NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **MONDAY 27 FEBRUARY 2012** at 10.00 a.m. in the Committee Room 1, Town Hall, Upper Street, N1 2UD

MEMBERS OF THE COMMITTEE PRESENT:
Councillors Alison Cornelius, Barry Rawlings and Graham Old (L.B Barnet), John Bryant (Vice-Chair) (L.B Camden), Alev Cazimoglu (L.B Enfield), Gideon Bull (Chair) and Dave Winskill (L.B Haringey), and Alice Perry (L.B Islington)

OFFICERS:
Hannah Hutter and Shama Sutar-Smith (L.B Camden), Melissa James (L.B Barnet), Rachel Stern (L.B Islington), Rob Mack (L.B Haringey), Linda Leith (L.B. Enfield)

ALSO PRESENT:
Jeremy Burden, Director of Contracts, NHS North Central London
Alastair Finney, Interim Programme Director, NHS North Central London
Martin Machray, Head of Communications and Engagement, NHS North Central London
Dr Douglas Russell, Medical Director, NHS North Central London
Liz Wise, Quality, Innovation, Productivity and Prevention Director, NHS North Central London

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the Joint Health Overview and Scrutiny Committee.

MINUTES

1 WELCOME AND APOLOGIES

Councillor Gideon Bull (Chair) welcomed all those present to the meeting.

Apologies were received from Cllr Martin Klute (L.B Islington) Cllr Anne-Marie Pearce (L.B Enfield).

2 URGENT BUSINESS

There was none.

3 DECLARATIONS OF INTEREST

Councillor Gideon Bull declared that he was an employee at Moorfields Eye Hospital but did not consider it to be prejudicial in respect of the items on the agenda. Councillor Alison Cornelius declared that she was a Chaplain's assistant at Barnet Hospital, but did not consider it to be prejudicial in respect of the items on the agenda

4 MINUTES

RESOLVED:
THAT the minutes of the meeting held on 16 January 2012 be agreed.

TO NOTE: All

Matters arising:

In response to a question regarding the delayed letter to the Secretary of State on behalf of the Committee regarding financial arrangements once NHS North Central London had been dissolved the Committee noted that the letter had now been sent. A copy of the letter had been circulated to members.

In respect of the work to implement the transformation of CAMHS (time 5), it had been suggested at the previous meeting that Councillors Alison Cornelius and Gideon Bull be invited to attend the next meeting young people's project board's as observers. The young people had indicated that they would be happy for the Members to attend a future meeting of their project board, once it was further established. The board was currently seeking a suitable venue for their meeting on 7 March. It was asked that the three Local Authority leads be invited from Barnet, Enfield and Haringey to attend the next meeting to present on education and CAMHS services (including new CAMHS model within the three boroughs.
ACTION BY: Rob Mack (Scrutiny Officer)

Statistics on the number of instances of maternity units at either Barnet or Chase Farm Hospital being temporarily closed had not yet been provided but a letter had gone to the Chief Executive of Barnet and Chase Farm Trust requesting these and emphasising the importance of this data. From next year, data on suspensions of maternity services would be available on a site by site basis rather then just by NHS trust, as was currently the case. The data on midwife to patient ratios would be chased up.
ACTION BY: Rob Mack (Scrutiny Officer)

It was noted that, as specified in the minutes, a letter had been sent to the Chief Executive of London Councils requesting that they take up the issue of the lack of an additional allowance for London CCGs to fund commissioning support services. Martin Machray reported that a letter had gone out to London NHS trusts on the indicative funding of £25 per head of population outlining management costs and that an additional communication had been provided outlining commissioning budgets.. A fuller briefing would be available later that week, on allocation of commissioning budgets.
ACTION BY: Martin Machray, NHS North Central London

5 NHS NORTH CENTRAL LONDON PRIMARY CARE STRATEGY 2012 TO 2016

Martin Machray, Head of Communications and Engagement and Dr Douglas Russell, Medical Director, NHS North Central London presented the report to the Committee.

Primary care was a fundamental part of the NHS and included self care, community services and social care. The British primary care system was seen as an international example of a care system that could be delivered in a cost effective way funded from taxation.
In the discussion the following points were made:

- There were still five individual borough work streams but NHS North Central London (NCL) did not operate in silos.
- NCL needed to speak on a level that local people could understand to ensure clear communication.
- The issue of CCGs commissioning services from themselves had been raised as a potential conflict of interest and it was clear that GPs did not want to be seen as serving their own self interest.
- It was clear that there needed to be greater capacity and improved capability at a local

level to enable truly integrated care.

- It was possible that some hospitals would lose income under the new arrangements.
- It was proposed that care packages would be delivered by one integrated team. The purpose of this approach was to utilise funds most effectively – so it was not about providing the team with more funding but more effective ways of working which therefore use funds more efficiently.
- Some of the existing regulatory functions would go to the National Commissioning Board.
- A specific Medical Director had been appointed to develop primary care in Enfield in recognition of the scale of improvements required within the borough. He/she would be in post from 1 April.
- Members welcomed the paper and noted that the Whittington Health had already taken over provision of community services for Islington and Haringey. They noted that not all acute trusts were proposing to develop their services in this particular way. They felt that consideration needed to be given as to how all hospitals within the cluster fitted into the model of integrated care.
- The IT system that the Whittington Health was developing in partnership with other partners were intended to integrate with existing systems.
- Members queried the process used to assess where the £47.5million should be spent. It was stated that there were gaps in data and NCL were aware of missing cases in some areas.
- CCG commitment to the strategy was needed. Members noted that the Joint Board of CCGs had committed to the document.
- In the event that the Bill was not passed by parliament, the cluster arrangement would continue and there would be a legacy for a successor organisation.
- The CQC had responsibility for regulating providers and the Department of Health and Commissioning Board would hold CCGs to account.
- The medical profession was largely self regulating and there were powers to find doctors in breach of their contracts if they did not meet their performance standards.
- GP practices' performance could be variable in their performance in correctly coding patients and population turnover was also an issue.
- If savings targets were met then there would be approximately £30-£40million available for reinvestment between primary and secondary care.
- Members expressed concern as to who would monitor the implementation of the primary care strategy and whether assurances could be given that it would continue after NHS NCL had ceased to exist. Members noted that the CCG had helped build the strategy and, as part of their authorisation procedure, they needed to be signed up to the strategy.
- A representative of the Local Medical Committee expressed concern that the CCGs did not represent GPs overall and that any legacy plan should be owned by those who would take over running of services.
- There was an existing NHS complaints system and all patients would still have the right to choose their registered doctor.

The Chair thanked Dr Douglas Russell and Martin Machray for their presentation.

RESOLVED:
That the report and presentation be noted.

TO NOTE: All

6 BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY - IMPLEMENTATION

Alastair Finney, Interim Programme Director, NHS North Central London made a presentation to the Committee which gave an update on progress, details on a communications review and future developments on relation to the Barnet, Enfield and Haringey (BEH) Clinical Strategy.

Primary Care was vital to future care planning and the PCTs had always agreed that the changes should not be made to the hospitals until the primary care changes were in place.

The advice from NHS London confirmed the risks that would arise were the A&E to close before the maternity unit. A capital business case needed to be submitted to the Department of Health and would require sign off before any works could proceed. The scheduled end date was Autumn 2013, provided there were no significant obstacles.

In the discussion the following points were made:

- The timeline had been drawn up in consultation with the trusts involved. It was a tight timescale and assumed the capital approval process was not held up. Once the Department of Health had approved the business case, work could start in three months time.
- There was a contingency plan that allowed for a delayed process of an additional 15 months. The fall back timetable gave a completion date of early 2015.
- A resident of Enfield reported that he had attended the North Middlesex Board meeting and they had stated that their outline business case had been submitted but Barnet and Chase Farm's (BCF) had not. In response the Committee were advised that Barnet and Chase Farm's outline documents were also due to be submitted that week and the changes would not take place until this was done.
- The JHOSC should consider the risk assessment documents. This could be arranged and the business case would also be available for viewing once it was complete.
  ACTION BY: Alastair Finney, NHS North Central London
- The spend for hospital works was around £100 million capital. The primary care spend would need to be assessed on a borough by borough basis.
- The details on spend would be included in the business case. An extra £12million of funding had been put into primary care that year and the majority of this had gone to northern boroughs to support the BEH plans.
- Although the cluster would not be around after 2013, the CCGs were part of the programme although the status of all organisations was subject to the Bill going through Parliament.
- The CCGs were at different stages of development and there needed to be awareness of how funding would be allocated.
- The need to address public transport when considering major service change was raised. It was the view of the Chair that there had been an inability on the part of TfL to engage effectively with the change programme. It was noted that the process for making transport link changes, even to move a bus stop, could never meet the pace of change required, even when TfL could see the need.
- Branding was not the key consideration for the process and it was more important that people were aware that provision of good quality primary care was the main message.
- It was important to recognise the efforts of staff in primary care services and the impact of negative messages regarding current provision.
- There should be better involvement of patients' and residents' groups.

- GPs in Enfield and Barnet had been marginally in favour of the proposals, with a clear split by borough.
- The Committee would like more information on proposals for the development of primary care services that would support the proposed changes.
- Councillor Cornelius reported an issue of concern regarding a neighbour who had been referred to A&E at Barnet. Officers noted the issue.
- It was suggested that the proposals should be considered by local health and wellbeing boards.
- The business case on this issue did not include land sales. The Committee would welcome an item on NHS Estates. **ACTION BY: Rob Mack (Scrutiny Officer)**

The Chair thanked Alastair Finney for attending.

RESOLVED:

1. That the risk assessment documents and business case be shared with the JHOSC
2. That the issue of how NHS estates will be managed and administered following the implementation of the Health and Social Care Bill be referred to a future meeting of the Committee.

TO NOTE: Martin Machray, NHS North Central London

7 FURTHER DEVELOPMENT OF THE NHS NORTH CENTRAL LONDON STRATEGY AND QIPP PLAN 2013/14 - 2014/15/MONTH 9 FINANCE UPDATE

Liz Wise, the Quality, Innovation, Productivity and Prevention Director, NHS North Central London gave a presentation on the QIPP Plan Performance.

The JSNA case for change had been published in October representing the key points from all five borough JSNAs. The five borough JSNAs would be circulated to the Committee again. **ACTION BY: Liz Wise, NHS North Central London**

The financial position as of month nine was good with further savings of £3.8million secured taking the deficit to £11million. It was hoped that NCL would finish the year in balance.

All five boroughs were now forecasting that they would be able to achieve their total or better, with better than expected performance in Haringey. This was in part due to the receipt of returned top sliced funding of 2% from NHS London.

In the discussion the following points were made:

- Members highlighted that improvement in actual terms was £1.1million. Officers stated that this was against a very ambitious programme of savings and it was a vote of confidence from NHS London that they had released the additional funds.
- Some areas had experienced a high level of demand and activity, particularly around Barnet and Chase Farm and the Royal Free.
- There would be a raised QIPP challenge to come and it was linked to the Primary Care Strategy with a very strong multidisciplinary approach.
- Members expressed concerns about the capital programme underspend and the prospect that some of that funding may be lost if not spent. Officers recognised that there was a risk that the money may be lost and stated that the onerous approval process for works was a possible factor in this. An estates strategy was being drawn up but there was a debate on what would happen. The Committee noted that funds could not be used on GP premises.

- All capital spends required approval via the Department of Health and NHS London no matter how small they were.
- Members requested a briefing on the underspend and the capital needs.
  ACTION BY: Liz Wise, NHS North Central London
- The strategic financial objective was to have all Trusts in balance by 2012-13 with the cluster in as strong a financial position as possible by the end of 2012-13.
- Progress had been made on identifying the contribution savings from projects and programmes would make with a predicted figure of around £84million. That still left a gap and clarity was needed on what these projects would provide.
- The Operating Plan would be delivered by the end of March.
- The proposed capital spending was not outlined in the report and the members would like to see more information on this.
  ACTION BY: Liz Wise, NHS North Central London

The Chair thanked Liz Wise for attending.

RESOLVED:
That a briefing on the capital programme, its potential underspend and any measures to address this be circulated to the Committee.

TO NOTE: Liz Wise, NHS North Central London

8 CONTRACT MANAGEMENT OF ACUTES

Jeremy Burden, Director of Contracts, NHS North Central London gave a presentation to the Committee.

The team managed 17 contracts many of which operated on standardised specifications. Although specifications could be varied, the majority were mandated by the Department of Health. Although acute services had started to lower bed numbers, there had been a rise in consultant to consultant referrals.

In the discussion the following points were made:

- Coding charges and out of contract services were a monthly challenge
- Payment by results had created a coding issue. Whilst there was guidance on how trusts should code activity, this could also sometimes allow them to code in a way that maximised their income.
- It was recognised that payment by results had helped to lower patient waiting times and meet other performance targets
- In response to a question about the implications of early discharge from hospital, officers advised the Committee that the clinically right approach for the patient was the focus. For example, some stroke pathways led to early discharge but it had to be right for the patient in their individual case.
- Where Barnet and Chase Farm had struggled with A&E targets, they had received support from an urgent care support team who had helped to review discharge planning and reach a system-wide multi-agency solution. The problem in that instance had been down to diversions from other hospitals and issues about how the hospital was working. Now that the hospitals and social services were working better together, patients could be discharged more efficiently.
- There had been an increase in the number of ambulances arriving at both Barnet and

Chase Farm hospitals and both had seen a significant drop in performance. However, Barnet had recovered more quickly.
- The contracts covered were not outside of main providers, for example hospices were not covered.
- The Committee would like to see the activity data for each site of Barnet and Chase Farm hospitals.
  ACTION BY: Jeremy Burden, NHS North Central London

The Chair thanked Jeremy Burden for attending.

RESOLVED:
That activity data for each site of Barnet and Chase Farm hospitals be shared with the Committee.

TO NOTE: Jeremy Burden, NHS North Central London

9 NHS NORTH CENTRAL LONDON TRANSITION UPDATE REPORT

Martin Machray, Head of Communications and Engagement, NHS North Central London gave an update to the Committee.

In the discussion the following points were made:
- Barnet and Islington CCGs had received authority for medicines management to be delegated. Enfield would have the slowest possible transition as they had the largest deficit.
- Members queried whether the CCG per capita amounts were calculated on past figures or if they could be revised in the light of changes to deprivation levels.
- There was an assumption in the Bill that public health would move over to local authorities. However other bodies were also asking for additional funding to cover these responsibilities.
- The baseline estimate spend for public health had been made by the Department of Health according to PCT spend in 2010/11. Barnet had been more disadvantaged by the settlement than most other boroughs, having the lowest amount per head of population of any borough other than Bexley. The settlement was decided at national level so any lobbying would need to be targeted there. There was a significant gap between the top and bottom settlement with a range of 3% to 50% across the boroughs. The Committee would like to compare per capita settlements against the current spend so they could assess the drift. They requested a specific briefing on the issue.
  ACTION BY: Martin Machray, NHS North Central London

The Chair thanked Martin Machray for attending.

RESOLVED:
That a briefing be submitted to a future meeting of the Committee on the baseline funding estimates for local authorities in the cluster.

TO NOTE: Martin Machray, NHS North Central London

RESOLVED:

10 FUTURE WORK PLAN

The Committee gave its consideration to a report outlining its future work plan.

The issues around vascular surgery had been the subject of a number of presentations. The end of process report would be for information only.

The indicative timings for the next meeting were as follows:
CAMHS – 45 minutes
QIPP Performance – 10 minutes
Estates management – 45 minutes
Oral Surgery – 10 minutes
Vascular Surgery – 10 minutes
BEH MHT Quality Account – 30 minutes

Martin Machray stated that there may not be enough information available about estates management to progress the item at the next meeting.

It was proposed that the risk register item should come to the meeting on 28 May. It was suggested that this be circulated in advance so that members could take a view on the agenda.

The Committee would write to the Chair of the GLA Transport Committee querying the proposed placed on ambulances using the designated Olympic lanes and asking that they raise the concerns of the Committee in their meeting with Transport for London on 13 March. Councillor Winskill agreed to draft a letter on behalf of the Committee.

ACTION BY: Councillor Winskill

The future meeting dates were as follows:

16 April – Haringey

28 May - Enfield

9 July (moved from 16 July) – Barnet

RESOLVED:
THAT subject to the above amendments, the report be agreed.

TO NOTE: All

The meeting ended at 1.25pm

CHAIR: Councillor Gideon Bull

MINUTES END