Notice of Meeting

HEALTH SCRUTINY COMMITTEE

Monday, 25 March 2019 - 7:00 pm
Council Chamber, Town Hall, Barking

Members: Cllr Eileen Keller (Chair), Cllr Paul Robinson (Deputy Chair), Cllr Peter Chand, Cllr Irma Freeborn, Cllr Chris Rice and Cllr Emily Rodwell

By Invitation:

Date of publication: 15 March 2019

Chris Naylor
Chief Executive

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AGENDA

1. **Apologies for Absence**

2. **Declaration of Members' Interests**

   In accordance with the Council's Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. **Minutes - To confirm as correct the minutes of the meeting held on 18 December 2018 (Pages 3 - 7)**

4. **Update on Primary Care by the Clinical Commissioning Group (Pages 9 - 33)**

5. **Joint Health Overview and Scrutiny Committee - Update for Noting (Pages 35 - 38)**

6. Any other public items which the Chair decides are urgent

7. To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.

Private Business

The public and press have a legal right to attend Council meetings such as the Assembly, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). ***There are no such items at the time of preparing this agenda.***

8. Any other confidential or exempt items which the Chair decides are urgent

Our Vision for Barking and Dagenham

ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

A New Kind of Council

- Build a well-run organisation
- Ensure relentlessly reliable services
- Develop place-based partnerships

Empowering People

- Enable greater independence whilst protecting the most vulnerable
- Strengthen our services for all
- Intervene earlier

Inclusive Growth

- Develop our aspirational and affordable housing offer
- Shape great places and strong communities through regeneration
- Encourage enterprise and enable employment

Citizenship and Participation

- Harness culture and increase opportunity
- Encourage civic pride and social responsibility
- Strengthen partnerships, participation and a place-based approach

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MINUTES OF
HEALTH SCRUTINY COMMITTEE

Tuesday, 18 December 2018
(7:00 - 8:45 pm)

Present: Cllr Eileen Keller (Chair), Cllr Paul Robinson (Deputy Chair), Cllr Peter Chand, Cllr Irma Freeborn, Cllr Chris Rice and Cllr Emily Rodwell

Also Present: Cllr Maureen Worby

8. Declaration of Members' Interests

There were no declarations of interest.

9. Minutes (11 September 2018)

The minutes of the meeting held on 11 September 2018 were confirmed as correct.

10. Joint Health Overview and Scrutiny Committee - Update for Noting

The report was noted.

11. BHRUT Update - Medical and Financial Issues Regarding Patient Safety

Ceri Jacob, Managing Director of Barking, Havering and Redbridge Clinical Commissioning Group (CCG) gave a presentation on 'The BHR Health and Care System – Setting the Context'.

The Committee were advised that, as previously reported, there was a significant system deficit. In order to address this deficit, two temporary groups had been set up to respond to the specific needs of NHS Financial Recovery in BHR:

NHS Recovery Board (NRB) – Which consisted of the senior leaders (clinical and managerial) within the NHS System and focused on both preparing for the System Oversight Group as well as resolving any issues affecting the progress of financial recovery. It was lso responsible for directing and overseeing development of a 3 Year System Recovery Plan for NHS Partners in BHR, utilising the work of the Transformation Boards and aligned to the overall 3 Year Recovery Plan for the wider Integrated Care System.

Joint NHS Programme Management Office (PMO) – This group would support the NHS Recovery Board and be the vehicle through which NHS Partners would work together to deliver the following:

1. Ensure the alignment of QIPP/QCIP Schemes and ensure they were mutually compatible.
2. Monitor and report on progress of the delivery of each partners efficiency programmes.
3. Work to unblock issues affecting progress.
4. Support the collation of data and information to the NHS Recovery Board and for the NHS System Oversight Group.

The Managing Director also explained how the new governance structure would assist in the financial recovery and described the key areas of focus for transformation.

Kathryn Halford OBE, Chief Nurse, then gave a presentation to the Health Scrutiny Committee on 'Medical and Finance Issues: Patient Safety'.

The Committee were advised that:

- The Trust were on track to deliver revised 2018/19 forecast of just under £65m deficit;
- The financial position was starting to improve;
- Independent reports by Grant Thornton and Deloitte found no evidence of harm to patients as a consequence of financial issues;
- There were no concerns regarding patient safety related to ongoing financial challenges;
- A submission of the refreshed financial recovery plan had been sent to NHS Improvement; and
- There was alignment with system-wide recovery plan.

Work was also being undertaken to address issues of allegations relating to bullying and engagement of medical staff, and issues amongst a pocket of consultants where there were allegations of covering up poor practice.

The Cabinet Member for Social Care & Health Integration addressed the Committee advising that, as the Chair of the BHR Integrated Care Partnership (ICP) Board, the Board had held a special session on 31 October 2018, in which members of the Board reviewed the current position on governance, transformation priorities, and future developments of the ICPB work plan.

The Cabinet Member advised that at the conclusion of the workshop, the Chair of the ICP Board issued a challenge to senior leaders to develop a clear way forward for the Integrated Care Partnership, craft a more coherent narrative about the benefits to be delivered, and to identify three big tangible changes that would be delivered in the year ahead. The work was underway for consideration at the January 2019 meeting of the ICP Board and would be presented to the Health Scrutiny Committee in due course.

In response to questions, the Committee were advised that:

- Following the appointment of a new acting Chief Executive, staff appeared to be approaching managers more often with small issues;
- A new electronic system had been put in place to enable staff to raise issues anonymously;
- There was no evidence that patients had received a lower quality of service; and
- The Trust was the only trust in London to meet the 62-day target for cancer care.

The presentations were noted.

12. Closure of the Cedar Centre

The Chair asked the Chief Nurse to provide an update to the Committee following the closure of the Cedar Centre at King George Hospital.

Members were reminded that the Cedar Centre had offered chemotherapy treatment and in August 2018 the trust issued a briefing paper advising that the Trust were proposing to move all chemotherapy treatment to Queens Hospital.

The matter was discussed at the Joint Health Overview and Scrutiny Committee (JHOSC) on 2 October 2018 where the Trust advised that they wished to implement the changes by the end of October 2018. Subsequently, the Chief Executive of the Trust emailed stakeholders on 9 October 2018 advising that due to staff shortages, the trust may be unable to resource the Cedar Centre safely from 12 November 2018.

The Chief Nurse advised that the service had been moved for the benefit of the patients, with the new hub at the Cedar Centre providing additional cancer services and support. There was currently a shortage of chemotherapy nurses across London, however it was noted that London Trusts were now training a pool of chemotherapy nurses to address the shortage.

In response to questions, the Committee were advised that there was no evidence of reduced patient care following the closure of the Cedar Centre for chemotherapy services.

The Committee expressed their disappointment in the way that the closure was handled as the press release issued caused concern amongst patients who had not been prepared for the news.

The Chief Nurse apologised on behalf of the Trust and advised that the mistakes made had been recognised and would be learned from.

13. Barking Riverside - A New Approach to Wellbeing and Health Creation

The Director of Public Health and the Managing Director of the Barking, Havering and Redbridge CCG gave a presentation to the Committee on “Barking Riverside – a new approach to wellbeing and health creation”.

The development at Barking Riverside had been announced as one of NHS England’s ‘Healthy New Towns’, the only one in London and as such developers were required to provide financial contributions to the development of health and care infrastructure to support the new population. This provided an opportunity to develop a genuinely integrated service with a focus on prevention.

The Barking Riverside development was moving into phase 2 of the four phases of the build. This was the phase during which the wellbeing hub would be built, which would house health and care, leisure, and community and voluntary sector services.

The developer had requested submission of a single client brief towards the end of 2018 from the London Borough of Barking and Dagenham and Barking and Dagenham Clinical Commissioning Group, setting out the high level quantum of space in a schedule of accommodation for the wellbeing hub, and highlighting key

requirements.

To meet the developer's deadline for submission of the single client brief , BHR CCGs and LBBD convened the Barking Riverside System Development Board which had overseen an initial series of five key workshops, alongside a programme of engagement with local people to feed into the development of the proposed model of care, and from this, ascertain key requirements of the physical building and wider Riverside environment.

A 'straw man' proposal for the clinical space and emerging model of care/wellbeing had been populated through the process of the workshops, taking into account feedback from local people and key stakeholders.

This included requirements the space must accommodate to deliver the emerging model of care. Some of the key principles included:

- The service would be jointly procured/commissioned by B&D CCG and LBBD
- The service would be delivered by a single provider alliance through a single contract, the form of which was to be explored
- There would not be a traditional GP practice with a list size, however, GPs would be key to leading the team / model of care
- Neutral branding would be employed (not NHS-focussed) that embodies empowerment, community and friendship to promote the concept of 'wellness' rather than a focus on illness
- there was particular opportunity to capitalise on linking health and wellbeing services with leisure facilities, and to community assets such as education campuses e.g. the nearby Riverside Campus School, and other schools in the area.
- Access to the leisure and community facilities would be key to the model of wellbeing and should feel part of an integrated offer, not a separate service
- The space would be as flexible as possible to ensure that it was able to adapt to a model of care that would evolve over time to meet the changing needs of the local population.

These proposals were being shared with a number of key forums and stakeholders for further review and comment.

The Committee were advised that it was proposed that gym and leisure facilities would be cheaper for local residents and if the pilot was successful, it could be rolled out across the Borough.

The report was noted and a further update on progress was requested for the next meeting of the Committee.

14. Childhood Obesity: A System-wide Scrutiny Review - Draft Report and Recommendations

The Public Health Strategist introduced the draft report and recommendations from the Committees system-wide scrutiny review on Childhood Obesity.

The Committee had requested that the review look at the evidence around tackling the issue at a system-wide level, which was topical in the light of publications from Public Health England and the Local Government Association, both of whom advocated a system-wide approach to the problem of obesity.

The long-term cost of obesity and the impact on the quality of life for those who were overwight or obese meant that system-wide action was required to reduce the lvel of obesity in the Borough. The scrutiny review and the recommendations that were produced as a result provided an opportunity to impact the current and future health and wellbeing of children across Barking and Dagenham.

The Committee **resolved** to:

i) Approve the report on the system-wide scrutiny review on Childhood Obesity;
ii) Report the recommendations from the review to the Health and Wellbeing Board;
iii) To receive an update report including the action plan at the Health Scrutiny Committee in six months.

15. Work Programme

The work programme was noted.

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HEALTH SCRUTINY COMMITTEE

25 March 2019

Title: Update on Primary Care the Clinical Commissioning Group	
Report of the Director of Law and Governance and Human Resources	
Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Masuma Ahmed, Democratic Services Officer	**Contact Details:** Tel: 020 8227 2756 E-mail: masuma.ahmed@lbbd.gov.uk
Accountable Director: Chris Naylor, Chief Executive	

Summary

The BHR Clinical Commissioning Groups' (CCGs) Deputy Director for Primary Care Transformation and Primary Care Improvement Lead will deliver a presentation to provide the Health Scrutiny Committee with a current overview of primary care in the Borough. The presentation is at Appendix 1 and includes an overview of:

- Outcomes of Care Quality Commission inspections of general practices;
- The support provided to practices;
- The challenges in primary care;
- Improving care for diabetic patients;
- The stroke prevention scheme;
- E-referrals;
- Outcomes of the community care consultation; and
- The changes to the personal medical services contract.

Recommendation

The Health Scrutiny Committee is recommended to ask questions of the CCGs' officers in relation to quality of primary care provision for the Borough's residents and to establish whether the Barking and Dagenham CCG is taking the right steps to address the challenges in primary care.

Reason(s)

The Health Scrutiny Committee's role includes scrutiny of the planning, provision and operation of the health service in the borough, or accessed by Barking and Dagenham residents and requesting attendance from any member or employee of a relevant NHS body or health service provider to attend before it to answer any questions.

Public Background Papers Used in the Preparation of the Report:

None.

List of appendices:

Appendix 1 Presentation from the BHR Clinical Commissioning Groups on Primary Care

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Appendix 1

Barking and Dagenham
Clinical Commissioning Group

Barking and Dagenham Clinical Commissioning Group

Barking and Dagenham Health Scrutiny Committee

Monday 25 March 2019

Lucy Botting, Deputy Director, Primary Care Transformation
Mary Smith, Primary Care Improvement Lead
BHR CCGs

Primary care update

Barking and Dagenham
Clinical Commissioning Group

- CQC inspections across Barking and Dagenham (B&D)
- Challenges in primary care
- GP recruitment and workforce initiatives
- Improving practice sustainability
- Primary care at scale
- Diabetes - improving care for patients with diabetes
- Stroke prevention scheme - rolled out in B&D
- Referral schemes
- Community urgent care update
- Personal Medical Services (PMS) review – what this means for B&D practices

CQC inspections

Barking and Dagenham
Clinical Commissioning Group

Results March 2017 versus February 2019

CCG	Total no. of practices		No. rated 'inadequate'		No. rated 'requires improvement'		No. rated 'good'	
	Mar-17	Feb-19	Mar-17	Feb-19	Mar-17	Feb-19	Mar-17	Feb-19
B&D	**36**	**35**	**1 (2.7%)**	**1 (2.7%)**	**6 (16.6)**	**4 (11.42%)**	**29 (80.5%)**	**30 (85.7%)**
Havering	44	44	3 (6.8%)	1 (2.27%)	6 (13.6%)	8 (18.2%)	35 (79.5%)	35 (79.5%)
Redbridge	**43**	42	0 (0%)	0 (0%)	6 (13.9%)	5 (11.9%)	37 (86%)	37 (88%)
Total	123	121	4 (3.3%)	2 (1.63%)	18 (14.6%)	17 (14%)	101 (82.1%)	102 (83.6%)

B&D practices rated ‘inadequate’ & ‘requires improvement’

NHS
Barking and Dagenham
Clinical Commissioning Group

Practice	Date report published	Overall rating	Safe rating	Effective rating	Caring rating	Responsive rating	Well-led rating
Halbutt Street Surgery	04.01.19	Inadequate	Inadequate	Requires improvement	Requires improvement	Requires improvement	Inadequate
Five Elms Medical Practice	09.11.18	Requires improvement	Good	Good	Requires improvement	Requires improvement	Good
Marks Gate Health Centre	22.02.18	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Urswick Medical Centre	09.07.18	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Shifa Medical Practice	29.12.17	Requires improvement	Requires improvement	Requires improvement	Good	Good	Requires improvement

Care Quality Commission (CQC) inspections overview

NHS
Barking and Dagenham
Clinical Commissioning Group

The CQC has inspected all 35 GP practices in B&D:

- 30 have been rated 'good'
- Four have been rated 'requires improvement'
- One has been rated 'inadequate' and placed in special measures.

- Practices rated 'requires improvement' or 'inadequate' are required to develop an improvement plan which is monitored by the CQC.

- Practices rated 'inadequate' are re-inspected by the CQC within six months.

- Our Primary Care Improvement Leads and the NHS England team visit 'inadequate' and 'requires improvement' practices regularly, providing support, advice and guidance to enable the improvements that the practices need to make.

- The inspection reports are presented to the B&D Primary Care Commissioning Committee - in some cases the practices are already being monitored by the CCG for contractual reasons.

- The committee reviews the report and where applicable takes further action.

CCG practice support

Barking and Dagenham
Clinical Commissioning Group

- Practices are responsible for making the required improvements and ensuring they meet the CQC's requirements.

- Common themes from the recent CQC reports in B&D include:
    - Safeguarding
    - Policies
    - Pre-employment checks
    - Health and safety
    - Risk management
    - Infection control
    - Mandatory training.

- To address the common themes, the CCG has developed a plan to actively support practices to improve in key areas, including providing practices with:
    - Best practice guidance
    - Information on training available
    - Information on other recommended services and support, such as how to access DBS checks and language services.

CCG practice support, cont.

Barking and Dagenham
Clinical Commissioning Group

- The CQC have updated their assessment framework for NHS GP practices. This simplifies and strengthens key assessment areas, bringing the framework into line with social care.

- NHS England have also strengthened their framework to ensure that there is collaboration, a consistent approach and a supportive process between NHS England, CCGs, the CQC and the minority of practices that are rated ‘inadequate’.

- BHR CCGs have been working closely with all local GP practices to ensure that they are aware of the new assessment process and new, strengthened quality area. This includes running training events at Protected Learning Events and speaking at Network events.

Challenges in primary care

Barking and Dagenham
Clinical Commissioning Group

- Nationally, general practice is facing significant challenges - growing demand, increasing expectations and patients with more complex and long-term conditions.
- B&D is among the most challenged CCGs in London, with a lower GP and practice nurse clinician to patient ratio than the London average.
- B&D also has a greater number of GP locums than the north east London average.
- Recruitment of GPs is a national issue that NHS England leads on. The retention of GPs is due to the number of GPs coming to the end of their career, leaving the profession, retiring early or considering working abroad.
- The CCG is initiating plans to address local GP recruitment challenges.

Workforce numbers

Barking and Dagenham
Clinical Commissioning Group

CCG	GP : patient	Total GP FTE	GP age profile over 55	Nurse : patient	Nurse % over 55
Barking & Dagenham	2100	104	38%	3100	39%
Havering	2050	139	44%	3200	52%
Redbridge	2200	145	35%	4800	39%

London average (GP : patient) – 1 : 1900

National average (GP : patient) – 1 : 1700

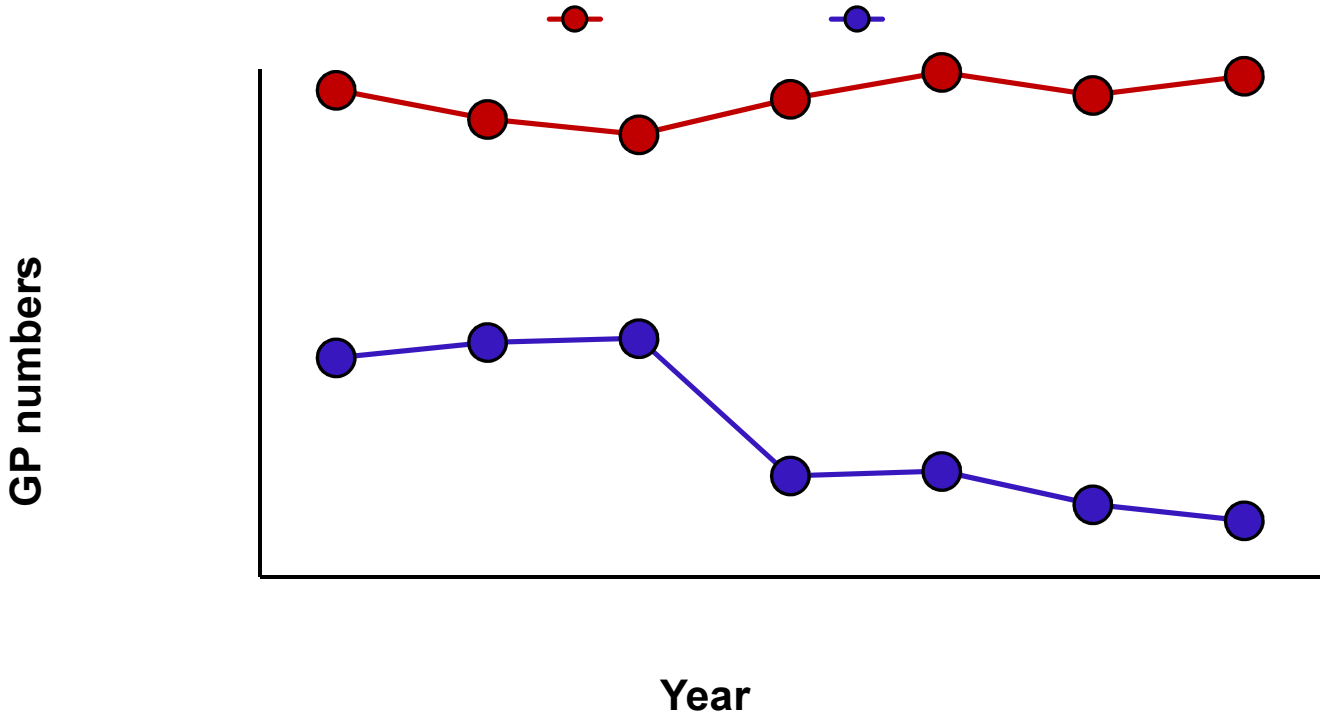
National average (Nurse : patient) – 1 : 3700

Source: NHS Digital (September 2018)

BHR overview of GP numbers 2012-18

Barking and Dagenham
Clinical Commissioning Group

NEL sequential changes



From 2012-18 NE London GP headcount stable (+1%) but FTE fell (-11%)
Source: NHS Digital

What the CCG is doing

Barking and Dagenham
Clinical Commissioning Group

To improve ratios and access to GP services locally, the CCG is supporting workforce initiatives. It is expected that these schemes will address the general practice workforce issues:

- **GP-SPIN scheme** - BHR CCGs have designed innovative salaried posts in the BHR area, and **7** newly qualified GPs have started at local practices.
- **International GP recruitment** – a GP from cohort 1 started work at the Heathway Medical Practice in B&D in February, with a further 2 GPs expected from cohort 2.
- **General Practice Nursing** – **4** nurse leader positions are being funded by the CCGs, with hosting provided by the Federations. They will support practice nursing staff across BHR.
- **Physician Associates** - BHR worked with Newham, Tower Hamlets and Waltham Forest to shape the role. The 1st cohort of **21** trainees completed their training in January 2019.
- **Pharmacists in general practice** - **9** Clinical Pharmacists working in BHR area as part of wave 1. Other practices have expressed interest in applying for the next wave.

Other workforce initiatives

Barking and Dagenham
Clinical Commissioning Group

- **Workflow optimisation** - the Federations have trained **17** Medical Assistants across BHR to help with demand.
- **GP and Nurse Bank –** the Federations are looking to support the establishment of a GP and practice nurse bank across BHR. This will support access for local practices.
- **Retention support** - peer review scheme developed by the Federations to support those GPs who may be thinking of retiring from the profession in the near future.
- **GP workforce reform to implement the NHS Long Term Plan 2019 (further initiatives) -** Primary Care Networks have funding for up to 20,000 additional staff by 2023/24.

Focus for 2019/20

Barking and Dagenham
Clinical Commissioning Group

GP workforce contract reform to implement the NHS Long Term Plan

- Primary Care Networks (PCNs) guaranteed funding for up to 20,000 additional staff by 2023/24. 70% of recurrent costs given to PCNs to increase:
  1. Clinical Pharmacists
  2. Physician Associates
  3. First contact Physiotherapists
  4. First contact Community Paramedics
  5. Social Prescribing Link Workers (100% funded).
- Primary Care Fellowship Scheme to support newly qualified doctors and nurses, including training hubs.
- To increase international GP recruitment over next five years and widen beyond the EEA.
- Retained doctors support.
- GP Retention Programme.
- Practice Resilience Programme.
- Specialist mental health service for GPs.
- Increase in funding for core GP practice contract to increase doctors and nurses.
- Co-locating Improving Access to Psychological Therapies workers into GP practices and align community mental health workers within PCNs.

BHR Community Education Provider Network (CEPN) workforce transformation activities 2019/20

Barking and Dagenham
Clinical Commissioning Group

- Establish a system-wide 'BHR Workforce Transformation Board' to bring together the disparate plans, discussions and activities around workforce.
- Hold at least one system-wide workforce workshop for system leads to establish priorities and approach to workforce transformation for integrated care.
- Establish a baseline workforce plan, capturing primary care workforce data to inform practice-level/Network-level/Federation-level workforce modelling.
- Establish collaboration as a key driver towards system integration, including the following activities to support cross sector engagement and collaboration:
    - Making Every Contact Count (face-to-face, online and train-the-trainer provision)
    - Mental Health First Aid – train-the-trainer provision
    - Interprofessional learning events bringing staff together from across the system to engage with Vocational Training Scheme trainees
    - Multidisciplinary team GP-led care home case reviews.

Improving practice sustainability

NHS
Barking and Dagenham
Clinical Commissioning Group

B&D CCG is working with practices to implement initiatives to improve their sustainability, thus supporting better efficiency and improved access for patients:

- **GP Online -** 26 out of 35 practices have met the target of at least 10% of their patients having online access. Six practices have exceeded the 30% target and 20 practices have achieved between 11.2% to 29.3%.

- **Online consultations -** nine practices are now live with e-consult and can offer online consultation to their patients, 26 practices are yet to offer online consultation to their patients.

- **NHS App -** went live in B&D on 4 March 2019.

- Other projects include: resilience funding, GP improvement grants, voice recognition software and two-way text messaging.

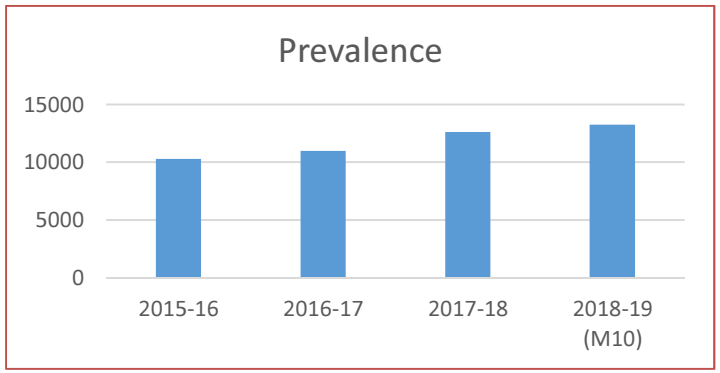
Primary care at scale

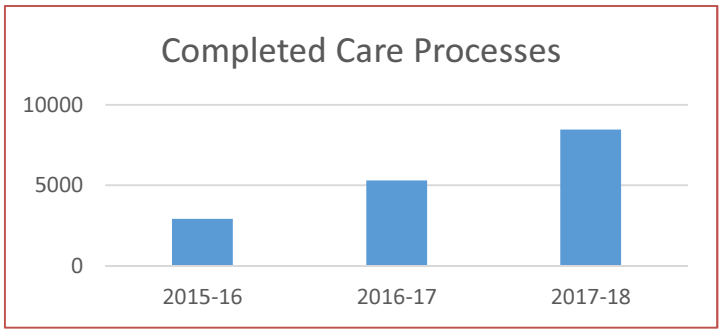
NHS
Barking and Dagenham
Clinical Commissioning Group

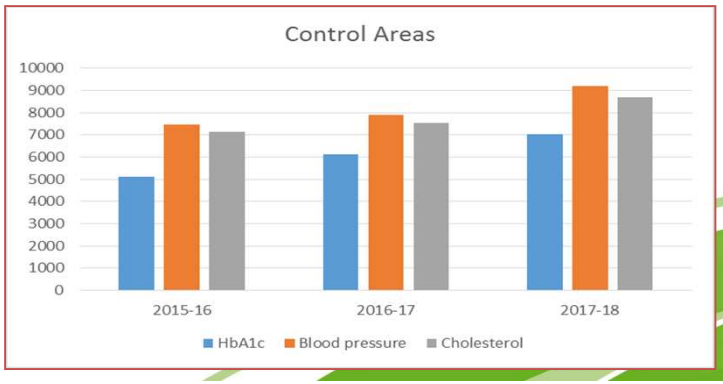
- To support Federation and Primary Care Network maturity, additional funding has been allocated by NHS England to the B&D GP Federation in 2018/19.
- The Federation has to work towards outcomes related to key criteria, which include areas from the high impact actions as identified by the GP Forward View.
- They will also be held to account by the CCG for this delivery.
- Areas of work which they have undertaken so far include:
  - ✓ Quality improvement - working with NELFT to train 9 clinicians in quality improvement across B&D.
  - ✓ Setting up a locum bank of registered GPs and nurses to support GP practices and vacancies within their structure.
  - ✓ Working with the three primary care networks across B&D to explore governance processes, leadership and the delivery of health outcomes to help improve the health of our population (e.g. diabetes care, atrial fibrillation management, acute trust referral management, and care of the older person-nursing home scheme).

Improving care for patients with diabetes

NHS
Barking and Dagenham
Clinical Commissioning Group







Ongoing primary care investment is improving the health outcomes of the diabetic type 2 population in B&D.

- **Prevalence** - gap of 'unfound' diabetics has reduced and is now estimated at 628 (current register 13,246).
- **Annual checks** - level of completed checks is now 67% in B&D compared to 59% in England.
- **Key control areas** - blood pressure, blood glucose and cholesterol are all improving, blood glucose is doing especially well.
- **National Diabetes Prevention Programme** - 10,000 patients identified as at risk of diabetes have started to be engaged in programmes to stay healthy.

Health Service Journal award nominee 2019

Stroke prevention

NHS
Barking and Dagenham
Clinical Commissioning Group

- A stroke prevention scheme (developed in Redbridge) has been rolled out in B&D in 2018/19. Atrial fibrillation (AF) is a heart condition that causes an irregular and often abnormally fast heart rate. Screening improves detection and management for patients.

The scheme comprises of:

- **Case finding:** screening of older patients for pulse checks.
- **Implementation:** working with clinical pharmacists and the acute trust on joint reviews.
- **Education**: education sessions with GPs who, at the end of the scheme, will feel that their ability to manage and treat patients with AF had improved).

This scheme was successful in improving the health outcomes of patients in Redbridge, preventing strokes and saving lives. **An award winner for NICE in 2018 and a Health Service Journal award nominee for 2019,** we are aiming to replicate the success of this scheme in B&D.

- Aligned to this work a **Long Term Conditions** scheme is currently being developed with clinicians across BHR to start in 2019/20. The scheme proposes to support the prevention of long term conditions, as well as supporting those who already have such a disease to manage their health condition better - thus sustaining quality of life. Conditions included in the initial scheme include cardiovascular, chronic obstructive pulmonary disease and asthma.

Referral schemes

Barking and Dagenham
Clinical Commissioning Group

e-Referral service

- NHS England and NHS Digital established a national programme to switch referrals from paper to electronic from 1 October 2018.
- ✓ B&D has achieved **100% sign up**, which makes patient referrals easier and response times quicker for patients.

Integrated Referral Management Scheme

- A new scheme has been rolled out in 2019 with the Federations and Primary Care Networks across BHR to support GP Practices to start to look closely at their current referral activity across the system.
- This involves exploring where Networks are low referrers and/or high referrers into acute trusts and specialities, as well as exploring how together, and as part of the wider Integrated Care System, primary care can begin to improve the quality of care and where appropriate provide speciality consultant care closer to home.
- For patients this will mean the quality of care is improved and that they are seen by the right person, at the right place, at the right time and care is appropriate.
- Includes referrals to community specialists and clinics, such as dermatology and other specialities within BHRUT and Barts Health.
- GPs will continue to improve this system throughout 2019/20.

Community urgent care update

Barking and Dagenham Clinical Commissioning Group

- Following a 14-week public consultation last year, BHR CCGs are making changes to community urgent care services - the services local people use if their GP can't see them and they need urgent (not emergency) help.
- Procurement of the new urgent care service for BHR is planned for this year, with the new service to start by the end of June 2020.
- In future, patients can call NHS 111 to get advice on the phone (including talking to a doctor or nurse) or to book an urgent same-day appointment.
- If they need to be seen, they will be booked an appointment at one of 12 urgent care locations
  - Eight will offer bookable appointments only
  - Four will become Urgent Treatment Centres (UTCs) - including Barking Community Hospital.
- We've commissioned Healthwatch to undertake research with local people to inform how we communicate the changes and the new service.
- A more detailed update will be presented at the April JHOSC meeting.

Personal Medical Services

Barking and Dagenham
Clinical Commissioning Group

- In 2014, NHS England issued national guidance that all Personal Medical Services (PMS) contracts must be reviewed.
- PMS contracts allow GPs to receive extra payments for providing enhanced services to meet local needs – however this has meant a great variation in payments between practices.
- The review aimed to create a consistent approach, and ensure GPs are paid equally for providing the same services.
- CCGs were asked to come up with “commissioning intentions” to form the basis of their local PMS offer.
- In 2016, NHS England agreed a “one size fits all” approach will not work and asked CCGs to progress the review at a local level.

Local review

Barking and Dagenham
Clinical Commissioning Group

- B&D CCG reviewed all PMS contracts to ensure they receive the same basic funding for providing core services. This approach is based on the principles:
  - It's a fairer system - paying all practices the same amount per patient
  - releases funds from PMS to reinvest back into general practice (GMS)

- As a result, 11 of 35 practices in B&D saw their funding reduced from June 2018. Concerns were raised over the impact this could have so a transition support package was put in place to gradually step practices down.

- The CCG secured additional short term funding of £0.4 million aiding enablement of a minimum practice offer above core contract for B&D practices of £4.30, £5.30 and £6.30 over the next three years.

- All 13 PMS practices accepted the new contract effective from 1 July 2018. So far 29/36 practices are delivering the clinical access scheme. This means 18/22 GMS practices now have access to additional funding, but more significantly B&D patients have a much more consistent level of access to appointments (above average), thus addressing one of our patients highest priorities.

- In addition the scheme provides opening hours of 8am-6.30pm and drives forward efficiency improvements in demand management

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Questions?

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HEALTH SCRUTINY COMMITTEE

25 March 2019

Title: Joint Health Overview and Scrutiny Committee: Update	
Report of the Director of Law and Governance and Human Resources	
Open Report	**For information**
Wards Affected: None	**Key decision:** No
Report Author: Masuma Ahmed, Democratic Services Officer	**Contact Details:** Tel: 020 8227 2756 E-mail: masuma.ahmed@lbbd.gov.uk
Accountable Divisional Director: Fiona Taylor, Director of Law and Governance and Human Resources	
Accountable Director: Chris Naylor, Chief Executive	
Summary: This report updates the Health Scrutiny Committee (HSC) on the issues that were discussed at the last two meetings of the Joint Health Overview and Scrutiny Committee (JHOSC), held on 2 October 2018 and 15 January 2019.	
Recommendations The HSC is recommended to note the update.	
Reason To keep the HSC updated on issues discussed at JHOSC meetings.	

1. Introduction and background

1.1 The Outer North-East London JHOSC is a discretionary joint committee made up of three health scrutiny members representing each of the following local authorities to scrutinise health matters that cross local authority boundaries:

- Barking & Dagenham
- Havering
- Redbridge and
- Waltham Forest.

(The Essex County Council Health Overview and Scrutiny Committee is permitted to appoint one member to the JHOSC).

1.2 As agreed by the HSC at its meeting on 11 September 2018, the London Borough of Barking and Dagenham's representatives on the JHOSC for 2018/19 are Councillors Keller, P Robinson and E Rodwell.

Four JHOSC meetings are usually held per municipal year and are chaired and hosted by each constituent authority on a rota basis. This report covers the matters

that were discussed at second and third meetings of this municipal year, which were held on 2 October 2018 at Barking Town Hall and 15 January 2019 at Waltham Forest Town Hall. The next meeting will be held at 4.00pm on Tuesday 9 April 2019 at Redbridge Town Hall.

2. Matters discussed at the meetings of the JHOSC held on 2 October 2018

2.1 Barking, Havering, Redbridge University Trust (BHRUT) - Improving Cancer Care

2.1.1 The JHOSC heard from BHRUT officers that the Trust's current cancer treatments included chemotherapy at both Queen's and King George Hospital and that the Trust wished to centralise chemotherapy treatment at Queen's to improve efficiency and patient experience due to the access to specialised medical cover and the removal of the need to transport chemotherapy drugs between sites. Some 600 patients per month were given chemotherapy at Queen's and 150 patients at the Cedar Centre at King George. More choice of appointment times could be offered at the Queen's unit which was open six days per week. Centralising chemotherapy at Queen's would therefore reduce patient delays. If the change was implemented, some people would experience increased travel times; however, better patient experience would outweigh this. Hospital transport would continue to be provided as necessary and there remained a dedicated free car park at Queen's for oncology patients. It was not proposed that the Cedar Centre be closed; the Trust was considering that it be transformed into a 'living with and beyond cancer hub', which would be an important service. Feedback from the engagement undertaken with the Trust's patient group on the proposal was positive. The Trust wished to implement the changes by the end of October 2018.

2.1.2 Members representing Redbridge accepted the clinical case for the changes but felt that the proposal did warrant further consultation, in view of the extra travelling distances for patients from both Redbridge and Barking & Dagenham. They felt that merely consulting the Trust's patients' group was not sufficient, and that local Healthwatch organisations should be utilised to obtain a more representative view of how patients would feel about the change. Officers responded that they felt a full consultation was not necessary as patients with the most complex cases of cancer already travelled to Queen's; patients did not have a choice in where they had their treatment as it was based on the treatment they needed. However, the Trust would be happy to work with Healthwatch on the issue.

2.2 Health-based Places of Safety

2.2.1 Officers from the East London Health and Care Partnership explained the role of health-based places of safety where people could be detained under s.136 of the Mental Health Act and assessed. Patients were typically detained under s.136 by Police, then transported to a s.136 suite to be assessed. Officers presented proposals to close the s.136 suite at the Royal London Hospital which, being located next to the A & E department, was not considered fit for purpose or cost effective. The proposals included extra staff being allocated to the suite at the Homerton Hospital and the suite at Goodmayes Hospital being retained. It was accepted that increased travel times for some patients posed a risk, but the enhanced quality of care and patient experience that would be provided at the Homerton Hospital outweighed this. The future of the suite at Newham Hospital

would be decided after a further year of operation. The lead officer for mental health at the Metropolitan Police and the Deputy Director of Quality and Nursing at London Ambulance Service informed the JHOSC of how the issue was affecting their organisations. The JHOSC noted the position.

2.3 Healthwatch Havering - Services for People who have a Visual Disability

2.3.1 A representative of Healthwatch Havering outlined the organisation's report on services for people with a visual disability. It was explained that whilst the report focussed on Havering residents, many of the problems and issues scrutinised may well apply elsewhere in Outer North East London. It was felt that the clinical pathway for those with visual impairment was confusing, with ophthalmologists often being unable to refer patients directly to hospital. Furthermore, the ophthalmology department at Queen's Hospital operated from a cramped building with patient communications often undertaken via an electronic board that many patients were unable to see clearly. A Royal National Institute for the Blind Eye Clinic Liaison Officer had been reinstated at Queen's Hospital, which would potentially lead to service improvements. Fewer Certificates of Visual Impairment (which allowed individuals to access particular services from their local authority, for example) had been issued than expected. BHRUT could not confirm how many certificates had been issued to which boroughs, which raised concerns that there was a lack of data available with which to plan adequate services. It was noted that, since the publication of Healthwatch's report in June 2018, BHRUT had made a bid for capita funding to improve the ophthalmology department at Queen's Hospital. There was currently no overall plan for eye health services across London, which were piecemeal in nature. The JHOSC noted the report.

3. Matters discussed at the meetings of the JHOSC held on 15 January 2019

3.1 BHRUT - Cancer Services Update

3.1.1 BHRUT officers stated that following the presentation of proposals to move chemotherapy services from the Cedar Centre at King George Hospital to Queen's at the JHOSC's meeting on 2 October 2018, such services were subsequently stopped at King George on patient safety grounds, as staff shortages had made it untenable to continue offering treatment there. All King George Hospital chemotherapy patients had been transferred to Queen's and patient transport was available if required.

3.1.2 Members accepted that patient safety was a priority but felt that it was not credible that staffing issues should arise so quickly after the last meeting had taken place and felt that BHRUT's approach to communication around the changes had not been befitting of a partnership. A representative of Healthwatch Redbridge confirmed that the organisation had recently been involved in engagement work around the changes but felt the closure of the service at King George had occurred suddenly. A Member representing Redbridge stated that their legal team had advised that this service change was subject to consultation and that BHRUT or the Clinical Commissioning Groups (CCGs) should therefore carryout consultation. BHRUT officers stated that the Trust did not feel that a full public consultation was warranted but that they did support the involvement of Healthwatch. Members felt that, whilst the scope of consultation could be discussed outside of the JHOSC meeting, wider consultation, than that which had been carried out thus far, should be agreed in principle. The JHOSC agreed that its clerk draft a letter to the CCGs requesting that they organise consultation of some kind on the recent changes to cancer services that would involve the local Healthwatch organisations.

3.2 **King George Hospital Update**

3.2.1 BHRUT officers provided the JHOSC with an update with regards to the development of an Outline Business Case for the future of King George Hospital, and an overview of recent developments such as the redevelopment of the Cedar Centre to provide cancer support services and a review of the provision of A & E services at the hospital, in light of the rising population in the local area. A new position statement for the future of both King George and Queen's Hospitals was expected to be released by the CCGs in early February 2019.

3.2.2 The Trust anticipated that any public consultation on proposed changes at King George Hospital would take place in early 2020. If capital funding was required, this would have to be applied for via NHS processes and failure to obtain the required funding could lead to further closures of facilities at the site. It was anticipated that options for the future of King George Hospital would be available by late 2019. The JHOSC noted the update.

4. Implications

4.1 There are no legal or financial implications arising directly from this report.

Background Papers Used in the Preparation of the Report:

Minutes of the JHOSC meeting held on 2 October 2018:
http://democracy.havering.gov.uk/ieListDocuments.aspx?CId=273&MId=5988&Ver=4

and

Minutes of the JHOSC meeting held on 15 January 2019:
http://democracy.havering.gov.uk/ieListDocuments.aspx?CId=273&MId=5989&Ver=4

List of appendices: None.