NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 25 March 2011 at Hendon Town Hall, The Burroughs, Hendon, NW4 4BG.

Present Councillors: Alison Cornelius and Graham Old (Barnet), Peter Brayshaw and John Bryant (Camden), Gideon Bull and Dave Winskill (Haringey), Kate Groucutt and Martin Klute (Islington)

Officers: Andrew Charlwood, Paul Frost and John Murphy (Barnet), Katie McDonald (Camden), Pete Moore (Islington) and Rob Mack (Haringey),

1. WELCOME AND APOLOGIES FOR ABSENCE

Cllr Gideon Bull (Chair) welcomed everyone to the meeting. Cllr Alison Cornelius gave apologies for absence in respect of Cllr Maureen Braun and introduced Cllr Graham Old as substitute for Barnet.

2. URGENT BUSINESS

None.

3. DECLARATION OF INTEREST

The following declarations were made:

Councillor Bull – Employee at Moorfields Eye Hospital
Councillor Cornelius – Chaplaincy at Barnet Hospital
Councillor Groucutt – Governor at University College London Hospital (ULCH)

4. MINUTES

RESOLVED:

That the minutes of the meeting held on 21 January 2011 be approved.

5. NHS NORTH LONDON – TRANSITION AND GOVERNANCE

Martin Machray, Associate Director, Communications and Engagement NHS Islington, presented a report on the NHS North Central London Transition and Governance Arrangements. The report described the North Central London (NCL) governance arrangements which will operate with a single Management Team and Cluster Board effective from 1 April 2011, in accordance with Department of Health (DH) guidance.

The logistical and personnel arrangements arising from the creation of the new NHS NCL Cluster Board were discussed. In response to questions from the Committee, it was stated that candidates for the positions of Non-

Executive Directors would be appointed over the course of April 2011 and that appointees would serve a term of three years. In response to suggestions that the large size of the Cluster Board, which will number 48 including all parties, would be difficult to manage, it was acknowledged that goodwill on the part of all parties will be required through the transitional period.

The Committee suggested that consideration should be given to specialised services that were provided locally, such as Islington's Prison Health Services.

RESOLVED:

1. That the report and appendices be noted.

6. VASCULAR SURGERY

Nick Losseff, Consultant Neurologist and Clinical Director NHS North Central London (NCL), was joined by Mr Darryl Baker and Ms Meryl Davis, consultant vascular surgeons from the Royal Free Hampstead NHS Trust, who answered questions relating to the criteria being used by NHS NCL to ensure vascular services are configured according to best clinical practice. Activity data was also presented for different areas of vascular surgery including Aortic Aneurysms, Lower Limb Revascularisation and Carotid Endarterectomy.

The Committee was advised that vascular surgeons supported the centralisation of services as high volume provides the best clinical results. This was detailed in national guidance that found patients receive the best clinical outcomes when cared for by an appropriately staffed and equipped specialist vascular service. Central to establishing and maintaining this service is the concept of focusing around a single "hub" hospital supported by day case and out-patient care in appropriate locations closer to patient's homes.

The Committee was advised that a minimum population of 800,000 is considered necessary for a vascular service. This figure was derived from the population required for an aortic aneurysm screening service; the number of patients needed to maintain competence among vascular specialists and nursing staff; and the most efficient use of specialist equipment, staff and facilities.

The Committee noted that if a mapping process considered Barnet and the areas north of the borough together, the required minimum population size would be achieved. Furthermore, as long as any party could provide a case outlining how they meet the required clinical standards, they could be considered for fulfilling the hub hospital role. It was envisaged that the decision regarding the choice of hub hospital would be achieved through agreement by providers; if not, a bidding process would be necessary.

In response to the Committee's concern over the Royal Free Hospital and UCLH receiving the bulk of resources and the issue of achieving critical mass,

the Committee were advised that 90 per cent of patients did not need major surgery and could continue to be treated in their local hospital. Further to this the hub hospital will not handle preparatory checks for patient's suitability to undergo surgery.

In response to queries relating to involvement in the consultation process and the negative response from the Barnet and Chase Farm NHS Trust which had expressed concern over the proposed model, particularly with regard to patient access, the Committee were advised that the Trust were fully involved in the current process.

RESOLVED:

1. That the report and appendices be noted.

2. That representatives from Barnet and Chase Farm NHS Trust be invited to the next meeting of the JHOSC to address their concerns relating to the proposed service model.

7. NCL COMMISSIONING STRATEGY AND QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION (QIPP) PLAN

Anna Bokobza, Assistant Director – Strategic Programmes NHS NCL, presented to Members a report and overview presentation of the key components of NHS NCL QIPP Plan for 2011/12-2014/15.

The report detailed the explanation of why the NCL requires a QIPP Plan, outlining the financial and policy context of the case for change. The report identified five challenges underpinning the development of the QIPP Plan:

- Population needs;
- Sustainable providers;
- Delivering uniformed quality;
- Financial challenge; and
- Workforce sustainability.

The Committee was informed that three priority work streams had been identified:

- Clinical areas;
- QIPP areas; and
- Enablers.

The immediate priority for developing the QIPP Plan was identified as closing the £25 million budget gap for 2011/12. The longer term priority was the placement of greater emphasis on referral management within Primary Care and Pathway redesign.

In response to the Committee's questions relating to the £25 million overspend for the current year, it was stated that the NCL was aiming to negotiate with providers or get more out of work streams to achieve savings to balance the budget.

It was noted that patients typically received 7 – 14 days of medication on discharge from hospital. No charge could be made for this. It was likely that there was some scope to make savings in this area particularly in view of the fact that the medication was often not all used.

The Committee commented that not all GPs were currently fulfilling the full range of their responsibilities. It was noted that, with the advent of GP consortia, GPs would now have to take greater responsibility for performance levels as well as budgetary issues.

It was noted that there were changes within the QIPP plan that might require formal consultation, such as the reconfiguration of mental health services in Camden and Islington.

RESOLVED:

1. That the report and appendices be noted.

2. That future meetings of the JHOSC be updated on proposals to address the £25 million overspend.

8. FINANCE

Richard Quinton, Interim Director of Finance, NHS Islington presented an overview of the financial position of PCTs within the sector for 2010/11 and 2011/12. The presentation outlined the historical context of budget deficits for 2010/11 and the implications of these deficits for the 2011/12 budget. Members were informed that the 2011/12 budget was based upon sound assumptions that:

- Acute growth based on historical trends;
- QIPP programmes rigorous and well developed;
- Contracts linked to performance requirements and
- Detailed informatics database.

It was noted that the budget position required £16 million support to break even. Finally, the presentation identified the risks going forward as:

- The time required for new structure to bed in;
- Loss of historical knowledge;
- Contracts negotiations with acute providers to be complete; and
- QIPP Plan is demanding.

Each PCT would be required to balance its books and any transfers of funding to make good deficits would need to be repaid.

RESOLVED:

1. That the report and appendices be noted.

9. BARNET, ENFIELD, AND HARINGEY CLINICAL STRATEGY

The Committee received a verbal update on the latest position in respect of Barnet, Enfield and Haringey (BEH) Clinical Strategy. The Committee was advised that on 10 March 2011 the Secretary of State for Health, Andrew Lansley, said that there was scope for alternative options to be considered for the future of Enfield's hospitals. A deadline of 7 April 2011 had been set for views and suggestions from local residents and General Practitioners. Further to this a public meeting was arranged by London Borough of Enfield for the 28 March 2011 which would report back for the April deadline.

RESOLVED:

1. That the Committee consider further how non-BEH members can best contribute on this matter.

2. That support officers be requested to investigate the legal standing of the JHOSC in respect of this matter.

3. That the MP for Enfield North be invited to the next meeting of the JHOSC to discuss the issue.

10. JHOSC NCL – SUPPORT AND ADMINISTRATIVE ISSUES

Issues were discussed relating to the support and administration arrangements for JHOSC.

RESOLVED:

1. That support and administrative arrangements including costings to be shared between member authorities.

2. That a forward plan for the JHOSC be developed based around workstreams within the QIPP.

3. That agendas to be cleared 10 days before meeting with any subsequent questions relating to specific issues emailed to officers in advance to allow for considered responses.

11. DATE AND VENUE OF NEXT MEETING

Agreed as follows:

27 May – Camden

15 July – Islington

12. NEW ITEMS OF URGENT BUSINESS

Camidoc

The Committee noted that a report had been commissioned by Camden PCT on the circumstances surrounding leading to the demise of Camidoc. Access to this had been requested by Members of the Committee in order that lessons could be learnt. However, the authors of the report would only allow this if a non disclosure agreement was signed. The Committee was of the view that this was a matter of public concern and that, as representatives of the community, they should be granted unconditional access to it.

RESOLVED:

That a letter be sent on behalf of the Committee to NHS NCL formally requesting access to the report.

GIDEON BULL
Chair