the officers of the borough being visited.

10.3. A written record of information from any site visit undertaken will be made for noting purposes for the INEL JOSC.

11. Agenda

11.1. The agenda will be prepared by the officer supporting the INEL JOSC guided by the Chair. The officer will send, by email, the agenda to all members of the INEL JOSC, the Statutory Scrutiny Officers and their support officers.

11.2. It will then be the responsibility of each borough to:

- publish official notice of the meeting
- put the agenda on public deposit
- make the agenda available on their Council website; and
- make copies of the agenda papers available locally to other Members and officers of that Authority and stakeholder groups as they feel appropriate.

12. Local Overview and Scrutiny Committees

12.1. The INEL JOSC will invite participating authority's health overview and scrutiny committees and other partners to make known their views on the proposal(s) or review(s) being conducted.

12.2. The INEL JOSC will consider those views in making its conclusions and comments on the proposals outlined or reviews

13. Representations

13.1. The INEL JOSC will identify and invite witnesses to address the committee and may wish to undertake consultation with a range of stakeholders. However as a general principle the committee will consider any written or verbal submissions from individual members of the public and interest groups that represent geographical areas in Inner North East London that are contained within one of the participating local authority areas.

13.2. The INEL JOSC will specifically request that the NHS bodies conducting consultations consider reviews undertaken by participating Borough's Overview and Scrutiny Committees. Summaries of the key points from these submissions will be appended to the INEL JOSC's final report for submission to the consulting NHS body decision making board.

14. Timescale

14.1. This Inner North East London Health Overview and Scrutiny Committee (INEL JOSC) is constituted until further notice and insofar as it continues to have the support of the constituent participating authorities. It may be dissolved upon agreement of the participating authorities.

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Travel to Tower Hamlets Town Hall Offices

By Bus

The site has excellent bus links which connect it to East and Central London and beyond.

The 277 bus route begins and ends at the site, and the 15 begins and ends a 3 minute walk away at Blackwall Station. There are a number of other bus stops close by.

Most local bus services are listed overleaf and shown on the map, with the closest bus stops clearly marked on the enlarged map below.

By DLR and Tube

East India and Blackwall DLR Stations are in the immediate vicinity of the Town Hall site, with many other DLR stations within a short walk.

The closest Tube stations are Canning Town or Canary Wharf (both Jubilee Line).

For further information visit www.tfl.gov.uk/journeyplanner

By Foot

An approximate 20 minute walk from the site is shown by the blue circle (on the map overleaf). Many DLR and both Tube stations are within this zone.

There is pedestrian access to the site from all directions, allowing good access to the surrounding area.

For more information on walking in Tower Hamlets see www.towerhamlets.gov.uk/walking

For walking directions see www.walkit.com

HEALTHY BOROUGH PROGRAMME

tower hamlets becoming a healthy borough

change 4 life

This map has been funded as part of the Tower Hamlets Council Travel Plan which aims to boost the number of staff and visitors travelling to the site by sustainable modes of transport.

Tower Hamlets is one of 9 areas designated as a 'Healthy Town' and has been awarded Government funding to tackle the environmental causes of overweight and obesity. Active Travel (cycling and walking) plays a major role in the programme.

www.towerhamletshealthyborough.co.uk

Design, digital cartography and print by Pindar www.pindar.com 03.10

Tower Hamlets Town Hall Offices
Mulberry Place, Clove Crescent, London E14 2BG
t: 020 7364 5020
w: www.towerhamlets.gov.uk

By Bike

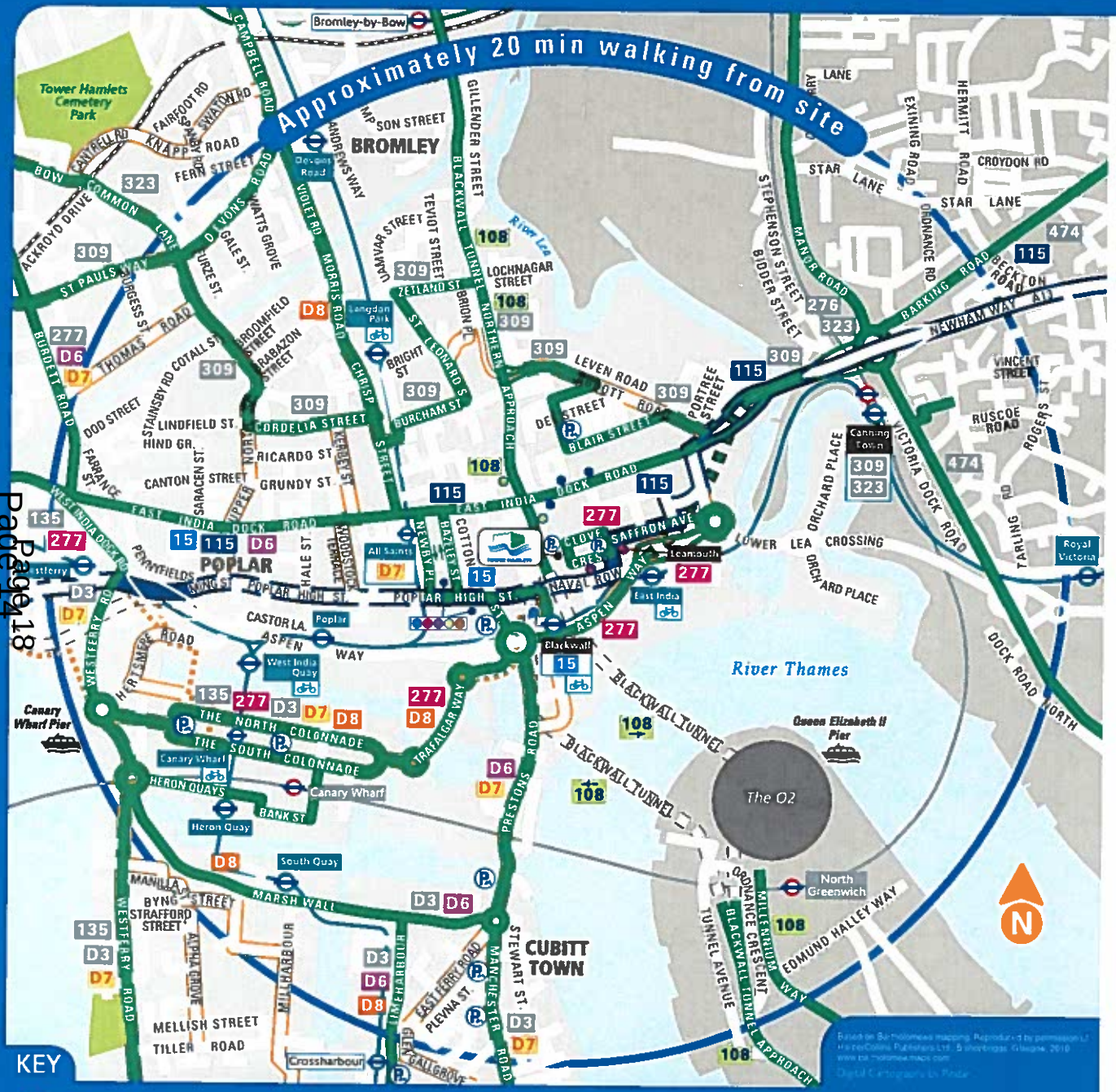
The site is well served by cycle routes, including Cycle Superhighway route 3 opening in 2010.

Cycle parking facilities for visitors are provided at ground level – see map (left).

Extensive cycling facilities are also available for staff who wish to cycle to work; email cycling@towerhamlets.gov.uk for details.

Further information on planning your journey by bike can be found at www.tflgov.uk/cyclejourneyplanner or visit www.towerhamlets.gov.uk/cycling for more information.

Map ▸▸▸



Bus Frequencies

15 Blackwall - Paddington Basin — Daily

Blackwall DLR - All Saints DLR - Limehouse DLR - Aldgate - Fleet Street - Charing Cross - Oxford Circus - Paddington - Paddington Basin

Monday - Friday daytime 6-10 minutes. Saturday daytime 6-10 minutes. Evenings and Sundays 6-10 minutes

Operated by East London

108 Lewisham - Stratford — 24 Hour

Lewisham DLR - North Greenwich - Blackwall Tunnel - Bromley-by-Bow - Stratford DLR

Monday - Friday daytime 8-10 minutes. Saturday daytime 10-14 minutes. Evenings and Sundays 20 minutes.

Operated by London General

115 East Ham - Aldgate — Daily

East Ham - Upton Park - Plaistow - Canning Town DLR - All Saints DLR - Limehouse DLR - Aldgate

Monday - Friday daytime 5-9 minutes. Saturday daytime 8-12 minutes. Evenings and Sundays 10-12 minutes.

Operated by East London

277 Leamouth - Highbury — 24 Hour

Leamouth - Canary Wharf DLR - Westferry DLR - Mile End - Hackney Central - Highbury & Islington

Monday - Friday daytime 5-8 minutes. Saturday daytime 6-10 minutes. Evenings and Sundays 9-12 minutes.

Operated by East London

D6 Hackney - Crossharbour — Daily

Hackney Central - Cambridge Heath - Bethnal Green - Mile End - All Saints DLR - Crossharbour DLR - Crossharbour ASDA

Monday - Friday daytime 6-10 minutes. Saturday daytime 7-11 minutes. Evenings and Sundays 15 minutes.

Operated by First

D7 All Saints - Mile End — Daily

All Saints DLR - Island Gardens DLR - Canary Wharf DLR - Westferry DLR - Mile End

Monday - Friday daytime 8-12 minutes. Saturday daytime 7-10 minutes. Evenings and Sundays 15 minutes.

Operated by First

D8 Crossharbour - Stratford — Daily

Crossharbour - Canary Wharf DLR - All Saints DLR - Bow Church DLR - Stratford DLR

Monday - Friday daytime 9-13 minutes. Saturday daytime 11-12 minutes. Evenings and Sundays 20 minutes.

Operated by First

For further information call 020 7222 1234 or visit www.tfl.gov.uk

Inner North East London Joint Health Overview and Scrutiny Committee 13th December 2016 **Minutes of the previous meeting**	Item No **3**

OUTLINE

Attached please find the draft minutes of the meeting held on 7th November 2016 and draft minutes of the meeting help on 17th November 2016

ACTION

The Committee is requested to agree the minutes as a correct record.

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LONDON BOROUGH OF TOWER HAMLETS

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

HELD AT 6.30 P.M. ON MONDAY, 7 NOVEMBER 2016

MP701, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG.

Members Present:

Councillor Clare Harrisson (Chair)	
Councillor Susan Masters (Vice-Chair)	INEL JHOSC Representative for Newham Council
Councillor James Beckles (Member)	INEL JHOSC Representative for Newham Council
Councilman Wendy Mead (Member)	INEL JHOSC Representative for City of London
Councillor Ann Munn (Member)	INEL JHOSC Representative for Hackney Council
Councillor Muhammad Ansar Mustaquim (Member)	
Councillor Clare Potter (Member)	INEL JHOSC Representative for Hackney Council
Councillor Tim James (Member)	Waltham Forest

Other Councillors Present:

Officers Present:

Dr Ken Aswani	–	Clinical Director Waltham Forest CCG Governing Board
Steve Gilvin	–	Chief Officer Newham CCG
Simon Hall	–	Acting Chief Officer, NHS Tower Hamlets Clinical Commissioning Group
Terry Huff	–	Chief Officer for Waltham Forest CCG
Daniel Kerr	–	Strategy, Policy & Performance Officer
David Knight	–	(Senior Democratic Services Officer)
Byron Matthews	–	TST Communications
Don Neame	–	Communications Lead - Transforming Services Together [TST]
Gareth Noble	–	TST Workforce Lead
Denise Radley	–	(Director of Adults' Services)
Tom Rollason	–	Assistant Programme Finance Director, WEL Collaborative

Dr Stuart Sutton – Deputy Chair of the Newham CCG Governing Board

–

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Sabina Akhtar (LBTH); Ben Hayhurst (LBH); Anthony McAlmont (LBN); and Richard Sweden (LBWF).

2. DECLARATIONS OF INTEREST

There were no declarations of disclosable pecuniary interest were received from Members present.

3. MINUTES

The Chair **Moved** and it was:-

RESOLVED

That the unrestricted minutes of the meeting of the Committee held on 25th July, 2016 be approved as a correct record of the proceedings.

4. TRANSFORMING SERVICES TOGETHER - REPORT TO THE INNER NORTH EAST LONDON JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE

The Committee was reminded that at its meeting on 25th July 2016, Members had requested that the Chair and Vice-Chair meet with senior officers from the relevant Clinical Commissioning Groups (CCGs) to discuss bringing more detailed reports regarding the Transforming Services Together (TST) programme to committee.

It was noted that the Chair and Vice-Chair met with CCG Chief Officers on 29th September 2016 and it was agreed that INEL would host two meetings in November for more detailed scrutiny of the TST across specific areas of concern identified by members.

The report and its accompanying summary included items covering:

1. The financial implications of TST and progress on delivery; and
2. Modelling for the future of the primary care workforce.

Whilst the following meeting scheduled to take place on 17th November it was noted would explore TST further, receiving a report covering plans for self-care, elective care, and movement of services and patient journeys. In addition, the Committee received a submission from Dr Jackie Applebee, Chair Tower Hamlets Local Medical Committee which is set out in Appendix A of these minutes.

The Committee considered the report and Dr Applebee's submission and this was followed by questions and comments from Members who stated:

1. **Cllr Munn** – Whilst I note that acute care hubs are to bring together clinical areas focused on initial assessment and rapid treatment without the need for hospital admission. However, how will these hubs deliver the anticipated savings;
2. **Cllr Masters** – It would be helpful to know what conditions are considered appropriate for the Ambulatory Care Pathway (ACP).
3. **Cllr Masters** – There is considerable focus on integrated care but consideration must also be given to the reduction in funding across all partner agencies.
4. **Cllr Masters and Cllr Mustaquim** – Has the cost of living for key worker's also been factored into the consideration regarding the development of this new structure.
5. **Cllr Mead** – Whilst noting that it is not considered feasible to provide outpatients services unchanged in the current financial climate of a real reduction in revenue against a backdrop of increasing demand. How is it envisaged that the service will work through the local clinics e.g. what will be the cost and how will the individual needs of patients be addressed?
6. **Cllr Potter** – Will hospitals outside of the Barts Health NHS Trust be able to access the new structure;
7. **Cllr Mead** – What assurances have we that there will not be any misdiagnoses?
8. **Cllr Harrison** – Can we be assured that clinician's will have access to the resources to meet the needs of those communities that they seek to serve?
9. **Cllr Masters** – Where will the finances come from to deliver expansion at Whipps Cross Site?
10. **Cllr Masters** – If we had known in 2011 what we now know about the population increase would we have closed King George's emergency department?
11. **Cllr Harrison** – What is the difference between the Physician Associate and General Practice Nurse?
12. **Cllr Masters** – At what stage would a Physician Associate become involved in a patients care?
13. **Cllr Harrison** – Is there not a concern that patients will be reluctant to speak with a Physician Associate instead of a General Practitioner?
14. **Cllr Harrison** – Will there be equitable access under the new structure for all the communities?

15. **Cllr Harrison –** Under the new structure how will residential care be provided?
16. **Cllr Masters** – What is the intended career pathway for the Physician Associate?
17. **Cllr Masters** – What assurances have we that the Physician Associates will be properly skilled and what will be the process to monitor their work?

In response to the above, NHS Representatives stated the following that:

a. the proposed savings will not lead to a reduction in the overall resource expended on healthcare and that the total expenditure will rise in every year;
b. these savings are intended to be the difference between the costs of the growing demand provided in the traditional way and providing the same services in a new more efficient way.
c. the efficiency savings do not represent a net reduction in the investment in any service; they are intended to be a measure of the potential saving that can be achieved;
d. the introduction of Acute Care Hubs are intended to bring together clinical areas focused on initial assessment, rapid treatment and recovery so more people can be seen and treated without the need for attending a hospital admission. Instead they will have a Clinical Pathway identified for them which it was hoped would reduce admissions by 3%. The scheme would look to increase the number of those suitable to ambulatory care or medical care provided on an outpatient basis, including diagnosis, observation and consultation e.g. asthma; influenza, pneumonia; chronic pain, pain management; urinary tract infections and other vaccine-preventable diseases. In addition, the scheme could support patients through Social and Community Services as part of the Three Borough's Rapid Response Service that has been designed in consultation with partner agencies and provides rapid health and social care assessment for service users and carers who are in or approaching a crisis and reduce unnecessary admissions;
e. consideration will need to be given to the impact the budgetary reductions has had upon the provision of integrated social care by all agencies;
f. the cost of the provision of "affordable" housing needs to be factored into helping "key" workers finding somewhere locally to live;
g. it is important to look at the demands being placed upon the system by both increasing needs and rising costs. Therefore, careful consideration needs to be given to the addressing of the demand in the system and the balancing of access and the quality of the outcomes achieved e.g. the services

offered at the Orthopaedics Department at Newham General Hospital who have developed an expertise and are able to achieve the best outcomes (Including enhanced recovery), which is balanced by having the surgical teams for emergency cover;

h. the Outpatient Service can be delivered within the setting of General Practitioners Surgeries which can provide the advice in a different way yet deliver savings in time and improve the out patients experience;
i. the NHS e-Referral Service which combines electronic booking with a choice of place, date and time for first hospital or clinic appointments will have the potential for huge savings (£50m). Patients can choose their initial hospital or clinic appointment; book it in the GP surgery at the point of referral, or later at home on the phone or online. The Committee was advised that this should provide a 20% reduction in actual hospital referrals; address patients' needs and improve the level of preventative care;
j. discussions are ongoing on the development of the scheme in East London and beyond for those served by Barts Health e.g. a dialogue has begun with Homerton University Hospital; King George Hospital and the North Middlesex University Hospital;
k. Service aims to identify what is needed for the patients and that tests are undertaken on what is actually required so as to reduce unneeded testing which should deliver significant savings by stopping inappropriate testing;
l. by linking the relevant care systems there is the potential for delivering increased efficiencies e.g. linking councils; hospices and the NHS 111 non-emergency medical helpline thereby enabling them to store and share relevant information. This will provide agencies with real-time information on patients by using the same records across nursing and social care teams;
m. with regard to the disposal of the unused land at the Whipps Cross Site in Leytonstone by Barts Health, the Trust have developed a vision of what patients should expect from their care in the 21st century and are developing a strategy to make this happen with a better utilisation of the Trusts Estate and to ensure that services are delivered where they are needed e.g. Patients' health, wellbeing and social care needs will be met in one place; as the population is growing and the needs of patients is changing. The Trust needs a hospital that works well into the future and will provide an affordable environment;
n. as part of the devolution process the receipts for the sale of the unused land will be retained for use by the Boroughs and not be transferred to the Treasury;

o. the downgrading of those services provided as King Georges Hospital had been necessary to ensure the provision of these services more effectively in a more centralised fashion;
p. the development of Physician Associates as part of multi-disciplinary teams in local practices will support General Practitioners in the diagnosis and management of patients;
q. whereas Nursing Staff in these teams are primarily specialists the Associates will be trained to perform a number of day-to-day tasks including examinations; diagnosing illnesses; analysing test results and the developing of management plans all under the direct supervision of a doctor;
r. the introduction of these Associates will help to address the increasing workload crisis brought about through and increasing population and a reduction in the numbers of General Practitioners;
s. the establishment of the Associates as part of a cohesive team based in the local surgeries will provide opportunities for local people to have local jobs and work would be undertaken to ensure that local people were made aware that these careers pathways were available to them should they have the required skill sets. In addition, that they would be able to develop and enrich their skills through their work;
t. the quality of care provided by the Associates would be subject to the regular monitoring by their General Practitioners who they worked alongside. Whilst patients when asked had indicated that they would not be reluctant to speak to an Associate about medical issues;
u. with regards to the future provision of residential care this would be based on patients' needs and wants being at the centre of high quality, safe residential care services, through the development of a skilled high quality workforce, in a flexible environment more fitting to people's needs, via sustainable resourcing and commissioning;
v. they would be providing the Committee with of illustrative model to show them how the Physician Associates Model would be delivered locally.

The meeting ended at 8.30 p.m.

Chair, Councillor Clare Harrisson
Inner North East London Joint Health Overview & Scrutiny Committee

Appendix A

Dr Jackie Applebee, Chair of the Tower Hamlets Local Medical Committee.

I. "Where is the evidence that wholesale transformation is needed? While none of us would disagree that collaborative care across health, including primary, secondary, community, mental health etc. and social services is a very good thing for patients, it is the markets in the NHS both internal and external and the chronic underfunding which make this very difficult. The changes they are proposing are on the backdrop of unprecedented cuts. Where is the evidence that moving care out of hospitals into the community will be cheaper? Where are the nursing homes to look after the elderly? Where is the social care to support people who would rather stay at home? Where is the evidence that people want "virtual" consultations and on line access to booking etc., a survey that came out last week showed the opposite in that only 4 of patients have used on line booking! I am concerned that these "transformations" are financially and not clinically driven.

II. How will the proposed transformation be implemented when there is a huge workforce crisis across the NHS? For example the TST document mentions that the number of General Practitioners' (GP) will decrease from 600-400 and this in the face of a quickly rising population. How will it be possible to move care from hospitals into the community in this situation? More worryingly, there is ambiguity as to whether this decrease in numbers is a projection due to the numbers retiring and the poor recruitment of Junior Doctors to General Practice, or an aspiration to save more money.

III. I am a GP; I see the effects of the systematic underfunding of the NHS every day. The STP states that NE London must make £834 million of "savings" and I know that the Government have cut 25 from local authority budgets since 2010. I contend that none of this "transformation" is possible with the current level of funding. I think that we should be honest and admit to this, not collude with the myth that gold can be spun out of straw?

IV. I urge the councils to join with us and campaign to restore health and social care funding to a level which is realistic to provide the services which our population deserves and which those of us who work in the sectors want to provide.

V. There is plenty of evidence to support the wisdom of investing in health and social services, if you are not familiar with the work of Sir Michael Marmot it is well worth reading his very well written book "The Health Gap" which shows without a doubt that the cuts that are being proposed are bad for all of us."

The meeting ended at 8.30 p.m.

Chair, Councillor Clare Harrisson
Inner North East London Joint Health Overview & Scrutiny Committee

LONDON BOROUGH OF TOWER HAMLETS

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

HELD AT 6.40 P.M. ON THURSDAY, 17 NOVEMBER 2016

C1, 1ST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present:

Councillor Clare Harrisson (Chair)	INEL JHOSC Representative for Tower Hamlets Council
Councillor Susan Masters (Vice-Chair)	INEL JHOSC Representative for Newham Council
Councillor Ann Munn (Member)	INEL JHOSC Representative for Hackney Council
Councillor Ben Hayhurst (Member)	INEL JHOSC Representative for Hackney Council
Councillor Clare Potter (Member)	INEL JHOSC Representative for Hackney Council
Councilman Wendy Mead (Member)	INEL JHOSC Representative for City of London

Other Present:

Dr Jackie Applebee	Tower Hamlets, Local Medical Committee
Jan Savage	Tower Hamlets Keep Our NHS Public

Officers Present:

Ajit Abraham	Consultant Hepatopancreaticobiliary (HPB) Surgeon, Deputy Medical Officer and Group Director for Surgery & Cancer CAG at Bart's Health
Daniel Kerr	Strategy, Policy & Performance Officer, LBTH
Denise Radley	Director of Adults' Services, LBTH
Don Neame	Communications Lead - Transforming Services Together [TST]
Dr Ken Aswani	Clinical Director Waltham Forest CCG Governing Board
Isabel Hodkinson	GP, Principal Clinical Lead Tower Hamlets CCG
Jamie Whitburn	Communications Manager, Bart's Health Trust
Jarlath O'Connell	Scrutiny Officer, London Borough of Hackney
Joseph Lacey-Holland	Senior Strategy, Policy &Performance Officer, LBTH
Kate Adams	GP and Transforming Services Together Clinical

	Lead
Neal Hounsell	Assistant Director Commissioning and Partnerships, City of London Corporation
Philippa Robinson	Deputy Director of Commissioning/Hospital Transformation Lead, WEL Collaborative
Steve Gilvin	Chief Officer Newham CCG
Terry Huff	Chief Officer for Waltham Forest CCG
Farhana Zia	Committee Services Officer

1. APOLOGIES FOR ABSENCE

The Chair, Councillor Clare Harrisson asked everyone to introduce themselves and stated this meeting was an opportunity for members to further consider the 'Transforming Services Together' programme and the planned transformation of health services across the London Boroughs of Tower Hamlets, Newham, Hackney, Waltham Forest and the City of London.

In particular the meeting would examine proposals for:

- Self-Care;
- Elective Care;
- Movement of Services and patient pathways.

Apologies for absence were received from Cllr Mustaquim (LBTH), Cllr James Beckles (LBN) and Cllr McAlmont (LBN).

2. DECLARATIONS OF INTEREST

Cllr Ben Hayhurst declared he is a Partner Governor at Homerton University Trust Hospital.

PUBLIC PARTICIPATION

Dr Jackie Applebee, Chair of Tower Hamlets Local Medical Committee addressed the Committee (see Appendix A) and made the point that whilst the NHS might expect everyone to be self-caring, not everyone would be able to managing their health issues alone. Dr Applebee also expressed her concern about the model put forward and pressures faced by health professionals – such as Pharmacies who were facing change and reform.

3. MINUTES FROM THE PREVIOUS MEETING

The minutes from the previous meeting held on the 7th November will be considered at the next meeting of the Inner North East London Joint Health

Overview and Scrutiny meeting scheduled to take place on the 13th December 2016.

4. TRANSFORMING SERVICES TOGETHER - REPORT TO THE INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Mr Terry Huff, Chief Officer for Waltham Forest Clinical Commissioning Group (CCG) introduced the report and stated the purpose of the presentation was to give Members a better understanding of how the 'Transforming Service Together' (TST) programme intended to re-model services with particular focus on the introduction of Self-Care initiatives plus proposed changes to Elective care. NHS representatives around the table intended to give Members an overview of how services would move and an idea of the new patient pathways that would be created.

Self-Care

Mr Steve Gilvin, Chief Officer for Newham CCG referred Members to the diagram on page 39, which demonstrated how the Self-Care model would work. He said it was important to see the model in the wider sense because Self-Care would empower people to take control of their own health. Patients would be supported, giving them confidence, knowledge and skills to manage their long-term condition such as diabetes or COPD.

The person-centred approach to self-care would mean patients staying out of hospital with a range of professional input provided through the community from General Practice, Pharmacies, Social Care and the Third Sector. Mr Gilvin stated each CCG area in North East London had developed their own social prescribing initiatives and the Third-Sector was hugely important in signposting and supporting patients. He referred the Committee to pages 40-41 which provided examples of Self-Care initiatives in the region.

Isabel Hodkinson, for Tower Hamlets CCG stated people were keen to see the NHS make a digital offer such as information and advice on Self-Care and that evidence showed patients wanted digital access to their own medical records. This could create major savings for the NHS.

This was followed by questions and comments from Members who stated:

- **Cllr Harrisson**: Great to hear the NHS intends to provide a more digital offer but it's the most vulnerable in society such as elderly, homeless who do not have access to technology or are not accustomed to it. How do you intend to reach people in these groups?
- **Cllr Munn:** Page 14, point 1.5 refers to Patient Activation Measures (PAM). What is this and how to you intend to measure the success of any self-care programme?
- **Cllr Masters**: Has an Equalities Impact Assessment been undertaken in relation to the 'TST' programme?

- **Cllr Harrisson:** Can the NHS map out the journey for a patient who falls in the middle group – i.e. they may not be computer savvy nor are they hard to reach; what will the pathway look like for them?
- **Cllr Hayhurst:** Are the Self-Care initiatives mentioned in the slides replacing existing services such as services for those with Diabetes?
- **Cllr Harrisson:** How do you intend to strengthen the relationship between health and social care services? Concerned that if the Self-Care pathways are implemented what the knock on effect would be for Local Authorities.

- **Cllr Masters:** The diagram refers to the Third Sector. How will they be supported to provide these bespoke services?

In response, NHS Representatives stated the following:

- We are acutely aware that hard to reach groups such as the homeless and elderly may not have access to the digital offer that is being developed and therefore the TST programme intends to start with these groups first in order to help assure inclusion.

- The PAM measure was developed in the USA and is a core enabler for Self-Care programmes. Questions are designed to access the patient's knowledge, skills and confidence to manage their own health and healthcare. Professionals will require training to use the measure but once acquired it can be applied to patients in any setting and used by staff across different professions/grades.

- An Equalities Impact Assessment has been done and we are looking at how we can take this further when developing the North East London Sustainability and Transformation Plan (NEL STP). There is a draft EIA being developed to show the local, regional and wider impact and will be available on the NEL STP website shortly.

- The Self-Care initiatives will not reduce the level of Primary Care but will assist in managing demand and provides an alternative route. It will not be replacing services currently provided. Developing the Self-Care pathway is to enable patients to take control but to also educate them in managing their condition – the Self-Care programme has oversight and checks built into the programme so professionals can intervene when necessary.

- Financial pressures exist in both the health and social care arena. The TST programme is not without risk but we have to have these difficult conversations. CCG's and Local Authorities are working together and there are many examples of integrated services which are person-centred and have a holistic approach. More joint commissioning of services is recognised as being a benefit to both health and social

care, as are pooled budgets. The Better Care Fund has enabled closer relationships to form and more transparency of budget and spends.

- The NHS acknowledges it cannot rely on the Third Sector without providing funding and professional support. We need to build resilience and work alongside volunteers. For example the self-prescribing initiatives have paid volunteers who work with community groups.

Elective Care

Mr Ajit Abraham, Consultant Hepatopancreticobiliary (HPB) Surgeon, Deputy Chief Medical Officer and Group Director for Surgery and Cancer CAG at Bart's Health, presented the slides relating to Elective Care. He set out the vision for reconfiguring the surgical services across East London which would maximise patient safety and contribute to making the service more sustainable.

He referred members to the diagram on page 42 and explained the proposal was an opportunity for innovation in Elective Surgery. He said that the creation of surgical hubs, offering Core, Core-Plus and Complex surgical services would allow closer collaboration and networking between surgeons to deliver safer, sustainable and higher quality care.

Mr Abrahams said that services would be co-designed with patients in order to ensure the surgical hubs will deliver the care required in the most suitable setting.

Members made the following comments and asked:

- **Cllrman Mead:** Will you have a balance of Elective and Emergency surgeon's at each locality?
- **Cllr Hayhurst:** Can you quantify in numbers, how you intend to measure the success/outcomes for complex specialism at the designated hubs?
- **Cllr Masters:** How will patients be transported between hubs and has consideration been given to transport infrastructure?
- **Cllr Masters:** What savings are going to be achieved by re-designing elective care into hubs?
- **Cllr Harrisson:** Where will pre and post-surgery advice and care be provided?

In response NHS Representatives stated:

- Yes, there will be a balance. The designation of complex surgery at a hub means surgeons, due to the number of cases they deal with, can apply their specialist expertise and achieve better outcomes. Surgeons will be expected to work at each site, so if demand increases for

general surgery they'll be able to deliver this and vice versa i.e. complex.

- This model will enable the strengthening of the Surgical Rota with enough Doctors and Consultants to cover both emergency and elective surgery. Doctors assigned to Elective surgery on a given day will not be 'on call' for emergency surgery.

- Measuring success will be a challenge but if the length of stay and quality of recovery from surgery can be improved that is a positive for the hospital as well as the patient.

- Patient Transport services contracted by the hospital will move patients from one site to another. We are in dialogue with Transport for London and Local Authorities about the impact the TST programme will have on road infrastructure and public transport. The Local Estates Strategy sets out the implications the proposed changes will have and we are working alongside London Ambulance and TfL.

- The proposal is not about making savings but about strengthening the Surgical Core plus making the system more efficient. By re-designing elective care into hubs and networks we can attract the right staff, who have the right skills mix to deliver excellent care. The decision to allocate where specialist services should be located has been made because those services have historically been at that particular location and work well as well as taking into account the demography of certain sites. There is merit to tailor services in this way.

- Pre and post-surgery clinics will be held at Core and Core-plus sites. Work is on-going to make the pathway clearer.

Movement of Services and Patient Pathways

Dr Ken Aswani, Waltham Forest GP and Clinical Director (Leyton/Leytonstone) for Waltham Forest CCG Governing Board, presented the remaining slides.

He referred members to page 49 and said the Acute Care Hubs and Ambulatory Care had made a real difference to the number of patients using emergency services. For example, there had been a 25% reduction in emergency admissions over three years at Whipps Cross Hospital. Mr Huff added there was potential to do more by improving signposting for patients and averting admissions by using Acute Care Hubs.

Members asked the following questions:

- **Cllr Masters:** The figures achieved for the Acute Care Hub at Whipps Cross are impressive. What has caused this impact? Is this driven locally or nationally?

- **Cllr Harrisson:** Are ambulance staff, call-handlers trained how to direct patients to the Acute Care Hubs?
- **Cllr Masters:** In reference to page 21, what happens if patients require more than 24 hour care?

In response NHS Representatives stated:

- A study was undertaken to establish where admissions to hospital come from. Care Homes were identified as being one source and we have worked with them to identify high risk and deliver ward rounds in-house patients. We have developed integrated care plans for high-risk patients and have a primary care team, known as Rapid Response who can visit patients in the community who are at a high-risk of admission.
- There is an Integrated Discharge Team based at the hospital, which ensures patients are discharged back into the community as soon as possible. It's a nationally driven programme that has delivered success locally.
- The London Ambulance Service (LAS) staff and 111 call handlers are trained and know how to signpost patients to the Acute Care Hubs. The Rapid Response Team is delivering care closer to home and is a back up to the emergency service. However we need to re-examine our relationship with the LAS and what they handle, as RRT might be able to assume more responsibility for lower category calls.
- The Acute Care Hub sits alongside Accident and Emergency Departments. Patients are triaged and assessed and if their health issue can be dealt with swiftly then the Acute Care Hub will do so. If a patient requires more than 48 hours care they are admitted to the short-stay ward – if additional tests or observation is required.

The Chair, Councillor Clare Harrisson thanked the NHS delegation for their presentations and report.

The INEL JHOSC Members **NOTED** the report presented on 'Transforming Services Together' and further discussed what they wanted to scrutinise at the next meeting of the Committee.

5. ANY OTHER BUSINESS

Members of the INEL JHOSC agreed

1. They required further information on how the 'Transforming Services Together' agenda fitted in with the NEL STP and information on the consultation with patients and local authorities.
2. Required further information about STP Governance and how the transformation programmes will be rolled out and implemented and if specific proposals constitute a 'significant variation'.

3. Report on the Hackney proposal and cross border working – Pathology Laboratory issue and its overlap with STP?
4. Required more specific examples and not the boarder vision – in particular the financial impact and the NHS estates strategy.
5. Request the CEO of the LAS to attend and look at the impact the closure of King George Hospital will have on Bart's Health.

The meeting ended at 8.30 p.m.

Chair, Councillor Clare Harrisson
Inner North East London Joint Health Overview & Scrutiny Committee

Appendix A

Self Care:

We support the empowerment of patients to be in control of their health, however "self care" in the current climate of unprecedented cuts smacks of being financially driven. The document states

A crucial enabler of self care is IT literacy; residents need to have the skills and the access to technology to identify the right information at the right time and use technology as a route to pro-active self-management.

We are very concerned about the impact of this on the 58% of over 60s who have no internet access, those who are not IT literate, those for whom English is not their first language. In our view this can only further widen inequities in health care, it will be the most vulnerable who are the least able to access the information. It is also our view that it is all very well to be well informed but that services still need to be available to support any self care. The reality is that many of these services have been cut such as stop smoking support and support services to help people lose weight for example. Health is about so much more than health care, Michael Marmott's work amongst others shows that health is determined by people's socioeconomic status, whether they have access to good housing, good education and healthy diets, whether they are able to work or be supported to work. Self care can have little impact on the health of a patient living in poverty when healthy choices are so much harder to make.

1. With the increased emphasis on self care, what resources will be made available to support those without the necessary skills, language, access or cognitive ability to use technology as a route to proactive self- management?
2. What resources will be available to support patients to self care given cuts eg to pharmacists' funding and the budget for public health?

Dr Jackie Applebee
Chair Tower Hamlets Local Medical Committee

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Inner North East London **Joint Health Overview and Scrutiny Committee** 13th December 2016 **Overview of NHS 111 Integrated Urgent Care Procurement**	Item No **4**

OUTLINE

NHS partners across north east London are currently redesigning the NHS 111 service to better meet the needs of residents.

NHS 111 is a free telephone number available 24 hours a day, seven days a week that patients can call when they need medical help or advice, or signposting on where to go to get the right help. Trained NHS 111 advisers and experienced clinicians assess individual needs and provide the appropriate information, advice and guidance.

There are plans to introduce direct streaming from NHS111 to clinicians for patients with specialist or priority needs, such as those who are over 75 and parents with children under one, as well increasing the number of calls that are booked or transferred directly into other services over the phone (including pharmacy, dental service and GP Out-of-Hours services).

INEL JHOSC has requested an update on the development of the new service to be presented to the committee to scrutinise the impact this will have in north east London.

ACTION

- The Committee is requested to give consideration to the report and discussion and provide comments.

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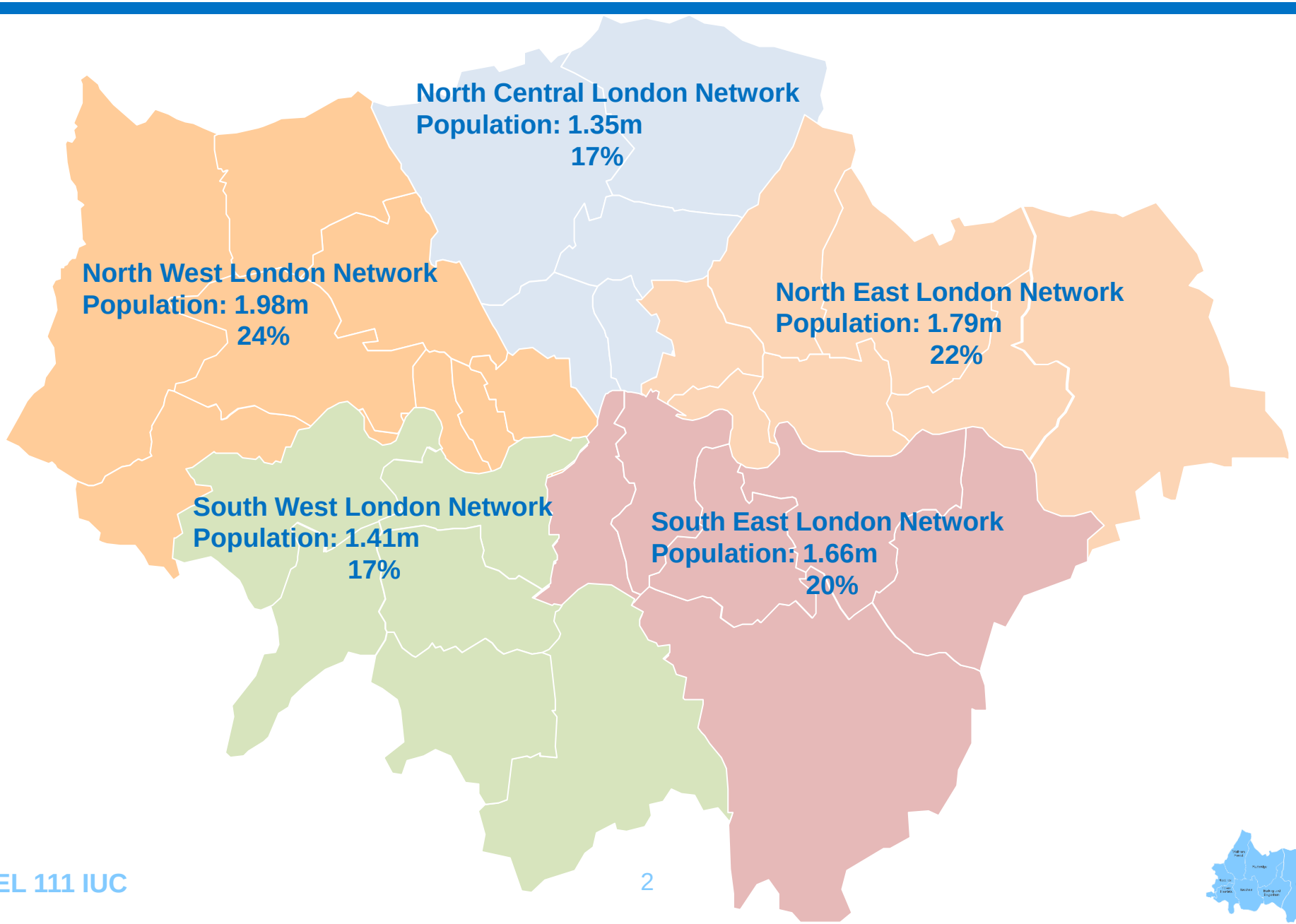
Overview of NHS 111 Integrated Urgent Care Procurement

INEL JHOSC - 13 December 2016, Mulberry Place
Archna Mathur – Director of Performance and Quality Tower Hamlets CCG
SRO (Senior Responsible Officer NEL STP 111 Procurement)

London Urgent and Emergency Care Networks



North East London Network Profile

Population: 1,945,800 (51.5% BAME)

Estimated population growth: 6.1% (4 year), 17.7% (15 year) – Equivalent 345,000 people 1 new borough

Significant deprivation: 5 of 8 boroughs in worst IMD quintile

General increasing trend in life expectancy at birth in all NE London boroughs

7 CCGs - 333 GP Practices - Cumulative allocations (2016/17): £2.4 billion

7 London Boroughs plus the City of London

5 NHS Trusts:

6 Emergency departments (ED)	6 Co-located Urgent Care Centres (UCC)

3 accountable care systems

2 national vanguards

2 devolution pilots

History of working together - Health for North East London Decision Making Business Case approved by Joint Committee of Primary Care Trusts in December 2010 – Reconfiguration of urgent and emergency care, maternity, children's services and King George Hospital (KGH)

Waltham Forest

Population: 276,000 (50% BAME)

Estimated population growth: 3% (4 year), 11.1% (15 year)

Deprivation (IMD rank): 15

Life Expectancy at birth: 79.4

Unemployment: 6.4%

CCG Allocation (2016/17): £339m

GP Practices: 44

Major Hospitals:

Whipps Cross [5]

City and Hackney

Population: 277,000 (44% BAME)

Estimated population growth: 5.2% (4 year), 16.9% (15 year)

Deprivation (IMD rank): 2 (Hackney) & 131 (City of London)

Life Expectancy at birth: 78.5 (Hackney)

Unemployment: 6.9% (Hackney)

CCG Allocation (2016/17): £370m

GP Practices: 43

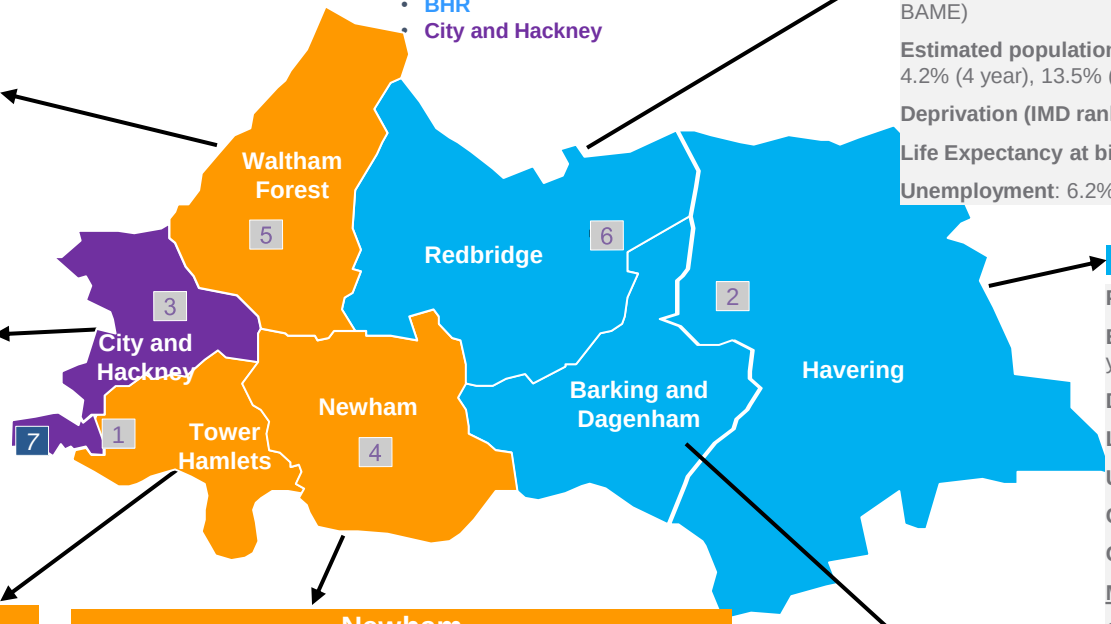
Major Hospitals

Homerton[3]

St Bartholomew's [7]

The area is made up of 3 local area partnerships:

- WEL
- BHR
- City and Hackney



Redbridge

Population: 300,600 (63% BAME)

Estimated population growth: 4.2% (4 year), 13.5% (15 year)

Deprivation (IMD rank): 80

Life Expectancy at birth: 80.9

Unemployment: 6.2%

CCG Allocation (2016/17): £336

GP Practices: 46

Major Hospitals:

King George Hospital [6]

Havering

Population: 250,500 (16% BAME)

Estimated population growth: 4.4% (4 year), 12.1% (15 year)

Deprivation (IMD rank): 102

Life Expectancy at birth: 80.2

Unemployment: 6.2%

CCG Allocation (2016/17): £342m

GP Practices: 57

Major Hospitals:

Queen's Hospital [2]

Tower Hamlets

Population: 296,300 (54% BAME)

Estimated population growth: 13.2% (4 year), 29.9% (15 year)

Deprivation (IMD rank): 6

Life Expectancy at birth: 78.1

Unemployment: 7.7%

CCG Allocation (2016/17): £353m

GP Practices: 36

Major Hospitals

Royal London [1]

Newham

Population: 338,600 (73% BAME)

Estimated population growth: 6.3% (4 year), 19.6% (15 year)

Deprivation (IMD rank): 8

Life Expectancy at birth: 78.5

Unemployment: 7.8%

CCG Allocation (2016/17): £418m

GP Practices: 61

Major Hospitals

Newham University Hospital [4]]

Barking and Dagenham

Population: 206,700 (49% BAME)

Estimated population growth: 6% (4 year), 20.2% (15 year)

Deprivation (IMD rank): 3

Life Expectancy at birth: 77.6

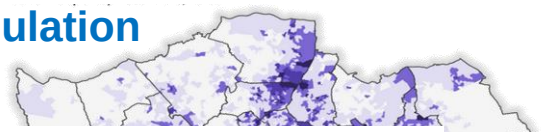
Unemployment: 9.8%

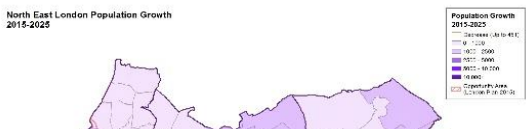
CCG Allocation (2016/17): £262m

GP Practices: 46

NEL Network UEC Challenges 2021

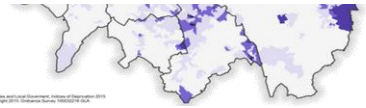
Population

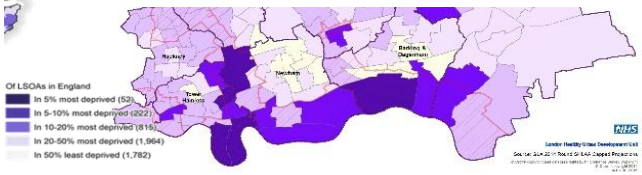




Significant deprivation: 5 of 8 boroughs in **worst IMD** bottom 20% nationally

17.7% growth (345k) in 15 years





Several boroughs are outliers in terms of **years of life lived with poor health**

Funding

Overall current STP Status: Financial Gap is £511m by 2021

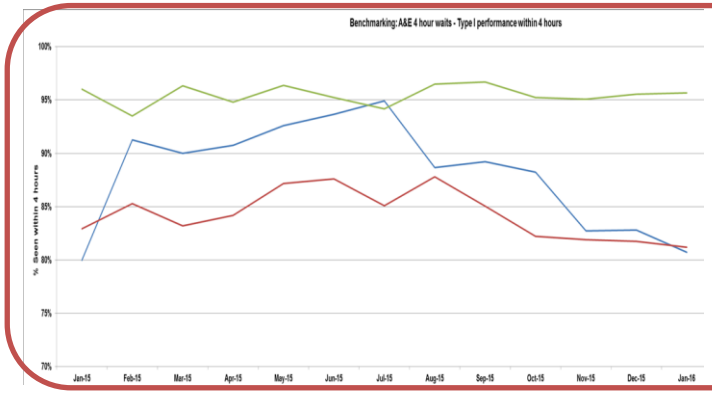
Planning in place across NEL Network to mitigate Financial Gap through:

- Transformation Initiatives
- Collaborative Productivity Initiatives
- Estates - PFI
- Specialised Commissioning Initiatives

Of people that live in NEL, 89.2% use EDs in NEL

Urgent and Emergency Care

- **High rates of admission in some parts of NEL** for people with acute and long-term conditions usually managed in primary care.
- **High use of ED for people with dementia**.
- **ED usage** in most but not all boroughs increasing, despite improving access in alternative services
- **Performance**: struggling to meet the 4 hourly ED target and Category A and C ambulance targets
- **Cancer** 5% higher emergency presentations



ED All Types within 4 Hours

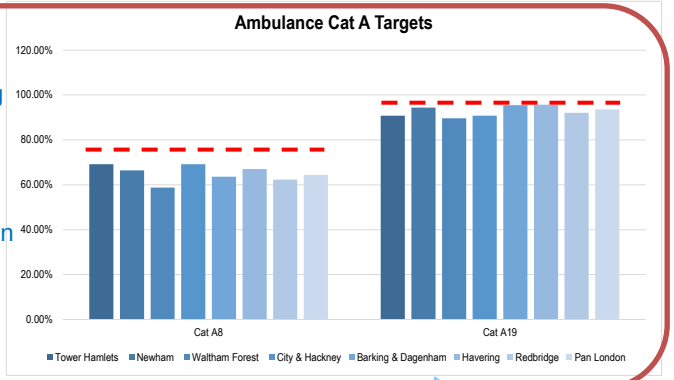
- Homerton University Hospital 95.66%
- Barts Health 86.37%
- BHR University Hospital 83.32%

Transforming Services

- By 2018 Procure an Integrated Front End Urgent Care Service
- By 2020 At least 95% of the population will have access to services which meet the 4 clinical standards 7 days a week
- By 2020 100% population has access to Weekend, Evening Routine GP Appointment

Ambulance Cat A Targets

- Cat A8 Target is 75% and consistently not meeting this target
- Cat A19 Target is 95%
  - LAS ambulance service meeting this target in 2 CCG areas
  - Barking & Dagenham 95.5%
  - Havering 95.7%



3 Key National Priorities

- 7 Day Standards
- More Accessible Primary Care
- Integrated Urgent Care

What do we mean by Integrated Urgent Care

Currently services fragmented and not linked as well as they could be for example

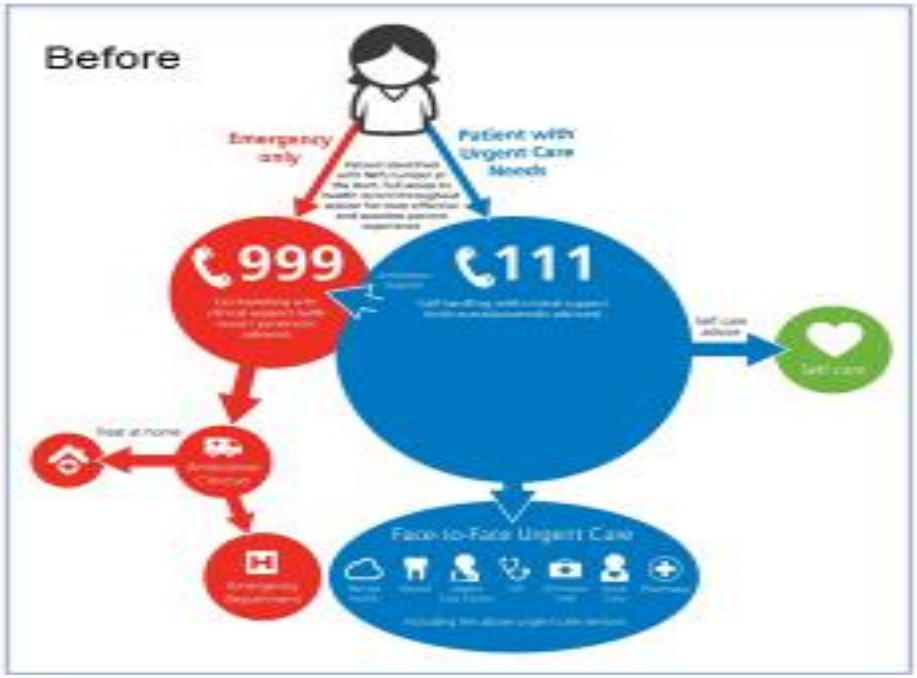
- 111
- OOH
- GP Practices
- Extended Primary Care
- Urgent Care Centres
- Community Services e.g. Ambulance /Rapid Response

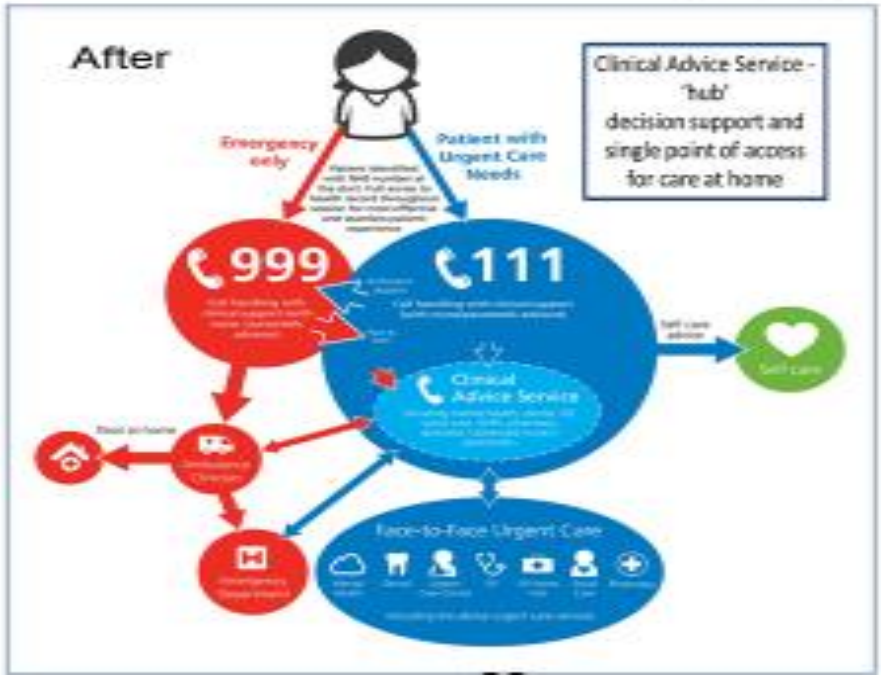
Vision for an Integrated Urgent Care Service

Integrated Urgent Care Model

To deliver the objectives of the Urgent and Emergency Care Review, the national aim is to pull together the separate working arrangements between current NHS 111 providers and GP Out-of-Hours (OOH) services and more closely align both with community, emergency departments and ambulance services. This will enable commissioners to deliver 24/7 access to urgent clinical assessment, advice and treatment.

CALL 111 when it's less urgent than 999





Key Enablers to delivering the change

- Improved IT Systems
- Service offer that meets peoples' needs
- Provider change

Feedback from borough level patient and public engagement

North East London Engagement to date

- The 7 Clinical Commissioning Groups across North East London have been engaging with patients in each of their boroughs on the Integrated Urgent Care Procurement process.

- Engagement has involved surveys sent out locally totalling **170** responses and community engagement sessions reaching over **795*** people so far

- **600** community groups have also been sent the notice of procurement.

- In total feedback has been gathered from **965** patients and members of the public so far.

**figure not including City and Hackney and Waltham Forest community engagement*

The Survey: general experience of NHS 111

The survey responses were a mixture of positive of negative and two main themes across NEL of people's experience of using NHS 111 was that:

- More people would like to speak to trained healthcare professionals/clinicians on the phone
- Many people felt the of questions beforehand was a long and drawn out process that was unnecessary although a few saw the benefit of it

Very good - the advice given was spot on

Really useful. I've used it 3 or 4 times. Very prompt and gave good advice. They got me an ambulance when I needed one. I thought 111 was just out of hours - in hours my GP doesn't like it.

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111 on a number of occasions, long wait for a call back from the doctor. ***I would prefer to speak to a medical professional straightaway****.*

*I didn't find it efficient. I was taken through a list of questions which ended in them saying I needed to go to A&E when all I needed was a doctors appointment. The staff answering the phone are not clinical and just go through a flow chart of questions****.***

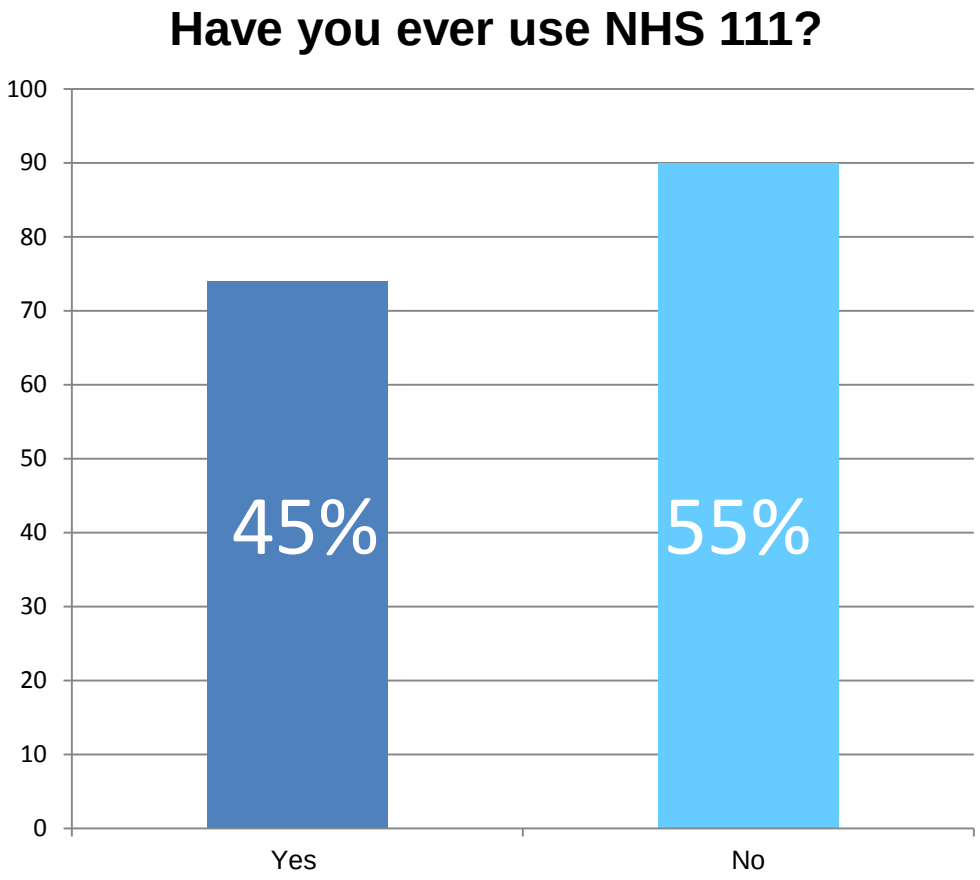
I cannot praise it enough. My partner and I used the service when we were very unwell and GP surgery was closed, and once when a pharmacist could mot assist at the weekend, so instead of going to A&E we called 111 and got a quick referral to out of hours GP nearby.

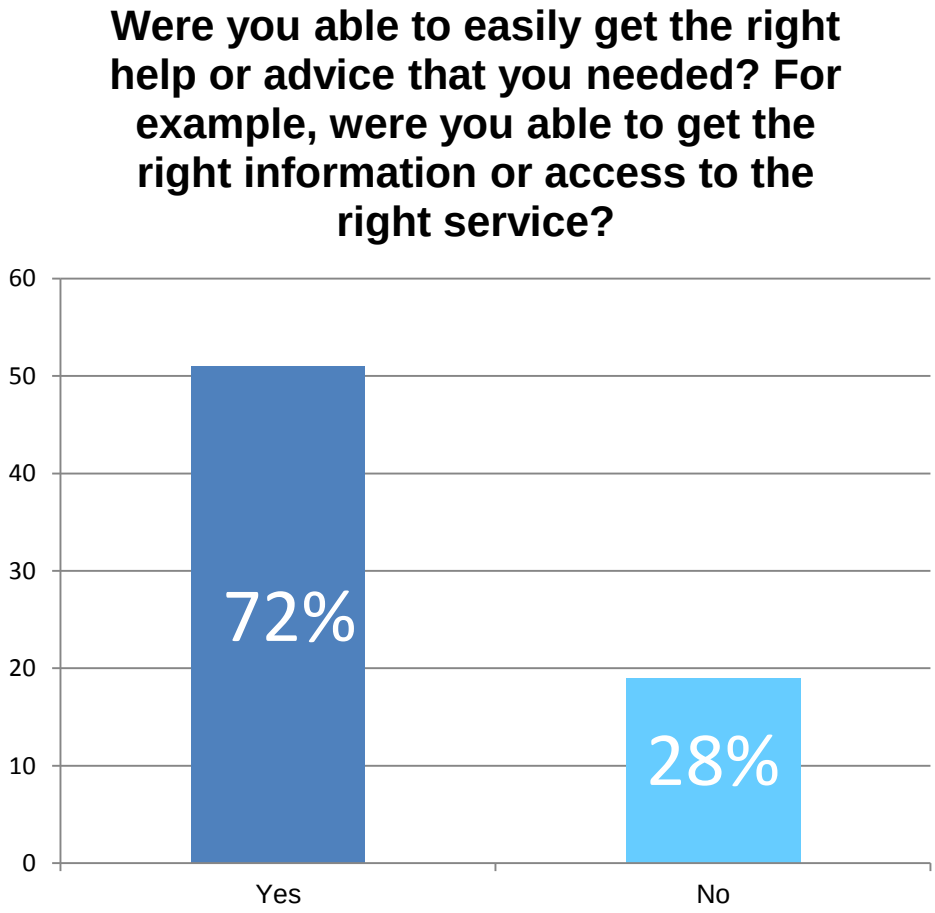
They have always recommended ambulance or trip to A&E

A painfully slow process before speaking to a clinician

I called 111 service in the past few times. They were very helpful and they called the ambulance which arrived within 10-15 minutes. They were professional and asked the set of questions before they said they would be sending an ambulance. Another time, they sent a GP to our home, and that was quick too. Overall, our experience with 111 service was a good one.

The Survey: use of NHS 111



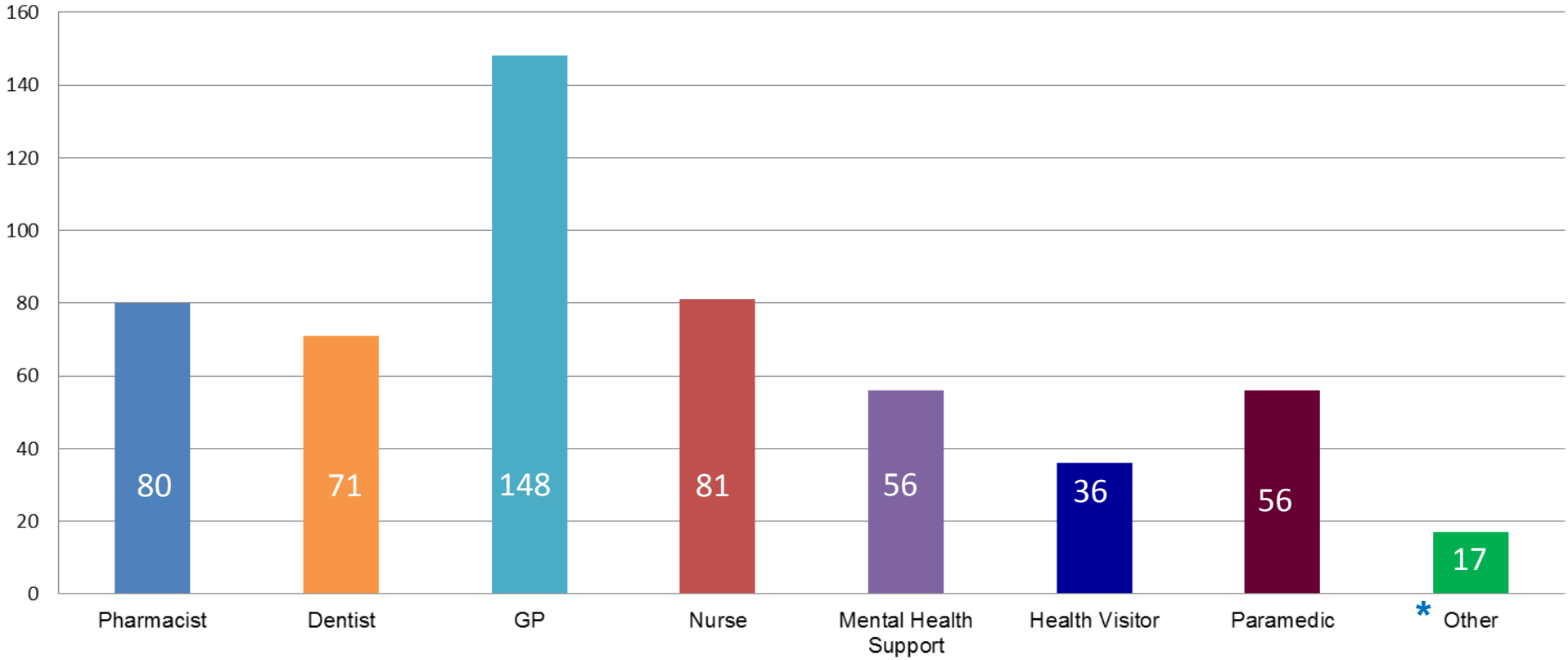


Main reasons patients gave for not getting the right information/access the right service:

- They needed to see someone
- The wait for a call back was too long

The Survey: preferred health professional

People who call NHS 111 today will have an assessment with a trained adviser and can speak with a clinician if this is needed. In future, we'd like to increase the number of calls that are handled by a clinician – and we want to involve a number of different professionals. Which services or professionals would you like to be able to get advice from if you call NHS 111?

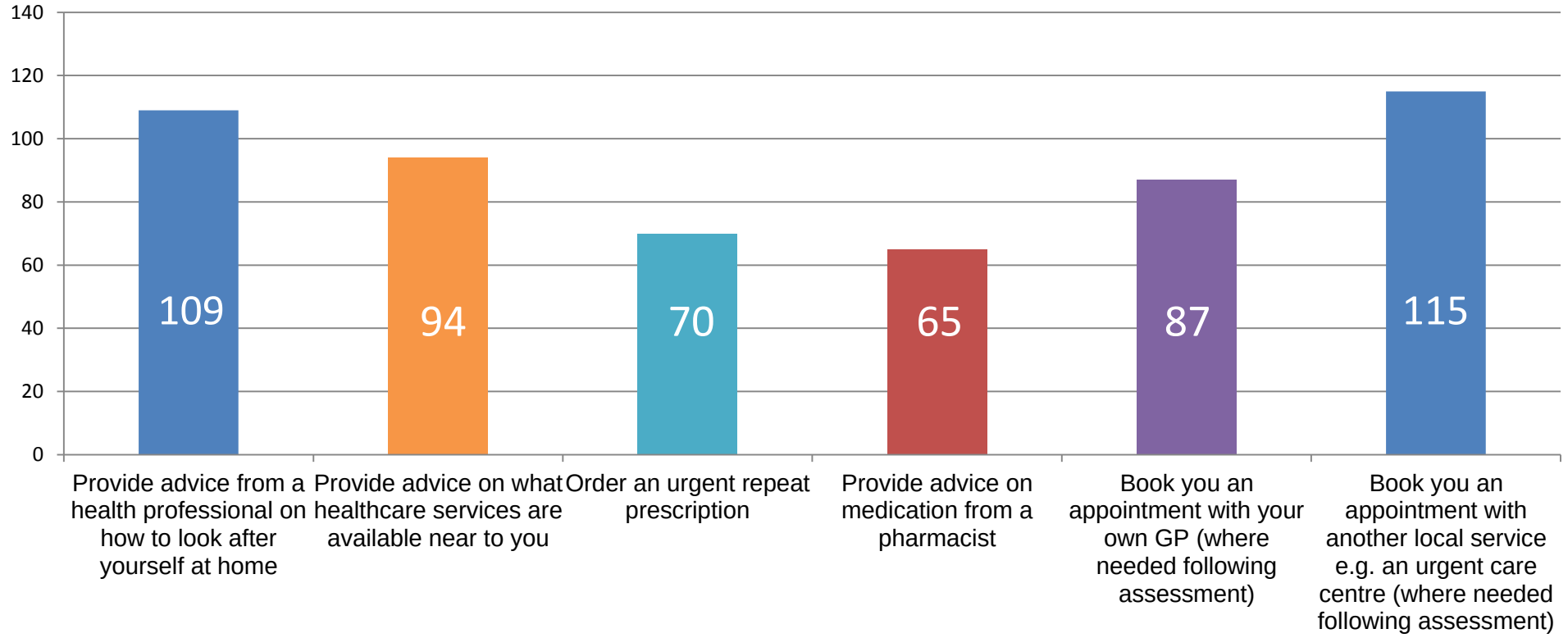


***Other**

- Diabetic advisor
- Specialist services/ consultant
- Psychotherapists
- Homeopathic advice
- Midwife
- Advocacy
- Physician Associate support
- People with long-term conditions
- Paediatrician
- End of Life specialist
- Senior Nurse with prescribing rights

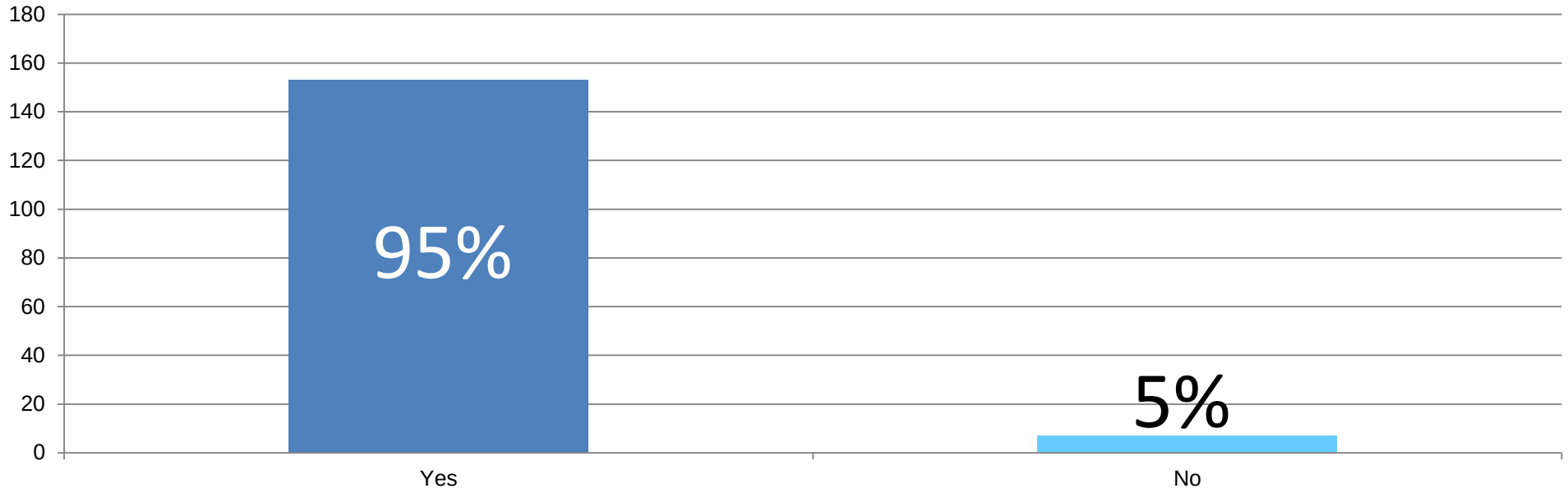
The Survey: how can we help

We'd like to understand how you want to be helped when you call 111.
Please pick up to a maximum of three from the list below.



The Survey: fast-track for vulnerable patients

Parents or carers of ill children aged under one, people aged over 75 or those with an existing care plan could be put in direct contact with a health professional through NHS 111. Do you think this would be useful?



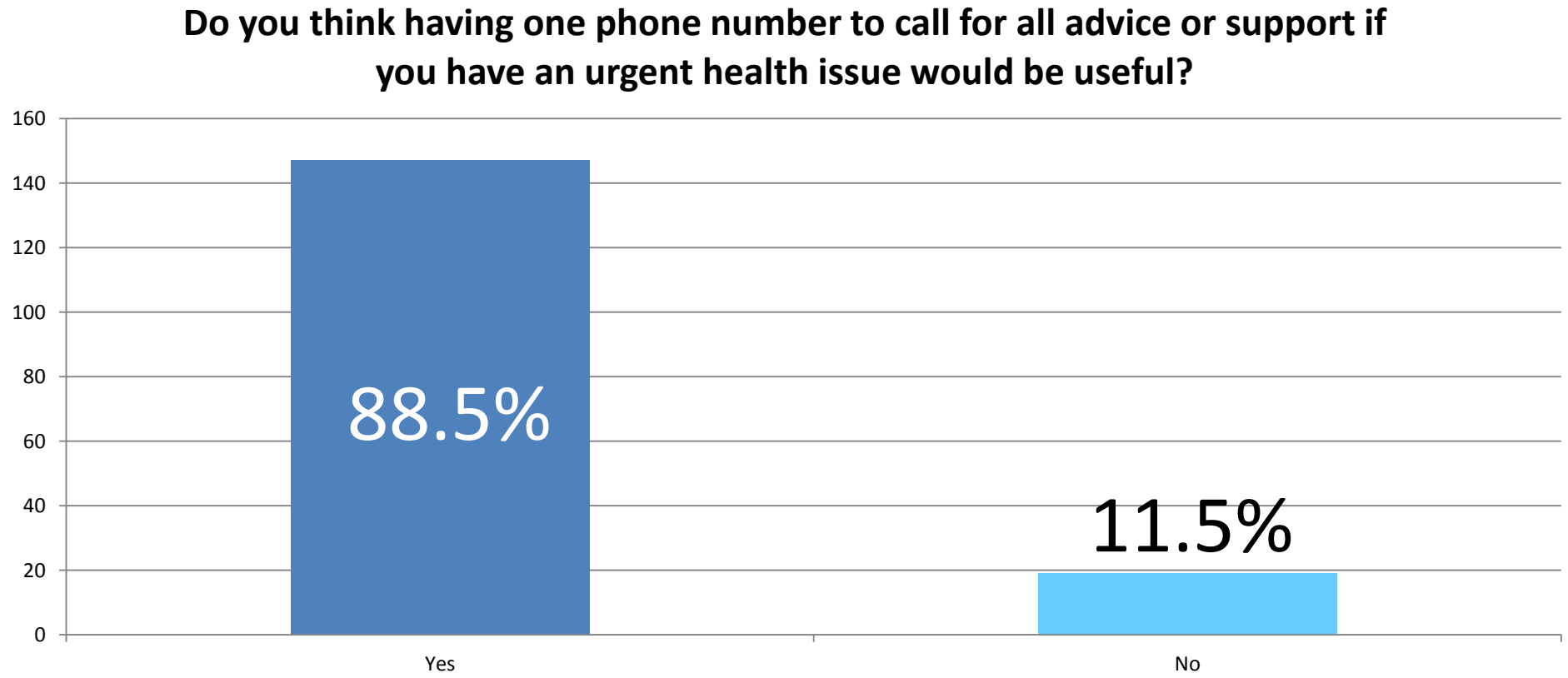
There was an overwhelmingly positive response to the idea of fast tracking these patients. The main reasons people gave were:

- These patients may block the system so it will save time for everyone if they are redirected and fast-tracked
- The elderly and very young are at greater risk and can deteriorate very quickly so time is of the essence

Other suggestions that were provided were:

- Mental Health patients and those experiencing a mental health crisis
- Children under 5
- Those with complex, long-term health needs and/or disabilities
- Palliative Care
- Pregnant women and new parents
- Carers
- Cancer patients

The Survey: one number



Patients liked this idea mainly because it would be:

- Easier to remember even in a panic
- less confusing

Main concerns included:

- Filtering through the different categories.
- Long waiting times, overload of the system and getting through
- Getting the right healthcare option e.g GP, nurse etc
- Engaged quality of staff
- Automated menus

To overcome challenges patients suggested:

- A robust filtering system
- Sufficient numbers of trained staff
- Not relying on automated menus

The Survey: encouraging people to call 111

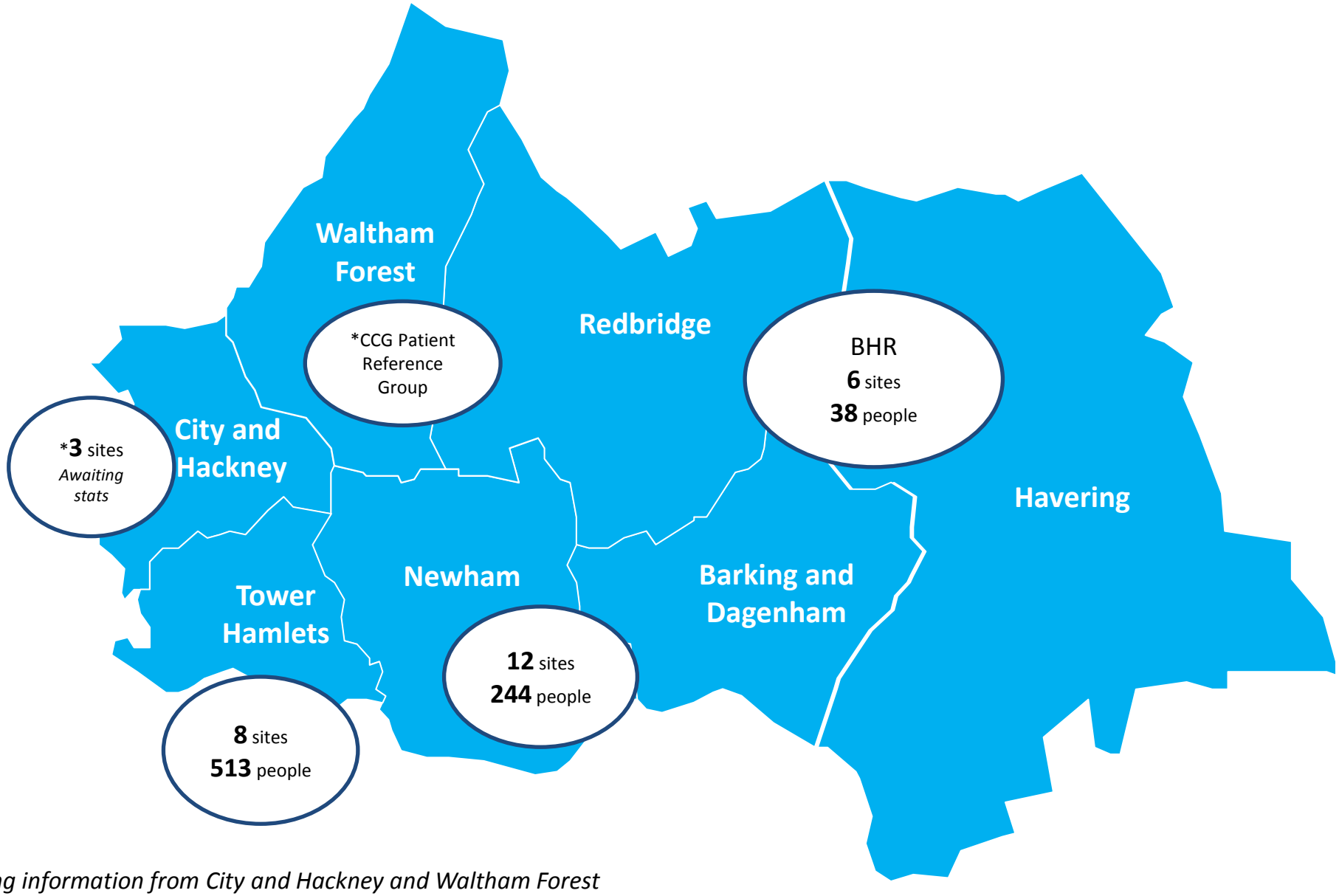
Knowing where to go to get the right help can be difficult, we hope that the NHS 111 service will become the trusted first point of call for more people when they need medical support or advice. Calling NHS 111 helps to determine what type of care you need and helps you find the best place to go for treatment. What do you think is the best way to encourage local people to call NHS 111 for help?

The main themes of responses were as follows:

- **Community**: In schools, in the local press, at community centres
- **At local GPs**: leaflets, posters, automated voice messages, at receptions
- **Media**: Social media, on prime time TV programmes, tabloids
- **On transport**: Busses, tubes etc
- **Focusing on each groups**: look at age, ethnicity, etc and target population groups accordingly

"By making it a good service!"

Community Engagement Sessions



*Awaiting information from City and Hackney and Waltham Forest

Tower Hamlets: Community Groups

PACSEN: Parents & Carers of Children with Special Education Needs and Disabilities

NHS 111 generally not thought to be a useful service by those that had used it

- *'NHS 111 is a waste of time in my view – a drunken person could deal with it better'*
- *'My experience of NHS 111 was poor – I was told to wait until morning to see if it got better'*
- *'I have used NHS 111 so many times and have been so disappointed each time'*

Toynbee Hall: Older people, young parents and BME groups

The question of having the access to specialists from NHS 111 was divided among participants. Some (38.3%) agreed while 35% questioned the real need of a specialist. It's also worth noting that many group participants were not aware of NHS 111 services

- Walk-in services, Urgent Care Centre and NHS 111 were the least common services that participants seek for assistance
- 111 was one of the services that respondents used the least with only 2.3% using 111

8 Community Organisations working with 'seldom heard' groups.

Social Action for Health: People with long term conditions

- Bi-lingual support should be embedded in the 111 service to better support people who English is not their first language
- A few participants felt it will be difficult to allocate resources to all the services, due to funding cuts. The main concern was NHS 111 – people felt receiving a diagnosis over the phone for symptoms was questionable and risky.

Young Parents

- This group reported very low use of 111 and many said they would not use this service if they or their child had an urgent health need.
- *'I've used NHS 111 and A&E, both places didn't listen to what I had to say, they didn't want to help or explain much about what was happening'*

Tower Hamlets: Community Groups

The responses from Tower Hamlets' community groups were not typically that positive about NHS 111. This could be as a result of their being 'less heard' categories.

Wadajir Somali Community Centre: Somali elderly women, single mothers, working mothers, young girls and housebound older women

When it came to the proposed change of having more access to specialist clinicians through NHS 111, many people agreed with it, however, many admitted to never using the service. Many people are unable to use the service or are unaware of its existence. This may be due to language barriers.

East London Out Project (ELOP): The LGBT Community

- Only one person out of 64 stated that they have used 111 in the past two years. There was little awareness of this service among the people surveyed.
- Most of the people interviewed agreed with this proposed change of more clinicians. They agreed because of convenience and easier access to the care that they need.

London Gypsy and Traveller Unit

- Only 1 person had used 111 in the past two years.
- The respondents generally agreed that having access to more specialised staff via 111 was a good idea.

Account 3: Older people, people with mental health needs, BME groups, Carers

- Out of 92 people who responded, only 1 person had called 111 in the past two years. There was very low awareness of 111 among respondents, with many stating they had never heard of the service

Toyhouse Libraries Association of Tower Hamlets: Parents and young children

- In the past two years 5 respondents had used 111.
- There were very few positive comments about 111 from respondents, as many felt that 111 call handlers had very little local knowledge of the health services in Tower Hamlets.

Osmani Trust: BME and faith groups, people with mental health issues and female carers - Awaiting information

Newham: Overall Engagement

Newham CCG‟s patient and public engagement strategy for the procurement of the NHS 111 Integrated Urgent Care service consisted of four elements:

1. Recruitment of **four** patient representatives to a patient reference group to provide patient and public representation and input into the procurement process.
2. Community engagement targeting over 75s, under 1s, and the general public (including those currently using the out of hours service) in **12 community sites** including libraries, children's centres, community events/meetings. These sessions engaged **244 people** including Carers and Deaf patients
3. NHS 111 IUC online survey reaching **108 people**.
4. Collation of community intelligence – feedback from Newham CCG's key transformation programmes as well as Healthwatch Newham data. The notice about the procurement was sent to **over 600 community groups**.

Newham: Community Groups

Community Group	Key Themes
Older People's Reference Group	Attendees said that 111 would be good if you want advice, and would be better than turning up A&E. One member said they would prefer to ring the emergency number provided by their GP so that they know they will speak to someone local who can visit in person if necessary
East Ham Community Neighbourhood: Coffee Morning 50s	General consensus was that it was a good idea to have one universal number, but it needs improving for patients not to go to A&E
Newham Deaf Forum - primary care event	Feedback generally about overall challenges accessing NHS services in primary care resulting in A&E admissions
Manor Park Community Neighbourhood: Older People's Day	Majority not heard of or used 111. Generally feel a good idea as long as it's a good service, agree that early exit for the named groups should be prioritised
Plaistow Children Centre: Health Clinic	Quite a few people had heard of 111, mixed response with some having a very good experience while others said they wouldn't use it again
Older People's Reference Group: AGM	Majority not heard of or used 111 - mixed feedback from the few who had. General feeling is that 111 is a good idea, as long as quality of advice/support is good
Older People's Day	Majority not heard of or used 111. Generally feel a good idea as long as it's a good service
Manor Park Community Neighbourhood: drop-in	Quite a few people had heard of 111 – perceived as a good back-up when they can't get through to the GP
Newham Carers Network	More needs to be done to promote 111 among Carers
St Stephen's Children Centre: Health Clinic	Generally agreed that 111 is useful and that under 1s should be prioritised
St Stephen's Children Centre: Baby Play	Generally negative experience of 111. Patient experience of primary care tended to be quite poor for some which could impact use of 111
Manor Park Community Children's Centre: P&T	Generally those who had used 111 had a positive experience
St Mark's Deaf Club	Very good offer – when you go to A&E it takes time for them to get interpreter but with 111 you could get BSL and access to advice straightaway.

Barking and Dagenham, Havering, and Redbridge

Along with sending out the survey, Barking and Dagenham, Havering, and Redbridge CCGs collaboratively engaged the following **6** community groups on the proposals for the NHS 111 service for North East London between 17 October and 11 November :

1. Havering Youth Council and Youth Parliament (a combined group of young people)
2. Havering Children in Care Council
3. The “Follow Up” Expert Patient Programme (EPP) group (Redbridge)
4. Carers group – drop-in session in Dagenham
5. Carers group – drop-in session in Barking
6. Carers at Sinclair House Jewish Community Centre (Redbridge)

Conclusions

- Experience of using the current NHS 111 service for BHR is generally positive. Awareness needs to be improved, both of the service and what it offers
- There is strong support for improving or enhancing callers’ access to clinicians and healthcare staff
- Training and development for staff would help with communication with callers/ the public. Some participants questioned the number of questions each caller is asked and suggested simpler language could help.
- Raising awareness and understanding of NHS 111 (which would need to align to a national campaign and messages) was strongly supported
- Local networks, organisations and services (including GPs) could all provide opportunities for promoting NHS 11 as a reliable and helpful service. Advertising and promotion through existing paid-for channels should also be considered.

What will be different ?

Integrated Urgent Care Model

111 will be used as the first point of access (in time online access will be enabled)

Callers will receive an initial assessment by a trained health advisor (expedited for specific cohorts of patients

Where specific criteria exist the call will be forwarded for early clinical advice e.g. people with special care plan's, children under 1yr or people over 75yrs

The Clinical Advice Service (CAS) will be staffed by a multidisciplinary team for example GP's, nurses, paramedics, mental health practitioners, pharmacist's who will have direct booking access to local area services

The CAS will be able to directly book people into services such as Primary Care, Urgent Care Centres and ED's as the technology becomes enabled

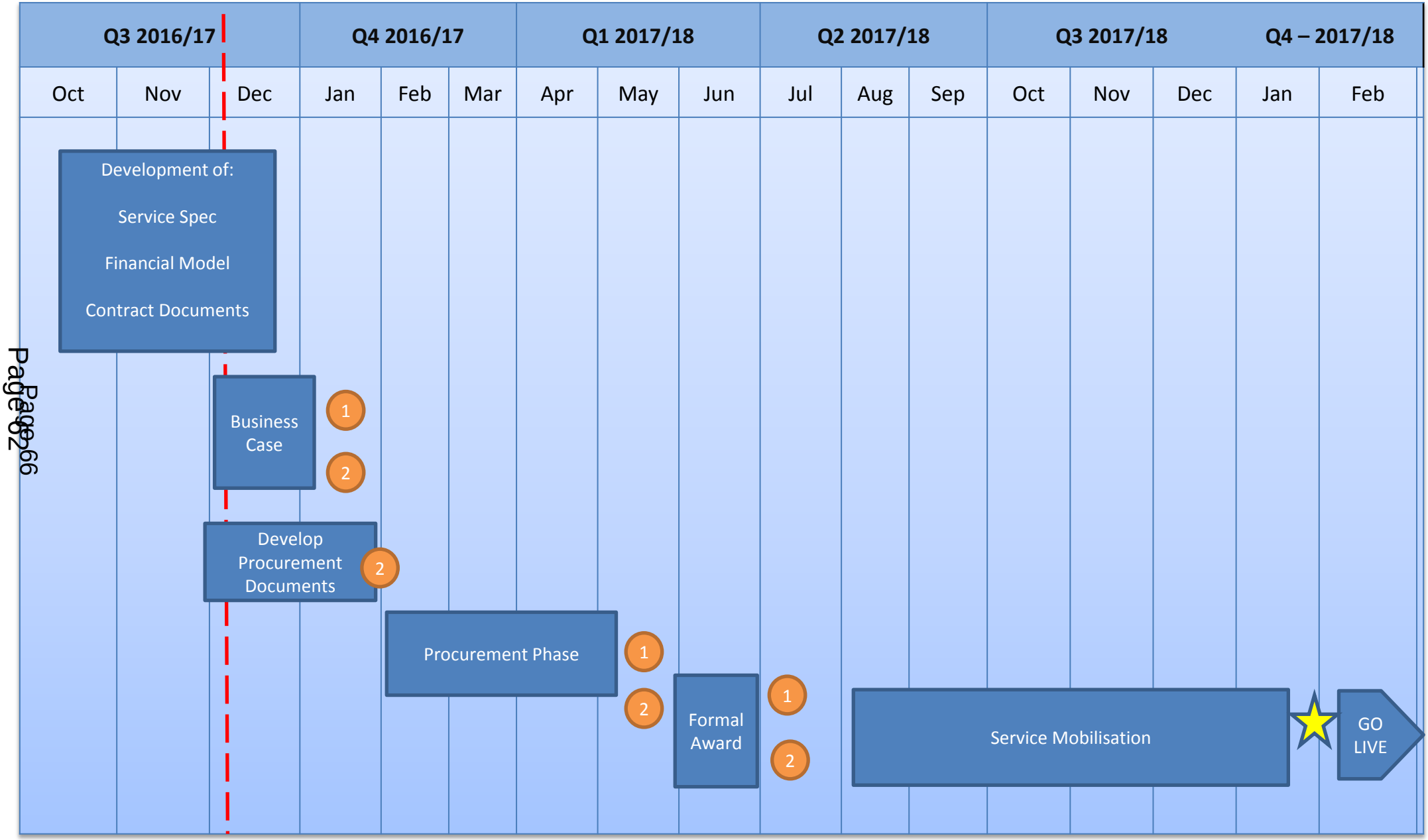
Patient records will be accessible to health care professionals (subject to patient consent) and will be updated so that there is a continuous record of care and treatment

Key Considerations for the Service Specification Development

- **People who call NHS111 today will have an assessment with a trained adviser, with opportunities to speak with a clinician if this is needed. In future, we'd like to increase the number of calls that are handled by a clinician – and we want to involve a number of different professionals.**

- **Parents or carers of ill children aged under one, people aged over 75 or those who have an existing care plan could be put in direct contact with a health professional more quickly if we introduce a new streaming process in our 111 service.**

IUC Procurement Timeframes



Key = 1 CCG Governance approvals 2 NHSE Checkpoint

Inner North East London (INEL) **Joint Health Overview and Scrutiny Committee** 13th December 2016 **Update on north east London Sustainability and Transformation Plan**	Item No **5**

OUTLINE

Over the course of 2016, health and care organisations across 7 boroughs in North East London (NEL) have been working to develop a draft Sustainability and Transformation Plan (STP). The STP sets out how the NHS Five Year Forward View will be delivered across the NEL footprint and how local health and care services will need to transform in order to ensure their financial sustainability and improve their clinical effectiveness.

INEL JHOSC has requested that NHS partners provide an overview of how the draft NEL STP will be developed through consultation, engagement and scrutiny processes so that the plans are given appropriate oversight and accountability.

This report and its accompanying summary include items covering:

- Overview of STP; what the current plans are and progress to date
- Timetable for implementation
- The process for consultation
- Governance for the NEL STP
- Finance considerations of the NEL STP

ACTION

- The Committee is requested to give consideration to the report and discussion and provide comments.

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Update on north east London Sustainability and Transformation Plan

Transformation underpinned by system thinking and local action

Report to the Inner North East London Joint Health Overview and Scrutiny Committee 13 December 2016

1. Background

During 2016, health and care organisations (clinical commissioning groups, providers, local authorities and voluntary and community organisations) across north east London (NEL) [1] have worked together to develop a sustainability and transformation plan (STP). It sets out how the NHS Five Year Forward View will be delivered and how local health and care services will transform and become sustainable, built around the needs of local people. The STP builds on our positive experiences of collaboration in NEL but also protects and promotes autonomy for all of the organisations involved. Each organisation faces common challenges including a growing population, a rapid increase in demand for services and scarce resources. We all recognise that we must work together to address these challenges; this will give us the best opportunity to make our health economy sustainable by 2021 and beyond.

The plan describes how north east London (NEL) will:

- meet the health and wellbeing needs of its population
- improve and maintain the consistency and quality of care for our population
- close the financial gap.

A number of different specific local plans are aligned to the STP, enabling its ambitions to be delivered. The STP builds on these existing local transformation programmes and supports their implementation: including Barking and Dagenham, Havering & Redbridge (accountable care system) and City & Hackney devolution pilots; Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme; and the improvement programmes of our local hospitals, which aim to supports Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures.

Crucially, the NEL STP is the single application and approval process for transformation funding for 2017/18 onwards.

2. Overview of the north east London Sustainability and Transformation Plan

We shared our initial thinking with NHS England in April and submitted a draft NEL STP showing our progress in June. During summer 2016 to facilitate public engagement on the STP, we produced a summary of progress to date and shared the draft STP on our website.

On 21 October we submitted an updated narrative, updated summary and eight delivery plans describing the main priorities of the STP to NHS England (NHS E) and NHS Improvement (NHS I). These are all available on the STP website. http://www.nelstp.org.uk/

[1] North east London includes: Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

The NEL STP narrative

The STP vision and priorities are shown below. A copy of our plan on a page is included in Annex A.

NEL STP Vision
1. To measurably improve health and wellbeing outcomes for the people of NEL and ensure sustainable health and social care services, built around the needs of local people. 2. To develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care. 3. To work in partnership to commission, contract and deliver services efficiently and safely.
NEL STP Priorities
• The right services in the right place: Matching demand with appropriate capacity in NEL • Encourage self-care, offer care close to home and make sure secondary care is high quality • Secure the future of our health and social care providers. Many face challenging financial circumstances • Improve specialised care by working together • Create a system-wide decision making model that enables placed based care and clearly involves key partner agencies • Using our infrastructure better

To deliver the STP we are building on existing local programmes such as borough based health and wellbeing strategies and end of life care plans, as well as setting up eight work streams to deliver the priorities. The workstreams are cross-cutting NEL wide programmes, where there are benefits and economies of scale in consolidating a number of system level changes into a single programme. These are:

1. Promote prevention and personal and psychological wellbeing in all we do
2. Promote independence and enable access to care close to home
3. Ensure accessible quality acute services
4. Productivity
5. Infrastructure
6. Specialised commissioning
7. Workforce
8. Digital enablement

Delivery plans have been developed for each of our workstreams; they are live documents which will continue to be updated as the programme develops.

Each work stream has a Senior Responsible Officer (SRO) and Delivery Lead, and task and finish work streams are being established to take forward implementation of the delivery plans. There is local authority involvement and leadership within a number of work streams, for example the Prevention workstream. As we now start to mobilise the work streams we are seeking to strengthen local authority involvement and leadership across them.

3. Links with Transforming Services Together and other plans

Plans to implement integrated place-based care were underway before we began working on the STP, with each local health economy pursuing an innovative and ambitious programme to make this a reality. In INEL this includes the City & Hackney devolution pilot, and in Newham, Tower Hamlets and Waltham Forest the Transforming Services Together programme, which are supporting the development of accountable care systems locally.. We will support and enhance these programmes by working together, but they will continue to operate independently with separate programme and governance structures which allow each area the flexibility to best meet local needs. We are actively seeking to collaborate across NEL where it makes sense to do so and have formed a NEL wide group to share learning from the devolution pilots and transformation programmes which underpin the emerging accountable care systems.

4. Timetable for implementation

Each of the eight delivery plans sets out the milestones and timeframes for implementation. A critical path for the implementation of the main milestones across the whole STP programme is attached at Annex B.

5. Engagement on the Sustainability and Transformation Plan

We recognise that the involvement of local people is crucial to the development of the STP and are committed to involving them and clinicians in any proposed changes. The requirement for the NHS to involve and consult patients on specific service changes is a statutory duty and we will meet that duty and ensure patient and public involvement. At present there are no specific service changes in the INEL area that are worked up and at the stage where public consultation is required.

We started our engagement process when we submitted the draft STP in June, and we have been involving partners, including Healthwatch, local councils, the voluntary, community and social enterprise sector, and patient representatives. The feedback we have received so far was incorporated into the revised STP for the October 2016 submission.

A summary of our engagement activities to date is shown below:

- Published the draft and summary versions of the plan on our website and published regular updates
- Offered to meet all MPs which has resulted in a number of 1:1 meetings
- Arranged for elected members from each borough to meet the STP Independent Chair and Executive
- Actively sought involvement of the eight Local Authorities facilitated through the Local Authority representative on the STP Board.
- Local Authorities are represented on the Governance Working Group and have taken part in the workshops developing the plans for transformation (with a Director of Public Health leading the work on prevention).
- Engaged the Local Government Association (LGA) to provide support to individual HWBs to explore self-assessment for readiness for the journey of integration and to a NEL-wide strategic leadership workshop to consolidate outputs from individual HWB workshops.
- Engaged with council and partner stakeholders such as the Inner North East London and Outer North East London Health Scrutiny Committees (HSC); Barking, Havering and

Dagenham Democratic and Clinical Oversight Group; the eight Health and Wellbeing Boards; Hackney and Tower Hamlets councillors; and Newham Mayor's advisor for Adults and Health
- Met with local Save our NHS and Keep our NHS Public campaign groups
- Presented at meetings to discuss specific clinical aspects of the STP, for instance the NEL Clinical Senate; the NEL maternity network and maternity commissioners' alliance; mental health strategy meetings; and clinical workshops on the specialist commissioning of cardiac services and children's services. The proposals have also been discussed at a number of Local Medical Committee forums.
- Started to discuss the plans with NHS staff – further engagement is planned.
- Discussed the plans in open board meetings of all our NHS partners and offered opportunities to talk to patients and the public at various annual general meetings and patient group meetings.
- Held wider events on specific topics and developments, e.g. urgent care events involving patients and a wide range of stakeholders such as the London Ambulance Services and community pharmacists.

Our communications and engagement plan (phase 2) sets out how communications with staff, patients, the public, partners and other stakeholders will be managed and delivered. It focuses on the six month period from October 2016 to April 2017. This will be regularly reviewed, refined where necessary and shared with all interested parties, with updates on the outcomes achieved.

The STP programme communications and engagement team is responsible for coordinating work that needs to be done across all CCGs, developing a core narrative and coordinating activity. Ian Tompkins joined the STP team as Communications Director in November 2016. He has previously worked as a Director of Communications in local authorities (Hackney, Newham, Waltham Forest and Hounslow), the East London NHS Foundation Trust and Newham Clinical Commissioning Group. Ian is currently meeting with local authority and NHS colleagues to develop a collaborative approach to communications and engagement, making use of the many existing and productive networks, including those in public health and the voluntary sector.

Local NHS communications teams are responsible for local delivery – understanding local issues and working at a much greater detail to develop local solutions; and engagement on plans that sit under the STP. All are responsible for (and have) links with local authority communications teams and Ian Tompkins will help encourage and support this

In order to ensure we develop the STP using all relevant patient and public views, to ensure efficiency and to reach a wide community of public and patients, we have asked local Healthwatch organisations to review the research and comments they have gathered in recent months and to use existing forums to discuss the STP (see section 6 of the communications and engagement plan).

From 21 October to January 2017, local Healthwatch organisations will be working together to help us gather and understand the views of local people. They will make use of any other relevant consultation and engagement groups/networks, such as those of local authorities, where possible.

Our joint aim is to ensure engagement is relevant to local needs and that it builds on previous decisions made and the engagement and consultation work that has already take place across NEL on significant change programmes and developments. Healthwatch organisations will focus on gauging public views on a) promoting prevention and self-care b) improving primary care and c) reforming hospital services; with a local emphasis on:

- the Barking, Havering and Redbridge devolution pilot
- the Hackney devolution pilot
- Transforming Services Together in Newham, Tower Hamlets and Waltham Forest
- The vanguard project in Tower Hamlets

We will continue to exploit the full range of channels and formats for our communications and engagement activities to ensure we are reaching groups that are sometimes missed. We will carry on working with clinicians, local authorities and staff to ensure they too are actively involved in the development of the STP. We will encourage patients and local people to be involved at the design stage and work jointly with local authority engagement colleagues to help ensure a joined up approach; undertaking formal consultation when required.

We are committed to National Voices' six principles for engaging people and communities that set the basis for good, person-centred, community-focused health and care and will embed these across our work. We also believe that staff have a crucial role to play in the success of the STP. We want them to contribute to its development, to understand and support its aims; to feel part of it and be motivated by it.

There will be many opportunities for everyone (including patients, service users, carers and the public) to have their say on the emerging plans, and to continue shaping their development and implementation during the next five years. Any proposals for significant changes that emerge from the plan will be subject to specific engagement and consultation where required.

In addition, we are committed to engaging with all trade unions on the workforce impacts of the STP. There is a member of the London Health Unions Lead Representative on the NEL workforce advisory board, and each NHS provider has its own joint staff side arrangements where STPs are discussed.

6. Governance for the NEL Sustainability and Transformation Plan

The launch of the STP process signalled the move towards working in larger geographical areas and the need to develop governance arrangements to support strategy development and change at a system level.

To achieve this, 20 organisations have been working together to develop the NEL STP. However, as we move into the next phase of the programme, focusing on the mobilisation and implementation of our delivery programmes, the governance and leadership arrangements are being updated to ensure they continue to remain effective with appropriate membership. As key players in the development and delivery of the STP, especially in ensuring it meets the needs of the many different communities, local authorities will be suitably represented.

A governance task and finish group (including health organisations, local authorities and Healthwatch) was set up to review and update the governance arrangements to reflect this change in focus. Through this group we have developed a shadow governance structure, and initial terms of reference for the key governance forums. We will be operating the governance in shadow form until April 2017 to enable us to test and review it.

This governance structure recognises and respects the statutory organisations, while providing the necessary assurance and oversight for system level delivery. In addition to reinforcing some of the existing governance forums (i.e. re-focusing the membership of the NEL STP Board), several new bodies have been added to strengthen the level of assurance

and engagement, most notably:

- Community Council – A council of local people, voluntary sector, and other key stakeholders to promote system wide engagement and assurance
- NEL Political Leaders Advisory group - To provide a forum for political engagement and advice to the NEL STP
- Assurance Group – An independent group of audit chairs to provide assurance and scrutiny
- Finance Strategy Group -To provide oversight and assurance of the consolidated NEL financial strategy and plans to ensure financial sustainability of the NEL system.

We have developed a draft Memorandum of Understanding (MoU) for the governance arrangements of the North East London STP between the health and social care partners. The MoU will not be legally binding, but is intended to ensure a common understanding and commitment between the partner organisations on the NEL STP governance arrangements, specifically:

- The scope and objectives of the NEL STP governance arrangements
- The principles and processes that will underpin the NEL STP governance arrangements
- The governance framework / structure that will support the development and implementation of the NEL STP

The draft MoU is being circulated to local authorities, Trust boards and CCG governing bodies in December 2016 -January 2017.

The shadow governance structure is included at Annex C.

7. Finance considerations of the NEL STP

The basis for the financial modelling has been the refreshed draft five year CCG Operating Plan and provider Long Term Financial Model templates. These have been prepared by individual NEL commissioners and providers, all of whom followed an agreed set of key assumptions on inflation, demographic and non-demographic growth, augmented with local judgement on other cost pressures and necessary investments in services.

The individual plans have then been fed into an integrated health economy model in order to identify potential inconsistencies and to triangulate individual plans with each other. Activity has been modelled across NEL utilising the TST model.

The forecast NEL FY20/21 ‘do nothing’ affordability challenge is c£578m to break even (an additional c£30m to reach 1% surplus target for commissioners). This assumes growth and inflation in line with organisations’ plans but that no CIP or QIPP would be delivered in any year.

In the ‘do minimum’ scenario, in which ‘business as usual’ efficiencies of 2% across all years have been included, the affordability challenge would be c£336m by FY20/21.

Specialised commissioning and any differences in contract assumptions are included in these projections. The local authority position is modelled separately and a summary is detailed below.

A number of factors are driving our rising expenditure. One significant factor is our growing and ageing population in line with GLA projections. We also face a non-demographic demand growth, due to factors such as new technology and increases in disease prevalence; we have assumed that this growth is approximately 1% per year. Pay and price inflation have been assumed in line with NHS I guidance. This results in a steady increase in expenditure over the planning period.

We see significant increases in CCG allocations throughout the planning period. However, Sustainability and Transformation Funding (STF) and some other non-recurrent provider income (such as gains by absorption) primarily affect the initial years and have no impact in the projections of in-year movements from FY18 onwards.

NEL local authority challenge
All NEL local authorities and the Corporation of London have provided financial data for the STP modelling, though it is recognised that further detailed work is required to confirm assumptions and what effect local authority funding challenges and proposed services changes will have on health services and vice versa.

For the 'do nothing' scenario, the combined FY17 Local Authority challenge is estimated as £87m reaching £238m by FY21. This figure is based on adult social care, Better Care Fund, children's services and public health at all local authorities.

If Children Services were excluded from the gap analysis, the gap in FY17 would be estimated as £60m reaching £174m by FY21.

A 'do minimum' scenario, where 'business as usual' savings are assumed, will still need to be completed.

Next steps
The five STPs in London are working jointly to understand the implications of out of area flows on constituent STPs and ensure these implications are accounted for, and where necessary mitigated, in local plans. An approach is expected to be defined by December 2016. This is being taken forward by a working group of the STP finance leads, and will be overseen by the London Strategic Finance Group. Further work is also underway within specialised commissioning, overseen by the London Board and Executive.

Operating plans are currently in the process of being finalised and signed off by organisations and an STP wide approach to the 2017-19 contracting round has been agreed. This includes ensuring consistency wherever possible across the entire NEL STP area in relation to both contract form and substance.

8. Equality considerations

An equality screening is underway, for completion by January 2017, to consider the potential equality impacts of the proposals set out in the NEL STP. It includes:

- An overview of all the initiatives included in the NEL STP narrative to determine at which level equality analyses should be undertaken i.e. NEL STP level, Local Area Level, CCG/borough level or London-wide level.
- An initial assessment of the NEL STP overarching '**Framework for better care and wellbeing'.**
- Actions to be undertaken during further detailed equality analyses.

The screening recognises that the initiatives included in the STP will be implemented at different times, hence further equality analyses will need to be undertaken over the life of the STP programme.

9. Your views on the NEL STP

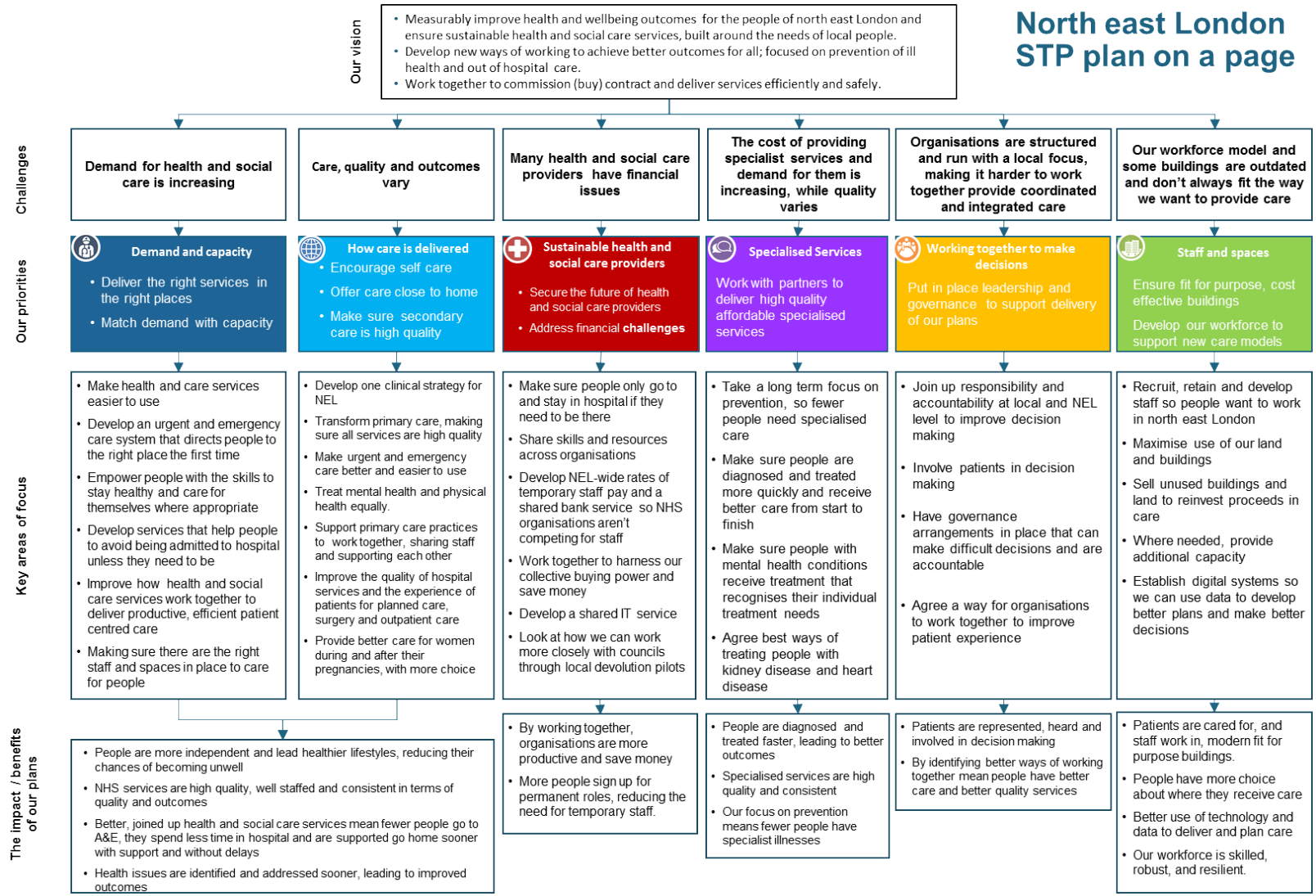
The STP is a work in progress and this latest draft submission is currently being circulated to health and social care partners. We anticipate feedback from NHSE/I early in 2017, and will continue to evolve the STP following feedback from our local partners, local people and the national bodies. We welcome your comments and input as we further develop the plans.

Tell us what you think
We'd like to know what you think about our STP. It's still a draft, so the content can and will change. We'd like to hear from as many people as possible about what you think so we can refine our ideas and further develop our STP, based on your comments, before it is finalised later in the year. • **What do you think about what we've chosen to focus on?** • **Do you think we have the right priorities?** • **Is there anything missing that you think we should include?**

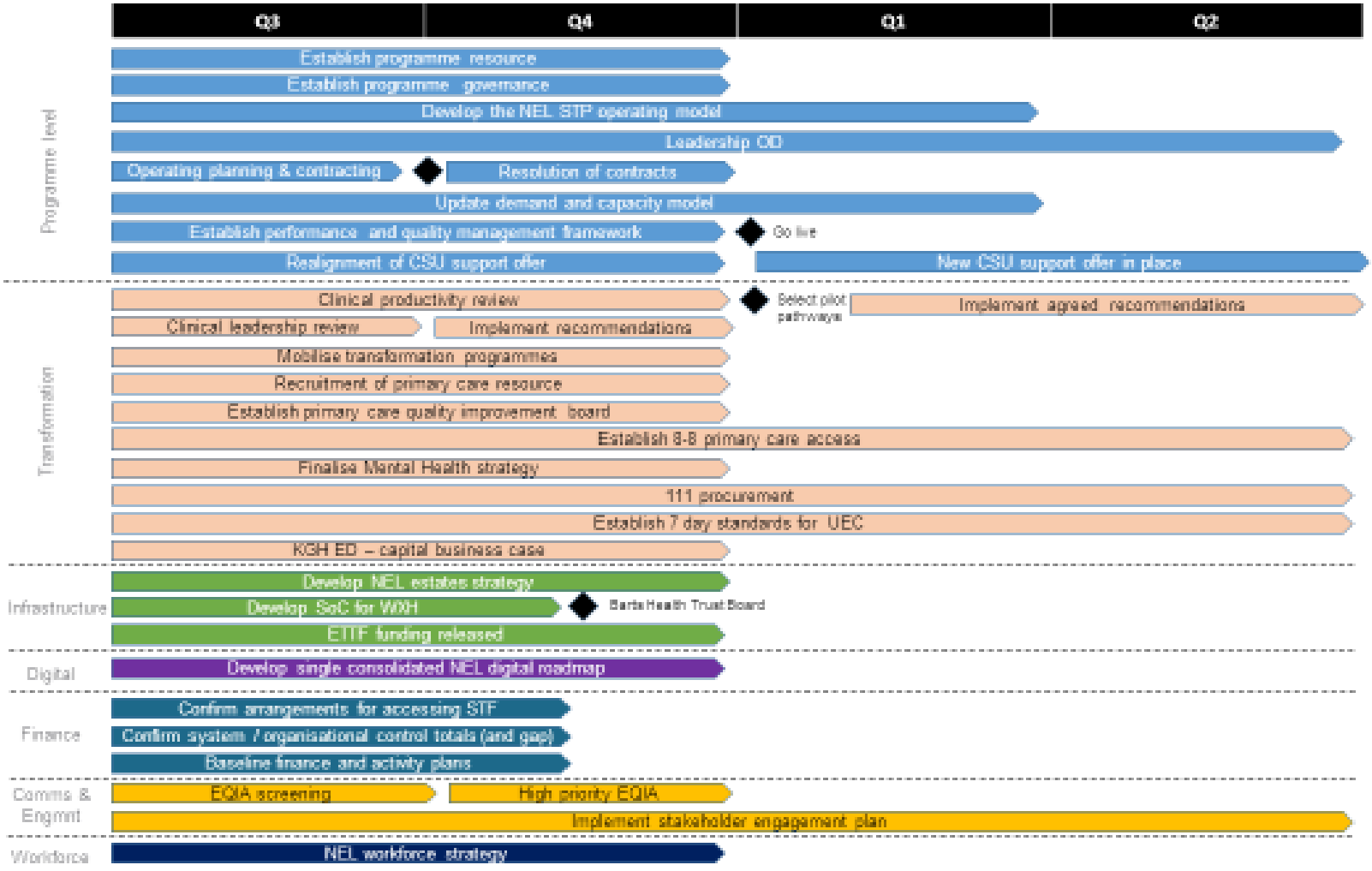
Please send us an email and tell us what you think: nel.stp@towerhamletsccg.nhs.uk

For more information about the NEL STP visit http://www.nelstp.org.uk/

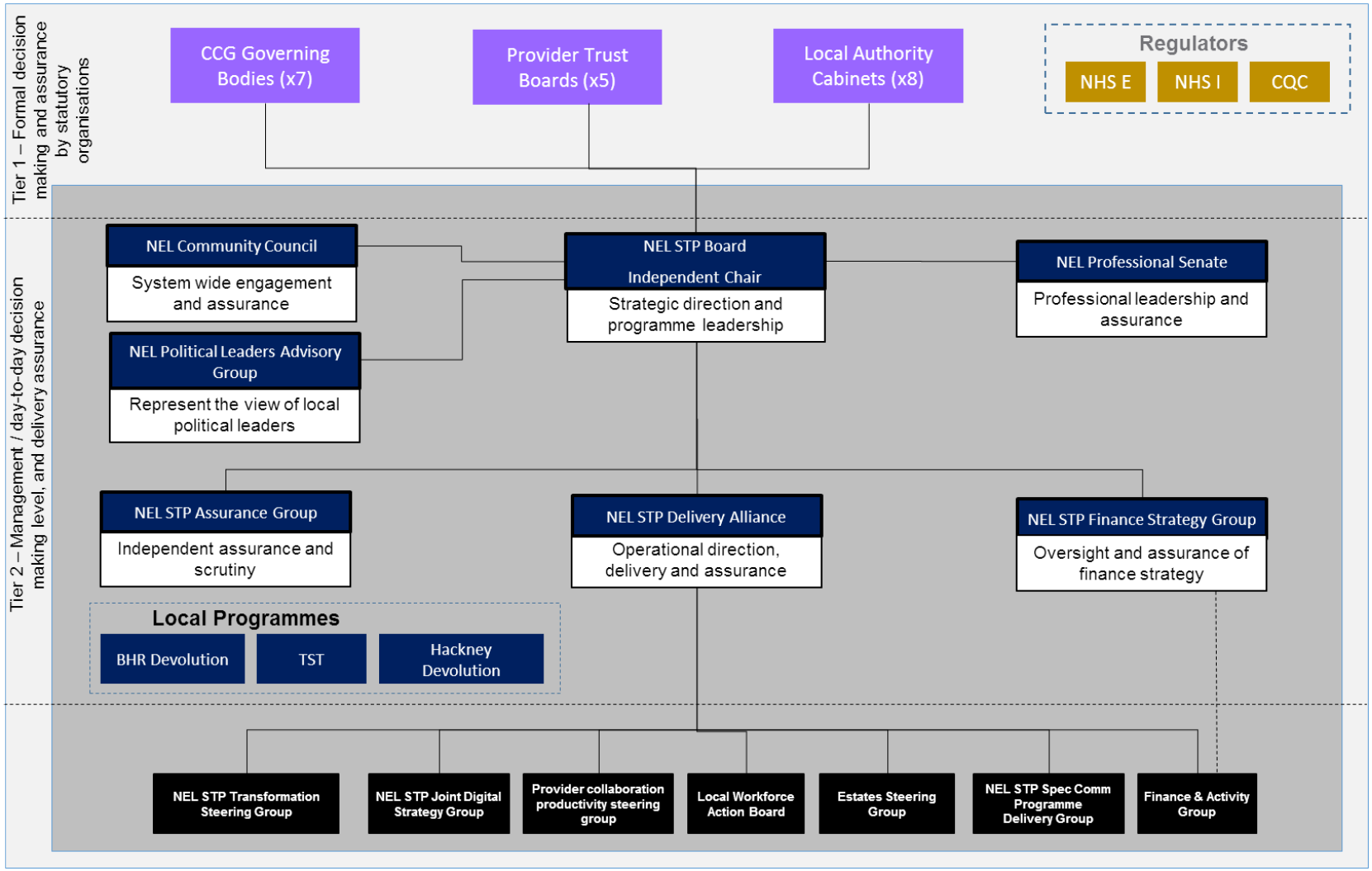
Annex A: NEL STP Plan on a page



Annex B NEL STP Year 1 Critical Path



Annex C NEL STP Shadow governance structure



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NORTH EAST LONDON
SUSTAINABILITY & TRANSFORMATION PLAN

North east London Sustainability and Transformation Plan

During 2016, 20 organisations across eight local authorities have worked together to develop a sustainability and transformation plan (STP) for north east London.

The plan sets out how the ambitions of the NHS Five Year Forward View will be turned into reality and describes how north east London (NEL) will:

- Meet the health and wellbeing needs of its population
- Improve and maintain the consistency and quality of care for our population
- Close the financial gap.

Each organisation faces common challenges including a growing population, a rapid increase in demand for services and scarce resources. Working together to address these challenges will give us the best opportunity to drive change and to make sure health and care services in north east London are sustainable by 2021.

On 21 October we submitted an updated narrative, updated summary and eight delivery plans describing the main priorities of the STP to NHS England and NHS Improvement.

Links with other local plans

The STP builds on existing local transformation programmes and supports their implementation including:

- Barking and Dagenham, Havering & Redbridge (accountable care system) and City & Hackney devolution pilots
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
- The improvement programmes of our local hospitals, which aim to supports Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures.

We are actively seeking to collaborate across NEL where it makes sense to do so and have formed a NEL wide group to share learning from the devolution pilots and transformation programmes which underpin the emerging accountable care systems.

Our vision and priorities

To measurably improve health and wellbeing outcomes for the people of NEL and ensure sustainable health and social care services, built around the needs of local people.

To develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care.

To work in partnership to commission, contract and deliver services efficiently and safely.

To achieve this vision, we have identified a number of key priorities:

- The right services in the right place: Matching demand with appropriate capacity in NEL
- Encourage self-care, offer care close to home and make sure secondary care is high quality
- Secure the future of our health and social care providers. Many face challenging financial circumstances
- Improve specialised care by working together
- Create a system-wide decision making model that enables placed based care and clearly involves key partner agencies
- Using our infrastructure better

Delivering the NEL STP

To deliver the STP we are building on existing local programmes as well as setting up eight work streams to deliver the priorities. The workstreams are cross-cutting NEL wide programmes, where there are benefits and economies of scale in consolidating a number of system level changes into a single programme. These are:

- Promote prevention and personal and psychological wellbeing in all we do
- Promote independence and enable access to care close to home
- Ensure accessible quality acute services
- Productivity
- Infrastructure
- Specialised commissioning
- Workforce
- Digital enablement

Each of the eight delivery plans sets out the milestones and timeframes for implementation.

Involving local people and stakeholders

Our plans and priorities must be developed with those who use, pay for or work for the NHS. Their engagement

- During the summer we produced a summary of progress and shared the first draft STP on our website. We met with a number of MPs; arranged for elected members from each borough to meet the STP executive; engaged with Overview and Scrutiny Committees, Health and Wellbeing Boards and the Local Government Association; involved local authority staff; met with local patient and campaign groups; presented the plans to clinical groups and staff; held events on particular topics and with key stakeholders and discussed the plans at public board meetings of all NHS partners.
- On 21 October we submitted an updated narrative, eight delivery plans and a communications and engagement plan to NHS England. We have now published these on our website www.nelstp.org.uk
- Over the coming months we are encouraging staff and stakeholders including councils and Health and Wellbeing Boards to make their views known. We will actively work with local Healthwatches and other community networks to gauge the views of the public and local interest groups.

Governance

A group (including health organisations, local authorities and Healthwatch) has been set up to review and update the governance arrangements.

As key players in the development and delivery of the STP, especially in ensuring it meets the needs of the many different communities, local authorities will be suitably represented.

The group has developed a shadow governance structure and initial terms of reference which strengthens existing forums such as the STP Board and adds several new bodies, most notably:

- A Community Council – of residents, voluntary sector, councillors and other key stakeholders
- An Assurance Group – an independent group of audit chairs to provide assurance and scrutiny
- A Political Leaders Advisory Group
- A Financial Strategy Group – to provide oversight and assurance of the consolidated financial strategy

Finances – how will we pay for this?

If we do nothing to address NHS financial challenges we will have a shortfall of £578 million by 2021 as our increased income will not keep pace with expenditure. If we carry on with 'business as usual' efficiencies of 2% a year, we will have a shortfall of c£336 million by 2021.

In local authorities and the Corporation of London, if we consider adult social care, the Better Care Fund, children's services and public health, there will be a £238 million shortfall by 2021 if we take no action to address the issues.

We will find savings and reduce these gaps by:

- Delivering individual organisations' savings programmes – making them more efficient and effective
- Working together – using our local transformation programmes to achieve savings; combining back office functions such as HR, finance, facilities management and IT to improve services and make savings; consolidating services and sharing good practice, which can improve productivity and save money; using our buildings more efficiently; using our collective buying power to secure better value contracts, for example medicines
- Working with local people to co-design new services that better meet their needs, and identify opportunities for productivity and efficiency improvements
- Accessing funding from the national Sustainability and Transformation Fund, but this is conditional on the quality of our STP.

Equality

An equality screening is underway to consider the potential equality impacts of the proposals. This will be published on our website shortly.

The screening includes:

- An assessment of the level at which the analyses need to be conducted (London-wide, regional, local area or borough level)
- A screening of the overarching *Framework for better care and wellbeing*
- Description of the actions to be taken

The screening recognises that the initiatives included in the STP will be implemented at different times, hence further equality analyses will need to be undertaken over the life of the STP programme.

Next steps

The STP is currently being developed further and the latest draft submission is being circulated to health and social care partners.

We anticipate feedback from NHS England and NHS Improvement early in 2017, and will continue to evolve the STP following feedback from our local partners, local people and the national bodies.

We welcome your comments and input as we further develop the plans. Key questions we are asking are:

- What do you think about what we have chosen to focus on?
- Do you think we have the right priorities?
- Is there anything missing that you think we should include?

To find out about STP-related events, sign up to our newsletter or read a more detailed version of the STP at: **www.nelstp.org.uk**

For more information please contact us on **nel.stp@towerhamletsccg.nhs.uk**