

Our Healthier South East London Joint Health Overview & Scrutiny Committee

MINUTES of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on 25 September 2019 at 7.00 pm at Council Chamber

PRESENT:

Councillor Judi Ellis (Chairman)
Councillor Mary Cooke
Councillor Richard Diment
Councillor James Hunt
Councillor Mark James
Councillor Liz Johnston-Franklin
Councillor John Muldoon
Councillor David Noakes
Councillor Victoria Olisa

PARTNERS

Dr Angela Bhan, Bromley CCG
Andrew Eyres, Lambeth CCG
Julie Lowe, SE London STP
Martin Wilkinson, Lewisham CCG
Christina Windle, SE London Commissioning Alliance

36 APOLOGIES

Apologies for absence were received from Councillors Philip Normal, Danial Adilypour, Chris Lloyd and Robert Mcilveen (who was replaced by Cllr Mary Cooke.)

37 NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were no matters for urgent debate.

38 DISCLOSURE OF INTERESTS AND DISPENSATIONS

The following interests were declared -

- Cllr Judi Ellis declared that her daughter was an employee of Oxleas NHS Foundation Trust.
- Cllr Richard Diment declared that he was a governor of Oxleas NHS Trust
- Cllr James Hunt declared that his wife was an employee of Dartford and Gravesham NHS Trust.

39 MINUTES OF THE MEETING HELD ON 22ND JULY 2019

The minutes of the meeting held on 22nd July 2019 were confirmed as a correct record.

40 DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING

The Chairman expressed concern that no members had received information about the Long Term Plan engagement events, as promised at the last meeting. Julie Lowe apologised and stated that she thought this had been done. She pointed out that at the time of the last meeting some of the events had already taken place. The events had been well attended, but were not intended as a full public consultation.

41 NHS LONG TERM PLAN (LTP) - SEL RESPONSE

Julie Lowe presented an update on the South East London ICS response to the NHS Long Term Plan (LTP). The draft reply needed to be submitted to NHS London on Friday (27th September 2019) and there would be further work, including aligning with the London Vision which would be launched at City Hall the next week, until 15th November. There had already been public engagement, and additional engagement with the voluntary sector would be carried out. Discussions had taken place with Directors of Public Health and Directors of Adult Services, and local authority Chief Executives were being briefed. The update included reports from Kaleidoscope, who had arranged the public engagement, and Healthwatch.

Members sought clarification from Ms Lowe about the engagement programme. She was clear that there was no claim to have engaged with a statistically representative sample of the population. Healthwatch had carried out a survey with over a thousand responses and a small number of focus groups with hard to reach groups. Some work had then been carried out with Kaleidoscope, who arranged six borough-focused events (two of which had already taken place at the time of the Joint Committee's last meeting), six topic-focussed events, a number of meetings with community groups (which had about two hundred attendees) and a survey. Members had expected following their meeting in July to be advised of the remaining dates, but did not recall receiving any information. The Chairman requested that their comments be included in the final report to NHS England.

In response to questions, Julie Lowe explained that there were legal requirements to carry out formal consultation in certain circumstances, where there were changes to services, and certain organisations and individuals had to be given the opportunity to comment. The Long Term Plan process did not involve specific changes and formal consultation was not required, so a range of engagement

activity had been arranged. This was a submission to NHS England on 15th November, rather than a public-facing reconfiguration of services in South East London, and did not require submission of a letter giving JHOSC comments. She accepted that a summary table of all the engagement events would have been helpful. Healthwatch had been commissioned by NHS England to provide engagement nationally; in South East London this was not considered to be sufficient, so Kaleidoscope had been engaged, but she accepted that the engagement was not as thorough as some Members may have wanted. In addition, she confirmed that they were offering to come to Health and Wellbeing Boards before November - a meeting with health and Wellbeing Board chairmen had been held on 2nd September, but she would write out to them again.

Councillor Diment suggested that the aims of the document were broadly supported, but requested some further comment on the system financial challenge in South East London, particularly at Kings, and the effect on residents and the services they required. Julie Lowe reminded Members that this was a five year plan, but there were not yet plans in place to achieve financial balance. However, the problem was not just about Kings, and it had been identified back in 2016 that the demand for healthcare delivered via existing services was not sustainable. Instead of the internal market, tariff-based system it was necessary to bring South East London's funding together to establish how it could be used most effectively. NHS England had set out five tests, one of which was for individual providers to return to financial balance. Kings did not have a deficit recovery plan, but this would need to be put in place. The NHS needed to be more productive, reduce the growth in demand, reduce unjustified variation in performance and make better use of capital investment. Shutting hospitals or services was not the answer, but the way that services were provided would need to change. For example, very expensive out of area placements needed to be reduced. Further work was needed to establish whether budgets could be brought into balance within five years. Councillor Diment commented that it would be useful to see figures relating to this once they were worked out, and to be reassured that money would not be drawn away from services to solve the financial problems at Kings.

Councillor Liz Johnston-Franklin commented that it was very disappointing given the diversity of South East London that BAME people were not well represented in the engagement programme, and she requested that this be highlighted in the report. The Chairman added that there also appeared to be an under-representation of young people. Julie Lowe responded that this point had been acknowledged, and comments on the methodology would be fed back to NHS England. There would be an Equalities Impact Assessment of the final document. In response to a question from Councillor James Hunt, it was confirmed that the decision to hold an engagement process, rather than a full consultation, was taken by Simon Stevens and NHS England.

The Chairman commented that there was much in the document that would enhance services, but usually with an additional price-tag and no indication of how

savings could be achieved. The proposed improvements were worthy but bland.

Agreed that the Committee is disappointed at the limited extent of the engagement exercise and the resulting lack of diversity of opinion.

42 WORKFORCE DEVELOPMENT/PEOPLE PLAN

Dr Angela Bhan, Managing Director, Bromley CCG, and co-senior responsible officer for workforce for OHSEL, introduced a paper on NHS workforce issues. She confirmed that they were still awaiting a full strategy from NHS England, and were working to the Interim People Plan. The workforce stream in South East London was looking at what could be best done on a collective level, adding value to the work of individual organisations. There were significant challenges in recruitment of nurses and GPs and developing a new type of workforce, with new roles such as Nursing Associates. The delivery plan responded to the challenges of the Long term Plan and the Interim People Plan under five headings -

- Capacity;
- Capability;
- Contracts and governance;
- Culture; and
- Collaboration, engagement and enabling.

In response to a question from Councillor Noakes, Dr Bhan explained that there were many educational providers in the area, and CCGs worked with the Local Workforce Action Board (LWAB), a multi-agency forum which looked at workforce issues, including the training of doctors and nurses, and there were a variety of local schemes involving local schools and colleges. Training slots for mainstream nursing were still all being filled, despite a reduction in applications. More could be done, especially to work more consistently across South East London. Julie Lowe added that the headline turnover rate across South East London was about 12%, much of which was normal and within the area, but this masked some very high turnover in some specialities. The pattern of turnover tended to be different between the inner and outer London acute trusts, and analysis was complicated as nurses moving to GP practice were counted as leaving the service. In terms of the impact of Brexit, the number of European nurses employed within the 46,000 workforce was relatively small, but anecdotally this number could be swelled by those affected by the status of other family members or an atmosphere where foreign staff felt that they were not welcome.

Councillor James raised the issue of the vital agency staff and ancillary workers in cleaning and catering roles, and whether all staff received at least the London Living Wage. Dr Bhan agreed that these staff were important and included, and stated that although OHSEL did not employ staff the local trusts and their contractors were using responsible employers. Julie Lowe reported that a study had been carried out into whether all employers were paying the London Living

Wage. She could not confirm the details, but conditions in London meant that it was usually difficult to recruit staff without paying the London Living Wage.

Councillor Olisa commented that there would clearly be substantial changes to many people's jobs, so full consultation was required. She was concerned that there were very significant changes that needed to be discussed with the Trade Unions at an early stage, and that there would be resistance if this was delayed until late in the change process. Dr Bhan agreed and stated that Trade Unions had been involved; she stated that much of the change would be gradual and evolutionary, empowering staff to train and develop, rather than a "big bang." She added that there was a London-wide forum with the Unions, and that they had organised themselves to ensure that there was proper representation and dialogue in each STP.

Councillor Muldoon asked how many doctors or nurses had to opt out of the Working Time Directive, or routinely breached it, leaving them tired and overworked, and causing safety issues. Dr Bhan accepted that there were still staff breaching the Working Time Directive, but the situation was much improved and staff were more aware of when they were too tired to work effectively. Julie Lowe stated that no-one could be required to opt out of the Working Time Directive, and all junior doctor rotas were compliant. The situation was complicated, as staff worked additional hours for various reasons. Dr Bhan added that there was an individual guardian in each organisation overseeing how junior doctors worked. The situation was now much more flexible for medical professionals.

Councillor Diment commented that, unlike some other industries, there appeared to be little effort to reach out to young people (at 13/14) to inspire them to take up careers in the health service. He was also concerned that with the acute trusts already having vacancy rates of around 11%, and severe shortages of some staff, such as physiotherapists, plans to create thousands of new roles in primary care networks across the country were not realistic. Dr Bhan agreed that this was a challenge - it was estimated that the proportion of the workforce in England working in the health/social care sector would need to rise from 1:12 to 1:8. She considered that some of this would best be addressed at borough level working with partners and spreading good practice. Julie Lowe added that there were programmes such as Future Nurse reaching out to primary schools, and Healthcare Ambassadors. Some of the primary care network roles would be flexible and offer new opportunities to staff who might otherwise leave the health service.

Julie Lowe clarified that the NHS People Plan had not been published, and indeed there was no publication date yet - only an Interim People Plan 2019/20 was available. There would be a workforce chapter in the Long Term Plan based on the Interim People Plan, but the full People Plan was awaited and she expected to be required to provide a full response based on the full five year scope of the Long Term Plan. Councillor Hunt commented that the NHS decision not to consult

meant that the JHOSC could not comment - any JHOSC comments could only to be based on the Interim Plan.

Dr Bhan explained that the people Plan would have strategic changes, but most changes would occur gradually and not overnight. There were lots of individual pieces of work behind this - some of these involved supporting non-clinical practice staff to take on more roles so that clinicians could use their skills more effectively, and utilising social prescribing in PCNs. The changes would be strategic, but would reflect how the workforce and health sector changed over time anyway. The Chairman commented that the timeline was important, and training had to be in place - South East London Colleges would be crucial in this. The public needed to be informed of the new roles and titles.

43 CCG SYSTEM REFORM UPDATE

A message from the Save Lewisham Hospital Campaign had been circulated to all Members, and an article dated 20th September 2019 was also tabled. Members allowed Dr Tony Anderson of the Save Lewisham Hospital Campaign to address the meeting. Dr Anderson stated that the merger proposals would remove important elements of local cooperation between the NHS and local authorities, and that there was no mention of the role of scrutiny under the new arrangements. He referred to other areas where similar proposals had been challenged and delayed. He considered that the duty to consult with local people on merger proposals had not been carried out and that terms of reference for the borough based boards and future arrangements for public and local authority involvement needed to be set out. Dr Anderson concluded by calling for the Joint Committee to ask for the process to be halted.

Martin Wilkinson, Managing Director Lewisham CCG responded to Dr Sullivan. He considered that the role of overview and scrutiny was not changed by the proposals at borough or South East London level. There were some minimum expectations from the NHS around borough based boards, but there were no terms of reference because the intention was to work with local authorities to deepen work on commissioning and discussions were on-going on these matters within all the boroughs. Issues like terms of reference and membership would be worked through in the next phase - a governance pack, including terms of reference for borough based boards, was being put together, but this would be subject to agreement by all six CCGs in the next six months. Borough based boards would still have the resources to work with local authorities on public engagement. An amendment to the paperwork submitted was that a committee was being set up to ensure that public engagement activities were strengthened. He was certain that the national guidance made clear that this was a structural change for the NHS which required engagement with stakeholders, but not formal public consultation.

Andrew Eyres reported that Lambeth CCG had discussed the proposals at a

meeting that day, but members had asked for more information before coming to a decision. He was about to take up a new Director role employed jointly by the CCG and Lambeth Council with a role on the new governing body if the merger took place. The proposals offered an opportunity for the boroughs to work more closely with the NHS.

Councillor Mark James asked whether unanimity was required amongst the six CCGs for the merger to take place. If Lambeth did not support the proposals it would not be able to take part, and then there would be concerns about how it would be able to respond to some of the strategic issues in the Long Term Plan. The Chairman asked whether the further information requested in Lambeth could be made more widely available; this would be possible, but the information was largely about Lambeth place arrangements and other boroughs might want to make other arrangements. Applications had to be made in September, but final decisions by the Regulator were expected in mid-October.

Councillor Victoria Olisa stated that she was disappointed that there was not an outline of the proposals that members could comment on. The timing of the meeting in September was to give members the opportunity to feed into the proposals before the end of the month. There appeared to be several timelines running, but information on key areas that had been requested in July had not been provided.

Christina Windle, South East London Commissioning Alliance, confirmed that the document provided to the Committee was the outline application as considered by the governing body (there were some additional technical papers) and there was also information about the engagement that had been undertaken. She accepted that there were very complex timelines and there was a need for consultation with staff. It was not now expected that the shadow governing body would be in place until January. One change since July, made after comments received, was that there would be more GPs on the governing body.

Cllr James Hunt was disappointed that there the NHS had decided that there should be no consultation and commented that the plans were rushed - in other areas the process was being slowed down. Cllr Richard Diment agreed with this and stated that due diligence had not been completed. Dr Angela Bhan, MD Bromley CCG, commented that the proposals had been under consideration for up to a year and a half, and staff wanted to see some certainty about what was happening.

Cllr Mary Cooke accepted that there had been briefings, but stated that this was largely about saving money and if local authorities were expected be more closely integrated with the NHS in joint commissioning then they needed to feel that they had been more fully consulted.

The Chairman referred to the decision some years previously to set up co-

terminus local health authorities, and stated that councillors now needed to ensure that if these arrangements were lost they would still be able to scrutinise and ensure that sufficient funds were available for local boards to ensure good quality local services, if necessary by challenging the merged CCG. Councillors also needed to scrutinise acute services, particularly in relation to access and transport. The Committee had asked on many occasions for spending figures by borough now and in future with local boards and a central CCG. Members also needed some definition on how commissioning could be sustainable and lead to savings, particularly as the aspirations in the Long Term Plan seemed to imply growth. Councils needed to know how the new structures would be scrutinised to ensure better outcomes for patients, value for money and good clinical leadership, and be reassured that when they asked for information it would be provided. However, there was no business case and budget analysis for the changes.

Martin Wilkinson responded with assurances that scrutiny of local boards and the central CCG would continue to be supported by the NHS, and that there was a genuine desire to deepen commissioning arrangements with councils. Current CCG budgets were public information; in future, allocations would be made to the central CCG but how this was allocated to borough based boards would be open to scrutiny. He confirmed that the conversations with each borough about local boards would continue.

Councillor David Noakes whether there was scope to delay the process - the application to NHS England had to be submitted by the end of the month, and if the timetable slipped then the proposals could not go live in April 2020.

Christina Windle confirmed that terms of reference for borough based boards could be flexible, beyond a core consistency around NHS membership, and agreed with each Council. The chairman commented that the role of the joint overview and scrutiny committee would be strengthened.

The chairman explained that there had been local agreement to proceed by the local CCG's, apart from in Lambeth, and there had been no opposition from her own authority, so she could not therefore oppose the proposals. She also considered that there would be no legal grounds to challenge proposals which were about internal CCG organisation.

Andrew Eyres stated that that they were working with individual boroughs and collaborating across boundaries in many different ways, but this was a step-change towards a merger of organisations. This was an administrative change and did not involve any service changes - these would still remain subject to scrutiny. The proposals were about doing things better at a wider scale, but sometimes work would need to be done in neighbourhoods and localities. It was not possible to design this all in advance - some things would be designed along the way with partners and other organisations. It was about better decisions to get better outcomes for local people.

The Chairman stated that the Committee was often reassured by what was said by NHS staff in its meetings, but then commitments made were not followed through in the papers of the next meeting. Martin Wilkinson proposed an informal joint workshop session to consider arrangements for scrutiny, and put in place any protocols that would assist in future. Cllr John Muldoon suggested that the Stakeholder Reference Group, chaired by Peter Gluckman, should be asked to consider this. The Chairman suggested that, rather than attempt to find a separate date in the diary, this could be done as an extra session an hour before the next meeting. Cllr Victoria Olisa asked for this to include a written briefing for Members.

Christina Windle emphasised that the change had been planned for a long time. Although this was only the second time that the matter had been brought to the Committee, there had been discussions with local authorities for some time. The Chairman explained that it was necessary for issues to be aired at scrutiny committees, not just in camera with executive members or senior officers.

Christina Windle explained that some information, for example about budgets, could not be known at this time of year, but she could make a commitment that information would be shared, even when answers could not be provided straight away.

Cllr James Hunt reminded the joint committee that their concerns should be set out in a letter to NHS England.

Agreed that

(1) the Committee expresses its concern at the late involvement of local authorities and lack of detail available that led us to feel excluded from this process and not allowed us to have the level of scrutiny that we expected. The Committee requests that the process is slowed down to enable proper scrutiny to be carried out.

(2) a letter be sent to NHS England to express the Committee's concern.

(3) lessons be learnt from the lack of engagement with scrutiny, and an informal joint workshop be held before the Committee's next meeting, with a written briefing circulated to Members in advance, to consider future scrutiny arrangements.

44 MENTAL HEALTH

(A) Child and Adolescent Mental Health services (CAMHS) - Transition for 0-25 year olds

The Chairman referred to the six month wait for access to CAMHS in Bromley and requested further information. Martin Wilkinson stated that they were still working on the model for 0-25 services, and he was aware that there were long waits for some services. He emphasised that the intention was not just to extend existing services that were already stretched. He was happy to provide information for South East London, but also the specifics for each borough. The Chairman responded that it was important to identify the discrepancies in services across the region, and understand what was good practice.

(B) South London Partnership - Children and Young People's Inpatient Care

The Chairman stated that the focus of concern was out of area placements, which put a strain on the young people concerned and their families. The Committee needed to see more information, by borough, on the number of out of area placements, how long they were and what arrangements were in place when patients left these placements - including what other bed types were available and where.

It was agreed that further reports with more details be requested for the next meeting on both issues.

45 WORKPLAN AND NEXT MEETINGS

The Committee considered its work-plan and future meeting dates.