

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 22 July 2019 at 7.00 pm at The Royal Borough of Greenwich, Town Hall, Wellington Street, Woolwich SE18 6PW

PRESENT:

Councillor Judi Ellis (Chairman)

Councillor Danial Adilypour
Councillor Richard Diment
Councillor James Hunt
Councillor Mark James
Councillor Liz Johnston-Franklin
Councillor Chris Lloyd
Councillor Robert Mcilveen
Councillor John Muldoon
Councillor Victoria Olisa

OFFICER & PARTNERS SUPPORT

Julie Lowe, Programme Director, OHSEL STP
Tom Henderson, OHSEL STP
Mark Edgington, OHSEL STP
Christina Windle, Director of Commissioning Operations, SEL Commissioning Alliance
Gurdeep Sehmi, Corporate Governance Manager (Clerk)

26 APOLOGIES

Apologies were received from Cllrs Philip Normal (Lambeth) and David Noakes (Southwark.)

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

The Chairman informed Members that there were no items for urgent debate.

28 DISCLOSURE OF INTERESTS AND DISPENSATIONS

The following interests were declared:

- Cllr Judith 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 Foundation Trust.
- Cllr Chris Lloyd declared that his partner worked for the NHS.
- Cllr James Hunt declared that his wife was an employee of Dartford and Gravesham NHS Trust.

29 MINUTES OF THE MEETING HELD ON 21ST MARCH 2019

Agreed that the minutes of the meeting held on 31 March 2019 be confirmed as an accurate record.

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

There were none.

31 THE LONG TERM PLAN - PRESENTATION

Julie Lowe, Programme Director, OSEL STP and Tom Henderson, OHSEL STP presented the item.

In response to questions from Cllr Adilypour about staffing challenges and services for those that have gambling problems, Julie Lowe, Programme Director OSEL STP responded that staffing across SEL NHS is approximately 46,000. This does not include staff in care homes and other settings. The current vacancy rate ranges from 5-6% and there are differences when looking at profession groups. An example of where there was a higher vacancy rate was radiographers for cancer screening. She explained that there were differences in boroughs also and said that Lewisham and Greenwich Trust found it more difficult to recruit staff due to the differences in pay, but once recruitment was made, retention levels were higher.

The Programme Director (PD), OHSEL STP reported that plans to work with education providers were in place to address this by providing learning pathways that lead to Health professions. Apprenticeships were being made more attractive for people to apply to. There were plans for identifying local housing for health professionals so that they do not have to commute too far.

A People Plan is currently being updated and would be brought to this Committee in September.

ACTION: PD, OHSEL STP

In respect of services for people with gambling problems, the PD, OHSEL STP reported that there was only one clinic in England and this was based in London. The long term plan will seek to rollout this provision and be in a position to have at

least five clinics across London.

In response to Cllr Diment's questions about the engagement events and feedback received, officers present responded that engagement was part of the national policy and the public was made aware of engagement events through a number of channels that included social media and newsletters. CCG's also promoted the events locally. 2 events took place on Lewisham and Bexley. These saw attendance of 100 people in total. Healthwatch had conducted a survey that had received 1000 responses. Feedback from these was to be analysed so that details of demographics could be drawn. She was aware that the Healthwatch survey had attracted responses from some young residents.

Members expressed their disappointment at the level of responses at local engagement, i.e. 200 across two borough events and felt that perhaps the engagement strategy was not robust enough as they had not had any knowledge of these taking place.

The PD, OHSEL STP responded that this is a start and that would be more events over the summer. However, she was worried that the messages were not coming through to Councillors and as requested by Members, will be able to circulate details of events.

ACTION: PD, OHSEL STP

In response to a question from Councillor Johnston-Franklin about digitisation of health services, the PD, OHSEL STP responded that there was a big range from people who wanted all digital access to those that wanted none. It was really difficult to gauge the level of digitisation required and a consultation was being carried out which would inform national standards for digital service provision. She felt that there was a need to proceed with caution and that patient representatives were on the NHS group looking at this, especially in relation to Information Governance. She also reported that General Practitioners wanted flexibility to choose the level of digital service they would provide.

Councillor Muldoon reported that he had attended one of these events and felt that STP were finding it difficult to engage with those that were easily reached and it might be foolish for engagements events to take place in the summer. He asked that activity not be confused with outcome.

In response to questions from Cllr Olisa about process and next steps, the PD, OHSEL responded that the long term plan superseded all other plans, but existing plans would link into the 10-year plan and generally would be an evolution of what was already being done. Additional engagement would take place in boroughs to take stock of what was learnt and would be fed back on a borough level basis.

32 CCG SYSTEM REFORM - PRESENTATION

Christina Windle, Director of Commissioning Operation (DoCO), SEL Commissioning Alliance and Neil Kennet-Brown, Managing Director (MD) of GCCG presented this item.

In response to a number of questions from Councillor Muldoon, the DoCO said that the STP was not a legal organisation, but was a partnership to ensure the plan was delivered effectively. The SEL CCG would have the legal status and all Boroughs would be represented at this Governing Body. The place based boards would have delegated authority to make local decisions particularly around primary and community care and they would all meet in public for part of the agenda. The CCG would still adhere to the 2012 Act that required clinical representation at decision making boards.

In response to a question about the business case for this change, officers responded that it was to enable better integration at different levels with efficiency savings being made in respect of management costs.

Close working would continue as previously and would mean continuity of leadership at a local level. Local voice would be represented at the SEL Board and the place based director would continue to come to Council meetings. Relationships with the Health and Wellbeing Boards and Overview and Scrutiny Committees would continue at a local level.

The SEL CCG Governing Body would comprise of approximately 22 Members and would include Director of Public Health and Adult Social Care positions; place based Boards would have the local representation and Council Care partnership representation that local CCG Governing Bodies had now.

In response to questions about risk, the DoCO stated that multiple systems had to work together effectively, and responded that the risk based approach was being adopted to mitigate disruption to services.

In response to Cllr Mcilveen's and other Members' questions about recognising the diverse nature of each borough to ensure local need was recognised when sharing cost and allocations, the DoCO responded that relationships that currently stand would be built on. The management cost envelope had reduced and the savings had gone into frontline services.

Members were advised that not everything needed to be addressed at the centre and that risk share arrangements already operated. Allocation of monies would be made to the SEL Governing body based on a needs assessment. The details needed to be worked through and delegation levels also needed to be drawn up based on need. Large scale collective decisions based on high level principles would be made at SEL Governing Body level.

Delegation to place based boards would be made to address local need. If place based boards required additional resources, they would be received by the SEL Governing Body for consideration.

Challenges in the entire geography of the SEL footprint and the health inequalities this represented were recognised. These reforms would enable even greater collaborations to address this, but still have the ability with delegated budgets to address economies of scale and work with providers to deliver the best services.

In response to a question from Cllr Lloyd on the determination of Better Care Funds (BCF) to boroughs, the MD, GCCG responded that his assumption was that if the BCF continued, it was better to be place based.

It was noted that it was considered that public consultation was not required as this was not a service change, and also that merger approval would be sought from Governing Bodies and membership in September and submitted by the end of the same month.

In response to a question about timescales and information on place based board budgets, the DoCO replied that it was hoped to appoint a shadow governing body by November 2019, who will then look at delegation levels. The details of this would be in the application being presented to NSH England in September. Officers agreed to share further details in September.

ACTION: MD GCCG and DoCO.

Members asked for an OHSEL JHOSC Committee to be arranged for late September so that they strengthen the view of the OHSEL JHOSC to be included in the application.

33 DEVELOPING PRIMARY CARE NETWORKS

Cllr James asked that the point be noted that this does not address the issue of work force, as GP numbers were reducing. Officers would address this in the report on workforce development that would be brought to the next meeting.

The Chairman, being mindful of the time, and aware that Members knew about the move towards PCN's, suggested (and Members agreed) that this item be noted.

34 UPDATE ON COMMISSIONING OF PATHOLOGY AND DIAGNOSTIC SERVICES

The Chairman noted that there were concerns about the service being contracted outside the NHS. She asked for assurances that the tendering process was robust on quality versus cost.

Cllr James reported that Lewisham and Greenwich were going for an NHS solution which would have two aspects of service – in-house diagnostics and provision of service to GPs.

In response this and questions from Members on the selected providers, transparency about the process and details of the three providers, the PM, SEL STP replied that a full competitive tender process was used and that more companies including NHS had expressed an interest at the early stages. The tender process enabled an assessment of quality and cost element to be taken into consideration, and was quality based in the early stages. Financial resilience was looked into afterwards. Due diligence on all companies had been done in line with any formal procurement processes.

Kings College Hospital, and Guys and St. Thomas; NHS Foundation Trusts privatised their pathology services in 2009, setting up a company with Serco, called Viapath. Approximately 100 staff had been transferred to that company at that stage. This contract came to an end in 2020. The PM, SEL STP reported that it was too early to consult with staff on further arrangements but they have been engaged in the process.

The timescale to complete the tender process was outlined, with service provision commencing in September 2020. The contract would be for a minimum of 15 years and a number of key performance indicators would be used to monitor service provision. There were contractual and legal levers that would allow providers to be penalised if service was below accepted levels of performance.

Members asked for the list of KPIs to be circulated to them.

ACTION: PM SEL STP

35 WORKPLAN AND FUTURE MEETINGS

The Chairman advised that as it had been agreed to receive information on Workforce Development and the CCG Merger application before being submitted to NHS England in September, a meeting be arranged for late September.

Members asked that due to the challenges in co-ordinating dates, officers seek to set meetings in September 2019, January 2020 and April 2020 together.

ACTION: OHSEL JHOSC Support Officer (Bromley)