NEL JCC questions from the public - Log

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<tr>
<td>JCCQ 1</td>
<td>09/05/2018</td>
<td>04/05/2018</td>
<td>Michael Vidal</td>
<td>Are there plans for a Public Health Doctor to sit on the Committee?</td>
<td>Yes however they will be aware thorough training around the main objectives of the Integrated Urgent Care 111 and Clinical Assessment Service which is to take pressure off downstream services.</td>
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<td>JCCQ 2</td>
<td>09/05/2018</td>
<td>03/05/2018</td>
<td>Andy Walker</td>
<td>Will the committee accept the recommendation of Redbridge Health Scrutiny committee to open 3 acute wards at BHRUT?</td>
<td>The Estates strategy draws together the individual objectives and plans for the organisations within the Partnership. Commissioners are working closely with Trusts and NHS Property Services which own the majority of the NHS estate and are therefore responsible for identifying and, if appropriate, disposing of surplus assets. Commissioners recognise that building not currently in use, or those that are unfit for use, and which incur costs, may release money that could be used for patient care if they were sold. In line with national policy we would also wish to see proceeds from any sales reinvested directly into patient care, modern fit for purpose health and care facilities and to provide affordable housing for NHS staff and local people. In all cases public consultation would be needed, and neither commissioners nor the East London Health and Care Partnership would support any proposal that did not offer clear patient and public benefit.</td>
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<td>JCCQ 3</td>
<td>11/07/2018</td>
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<td>Jan Savage</td>
<td>Following the June meeting of the Estates Board, can the Committee give an update on the Estates Strategy in terms of the disposals and investments currently under consideration?</td>
<td>The Estates strategy draws together the individual objectives and plans for the organisations within the Partnership. Commissioners are working closely with Trusts and NHS Property Services which own the majority of the NHS estate and are therefore responsible for identifying and, if appropriate, disposing of surplus assets. Commissioners recognise that building not currently in use, or those that are unfit for use, and which incur costs, may release money that could be used for patient care if they were sold. In line with national policy we would also wish to see proceeds from any sales reinvested directly into patient care, modern fit for purpose health and care facilities and to provide affordable housing for NHS staff and local people. In all cases public consultation would be needed, and neither commissioners nor the East London Health and Care Partnership would support any proposal that did not offer clear patient and public benefit.</td>
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<td>JCCQ 4</td>
<td>11/07/2018</td>
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<td>Terry Day</td>
<td>Implementation of the Urgent and Emergency Care Strategy for North-East London. In the report introducing this item the expected outcomes include 10% reduction in London Ambulance Service Emergency Department conveyances and 20% reduction in Emergency Department attendances overall, but these expected outcomes are not referred to in the presentation. When are these expected outcomes expected to be achieved by? How much money is expected to be saved, if these outcomes are achieved? Does the contract for provision of the new service include targets for these expected outcomes, with any financial incentives for achieving them? Will call handlers be aware of the service having any targets for reducing London Ambulance Service conveyances and Emergency Department attendances?</td>
<td>The NHS 111 and clinical assessment service will have a contributory impact on the overall strategic aims described in the cover paper. There are other schemes which will have the joint objective to reduce the impact of rising populations on our hospitals across NEL. These include for example the ability for our ambulance crews and care homes to call a clinician in 111 through a special direct line, streaming at the front door of our urgent treatment centres, same day care at our emergency departments for certain conditions. For NHS 111 and Clinical Assessment Service in particular we expect there to be an incremental achievement to reduce the level of unnecessary attendances at our emergency departments with full achievement by 2021. The plan to introduce NHS 111 and Clinical Assessment Service was not a financial one within North East London we are expecting to see a high percentage of population growth and need to make sure the current urgent and emergency care system can meet this growing demand through right time/file time principles. We estimated that by 2021 24/7 could potentially be saved from reduced Emergency Department attendances and ensuring people are safely directed to the right place, first time. However these savings are offset by further investment needed in the care close to home space. There are quality financial targets which include: - 33% closure to self-care - 80% reassessments of low level ambulance call outs which may not need and ambulance but another route of service instead - 51% of people assessed and treated by a clinician Yes however we will be aware thorough training around the main objectives of the Integrated Urgent Care 111 and Clinical Assessment Service which is to take pressure off downstream services.</td>
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<td>JCCQ 5</td>
<td>11/07/2018</td>
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<td>Terry Day</td>
<td>Is there a target for the % of calls closed as self-care? Will there be any way of monitoring what proportion of the people making those calls end up coming back into the Emergency Department as emergencies?</td>
<td>We have a target of 33% ofcalls closed as self-care. We are looking to map NHS Numbers and currently reviewing General Data Protection Regulations (GDPR) around this. London Ambulance Service have not normally recorded NHS Numbers we have asked this within the reporting elements of the contract and understand the rationale of needing to map the whole system in patient flow</td>
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<td>JCCQ 6</td>
<td>11/07/2018</td>
<td></td>
<td>Terry Day</td>
<td>Will part of the 111 image include identifying patients deemed ineligible for free NHS care? If so, how will this work?</td>
<td>If a patient phones 111 and is unregistered they are given 3 nearest GP practices for them to potentially register with. Fuller information re the eligibility of NHS Free care would need be done at the point of face to face contact and not with 111</td>
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<td>JCCQ 7</td>
<td>11/07/2018</td>
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<td>Paul Rosenblom and Brian Steadman from Waltham Forest Save Our NHS, submitted on behalf of Mary Logan</td>
<td>Has the Sustainability and Transformation Plan been audited, and if so, is the outcome publicly available?</td>
<td>The STP is a statutory body and as such is not subject to NHS external audit processes. CCG external auditors in considering the standards of governance in the CCG will have regard to the arrangements in place in relation to STPs and its significant risks were identified during the 17/18 audit process.</td>
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<td>JCCQ 8</td>
<td>11/07/2018</td>
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<td>Paul Rosenblom and Brian Steadman, from Waltham Forest Save Our NHS, submitted on behalf of Mary Logan</td>
<td>Are there plans for a Public Health Doctor to sit on the Committee?</td>
<td>We do have a public health representation on the committee. Mark Ansell is the public health lead for Havering and is the nominated representative for this borough. Additionally, as part of the Joint Commissioning Committee we will also be reviewing the membership before Christmas and will consider public health as part of this. We are also in the process of recruiting a Secondary Care Consultant and a Nurse for the committee too.</td>
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JCCQ - 9 | 11/07/2018 |  | Andy Walker, BHR | What is the page 22 of your minutes? Will the committee be voting for funding for more critical care beds at King George or Queens? The existing committee was not a recommendation of the Redbridge Health Scrutiny Committee, although they did call for more general and acute wards to be opened at Barkingside, Havering and Redbridge universities and that the allocation of King George Critical Care beds were full up 12 times in February 2018 and on three occasions, both King George and Queens Critical Care beds were full up on the same day. There is a malfeasance linking not only increased mortality rates with critical care bed usage, but also better recoveries from serious illness as well. Keith Prince AM and other elected representatives will be going to 10 Downing Street tomorrow to seek more funding for these three caring beds. Will anyone in this committee support their call for more funding for critical care beds or at least support a review of existing provision? This committee may not have direct control of BH&ST, but it does have the power of advocacy. | Barking & Dagenham Councillor Maureen Kirby had also raised a question regarding critical care beds at a recent health and wellbeing board and it was noted that the local health and social care committee continue to request assurance on critical care beds for its population. Sir Walker also requested clarification around surgical step down beds and it was suggested that he direct this question to local Trusts.

JCCQ - 10 | 11/07/2018 | 11/07/2018 | Carol Ackroyd, Hackney Keep our NHS Public | I am extremely concerned that the estates strategy is being termed as prop co disposing of "inefficient underused site". The strategy needs to be about what assets faciliates the STP needs in order to deliver appropriate services to the population. 1. Please can we see the estates plan that sets out all the sites that will be required to provide services over the next period (50+ years) and what services will be located in each. 2. What are the implications for proposed changes of use/disposal?
1. The ELHCP estates strategy is in draft form and has not yet been published, although it is our intention to publish it as soon as possible. The strategy is based on the consideration of a number of strategic documents from all 20 partners in ELHCP so it is important that all of the organisations are given time to check the final version for factual accuracy or if there is anything which needs to be updated. This process takes time but we expect to be able to publish in the next month or so. 2. It is not possible to comment on the specific implications of a particular building but as a general strategic aim, ELHCP wants to see assets used to their maximum benefit. In some cases where buildings are not well used or are in poor condition this may mean they need to be disposed of or replaced. In all cases any such plan would be consulted on widely in line with statutory requirements. The overall strategy is about improving and modernising the estate and is necessary for us to access much needed national capital funding.

JCCQ - 11 | 11/07/2018 |  | Dr Corin Jones, GP, Hackney | [JCCQ - 13](#) | lease from Barts Health to lease on 10 September 2018 dates.

JCCQ - 12 | 11/07/2018 |  | Neenas Sidem, Newham resident and Access & Inclusion (Advocacy) Officer - London at the British Deaf Association | Have concern regarding the new 111 service – how is it accessible to deaf people? Many deaf people only now have A&E because they can’t use NHS 111 etc. The new service doesn’t seem to have taken into account the issues for deaf people. Can you outline what is in place to address this? There is a big issue with access to interpreters. Often we are asked to bring our children or friends along to interpret for us at GP appointments, this is unacceptable. How does a deaf person access out of hours services for example? This needs to be addressed in order to relieve pressure on A&E which is the only option for many. | For people with a hearing impairment New Generation Text will be used. This is the national toll-free text relay service utilised by individuals with hearing or speech impairments. The use of this service enables users to access services such as NHS 111 and the emergency services. Relay assistants provide a two-way voice and text-to-text service to enable effective communication. In order to access the New Generation Text service users must dial 18001 followed by the number they wish to contact. For example, in order to order a prescription to call the NHS 111 service they will dial 18001 111 as an example. For people who don’t speak English as a first language these callers will be offered language line which is a telephone interpreting service that can access all the key languages. The service is available 24/7.

JCCQ - 13 | 12/09/2018 | 06/09/2018 | Michael Vital | Can the committee be asked to consider? What steps does the Committee propose to take to improve its financial openness and transparency? I note that six months after the Committee came live it does not as far as I am aware have an approved budget. | Essentially the NELCA structure and operating model is still being developed and tested but the funding to cover the cost of shared posts has been set aside by each CCG separately at the beginning of the year. One of the benefits of collaboration across NEL is being able to do some things once where it makes sense. Having a single site of management to oversee the collaborative work should generate efficiencies and economies of scale. We expect this to result in some savings and this will be included at a high level with the next JCC pack of papers.

JCCQ - 13 | 12/09/2018 | 06/09/2018 | Michael Vital | Could the committee be asked to consider it? While technically a question relating to the ELHCP as there is no mechanism for a question to be posed to it I may ask for clarification on a point. It has come to my notice that there is a document in existence called ELHCP Hospital Only List. This list was not approved by the Area Prescribing Committee for City and Hackney which had in fact decided against having a single list opted to keep its own. In those circumstances can an explanation be provided how this document came to be approved and what its status is? | The CCGs and Hospital Trusts are working together as a collaborative medicines optimisation group to support consistent, safe and evidence-based prescribing across all organisations within ELHCP. The 2017 Hospitals Only List was a document to support this work. While all organisations are supportive of this principle there may be local variation due to existing arrangements. The ELHCP HOL 2018 is being updated and will reflect the CCGs and Hospital Trust hospital position and direct viewers to the appropriate resource for their specific recommendations.
### Question 1: Submission date - 05/09/2018

**Submitted by:** Jan Savage, on behalf of NELSONs

1. When will plans to sell these sites, including ‘commercially sensitive’ sites, be made fully public?
2. When will the business cases for selling these sites, including ‘commercially sensitive’ sites, be made fully public?
3. What status do the plans have, without public consultation?
4. How soon after plans for disposals and investments have been submitted to NHSE will the plans be made public?

#### Answer 1

1. We are anticipating publishing the strategy in early October. We cannot yet give a definitive date as regional partners (including NHSE and the GLA) at the London Estates Board have requested that all 5 London STPs make their plans public at the same time to avoid any confusion and to paint a coherent picture across London. If this causes undue delay we will provide public update.
2. They will be published on the ELHCP website and then each partner organisation in NELs will decide whether to also place them on their own websites.
3. The strategy is not a definite plan to pursue a specific course of action but an attempt to describe the estates challenges across NEL and then set out an approach to tackling these challenges through better collaborative working. In some cases a range of options to these challenges may be described but it deliberately tries to avoid defining any specific solutions as these will need to come out of local engagement on a case by case basis. As such it would not be appropriate to consult on the strategy itself, although public engagement will be sought and welcomed. Once a business case is required for a particular site or project then the appropriate level of public consultation will be carried out.
4. The strategy is not a formal strategy – it is an attempt to bring together and summarise the local estates plans and strategies already in evidence to reflect the fact that many large estates issues cannot be solved by one organisation working in isolation, so the strategy provides a context for the collaborative work needed but doesn’t commit any organisation to any specific action.

#### Background

According to the minutes of the JCC’s meeting in May, the most recent estates and capital plans for the Partnership had to be submitted to the London Estates Board by July 6th, and to the national team by July 16th. The capital plan had to outline all disposable opportunities. The minutes also noted that the JCC have developed a common estates strategy for the ELHCP Partnership, and agreed a single plan for investment and disposals (among other things). We understand from Hackney Healthiswatch that these plans will be made public after they have been seen by NHSE.

The question has four parts:
1. How soon after plans for disposals and investments have been submitted to NHSE will the plans be made public?
2. How will they be made available?
3. When does the ELHCP Partnership or JCC plan to consult the public on these plans?
4. What status do the plans have, without public consultation?

### Question 2: Submission date - 14/11/2018

**Submitted by:** Jan Savage, on behalf of NELSONs

1. The question about the disposal of NHS estates is on behalf of the North East London Save Our NHS coalition.
2. In response to previous questions that we have put to the JCC about the ELHCP’s plans for the disposal of NHS property, we have been told that the estates strategy “is not a definitive plan to pursue a specific course of action”.
3. However, a response to an FOI request dated 28 September revealed that a number of disposals have already been identified from local strategies and Provider Estates Plan reports.
4. These disposals include sites at:
   - Whipps Cross
   - Newham General
   - King George’s
   - St Leonards hospitals, as well as five unidentified, ‘commercially sensitive’ sites belonging to Barts Health and the London Ambulance Service NHS Trusts.

#### Our questions to the JCC are:

1. When will plans to sell these sites, including ‘commercially sensitive’ sites, be made fully public?
2. When will the business cases for selling these sites be made available (and how)?
3. Why were sites previously part of the RLH estate sold to the DHSC without public consultation?
4. What assurance will the JCC provide that there will be public consultation on the proposed sale of NHS land or buildings in future?

#### Answer 2

1. The above mentioned sites are part of our Investment Plan priorities and funding for future health and social care capacity requirements. Land at the sites has not been declared surplus to requirements and is part of a medium to long term strategic plan for NEL.
2. We make a strong request in our Strategic Estates Plan (SEP) for The Department of Health and Social Care and the Treasury to provide robust assurance that any sale receipts will not be recovered centrally, so they can be reinvested locally. Until we have reassurance on this, no plans will be accelerated for any land release.
3. In the event national policy would also wish to see proceeds from any sales reinvested directly into patient care, modern fit-for-purpose health and care facilities and to provide affordable housing for NHS staff and local people.
4. The process for disposing of any NHS land would follow Estate code guidance, and prior to any site being declared surplus, the owner organisation should produce a business case setting out the case for disposal and considering the level of consultation or engagement required. For specific developments such as the Whipps Cross site, there will be consultation on any reconfiguration or major service change required.
5. These sites present an opportunity to generate proceeds for reinvestment into new modern facilities. In all cases, public engagement would be required and ELHCP would not support any proposal that didn’t offer clear patient and public benefit.
6. Land at the above mentioned sites has not yet been declared surplus to requirements but presents an opportunity to generate capital required for local reinvestment and re-provision. This is aligned to the Sir Naylor report. We estimate that these site opportunities will not come forward before 2021. Consequently, we have not started business case development for these opportunities.
7. We also note the need to take account of the demand for affordable housing especially among lower paid staff, and the recommendation that surplus NHS land should be prioritised for the development of residential homes for NHS staff.
8. The sale of the Whitechapel site was within the overall DHSC group, supported by two independent valuations. Barts Health, Queen Mary University of London and DHSC remain committed to the development of a campus for the overall DHSC group, supported by two independent valuations. Barts Health, Queen Mary University of London and DHSC remain committed to the development of a campus for the overall DHSC group. The site remains in the public sector as it was purchased by DHSC.
9. The above mentioned sites are part of our Investment Plan priorities and funding for future health and social care capacity requirements. Land at the sites has not been declared surplus to requirements and is part of a medium to long term strategic plan for NEL.
10. We make a strong request in our Strategic Estates Plan (SEP) for The Department of Health and Social Care and the Treasury to provide robust assurance that any sale receipts will not be recovered centrally, so they can be reinvested locally. Until we have reassurance on this, no plans will be accelerated for any land release.
11. This is aligned to the Sir Naylor report. We estimate that these site opportunities will not come forward before 2021. Consequently, we have not started business case development for these opportunities.
12. We also note the need to take account of the demand for affordable housing especially among lower paid staff, and the recommendation that surplus NHS land should be prioritised for the development of residential homes for NHS staff.
13. The sale of the Whitechapel site was within the overall DHSC group, supported by two independent valuations. Barts Health, Queen Mary University of London and DHSC remain committed to the development of a campus for the overall DHSC group. The site remains in the public sector as it was purchased by DHSC.
14. The ELHCP through its partners, CCGs and providers, is committed to undertaking a full programme of engagement with patients, residents and healthcare professionals into the future of the above sites. Proposals for the sites will be developed with input and engagement from patient and resident representatives.

#### Redevelopment decisions will be subject to a review of the sites which will need to be sent to approve by NHS England. Any redevelopment of the sites will centre on the health and care needs of local residents and patients and will be approved internally via an agreement.

The Partnership expects to have an ongoing conversation with the public about the work that is happening across North East London to deliver sustainable health and care services for local people, including the ambition to have the right infrastructure in place. This engagement will happen through the Citizens Panel for the Partnership, and a range of other appropriate channels including health & wellbeing boards, Trust/CCG and local authority meetings as more detailed strategies and plans develop.