

# **North Central London Joint Health Overview and Scrutiny Committee 9<sup>th</sup> July 2012**

Minutes of the meeting of the Joint Health Overview and Scrutiny Committee held at Hendon Town Hall, The Borroughs, Hendon, London, NW4 4BG on 9 July 2012 at 10.00am

**Members of the Committee present:** Cllr Martin Klute (Chairman), Cllr Alison Cornelius, Cllr Graham Old and Cllr Barry Rawlings (L.B. Barnet), Cllr John Bryant (L.B. Camden), Cllr Alev Cazimoglu and Cllr Anne-Marie Pearce (L.B. Enfield), Cllr Dave Winskill (Vice-Chairman) and Cllr Reg Rice (L.B. Haringey). Cllr Arjun Mittra (L.B. Barnet) present in the audience

**Officers present:** Rob Mack (L.B. Haringey), Mike Ahuja (L.B. Enfield) and Rachel Stern (L.B. Islington) and Andrew Charlwood (L.B. Barnet)

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 (JHOSC).

## **MINUTES**

### **1 WELCOME AND APOLOGIES**

The Chairman, Cllr Klute, welcomed the attendees to the meeting.

Apologies for late arrival were received from Cllr Reg Rice (L.B. Haringey) and Mark Easton, Chief Executive Barnet and Chase Farm Hospitals NHS Trust.

Apologies for absence were received from Cllr Peter Brayshaw (L.B. Camden) and Cllr Alice Perry (L.B. Islington).

### **2. DECLARATIONS OF INTEREST**

Cllr Alison Cornelius (L.B. Barnet) declared a personal but non-prejudicial interest in the items on the agenda as she was an assistant chaplain at Barnet and Chase Farm Hospital.

### **3. URGENT ITEMS**

The Chairman reported that, as requested at the last meeting of the Committee, NHS North Central London had provided information on the Primary Care Investment Strategy within Barnet, Enfield and Haringey with particular reference to the three hospital sites and clarification of land sales at the hospitals.

The Committee noted that this information had been tabled at the meeting. Members agreed that there had been insufficient time to consider the information contained therein and that the tabled report was not as comprehensive as had been expected. It was moved that consideration of the item be deferred and that a full report be presented to the September meeting.

**RESOLVED:**

- 1) that NHS North Central London be requested to provide a full report to the September meeting of the Committee on the Primary Care Investment Strategy within Barnet, Enfield and Haringey with particular reference to the three hospital sites and clarification of land sales at the hospitals.
- 2) that NHS North Central London be requested to submit the above report in time for publication of the agenda for the meeting to enable the Committee to give due consideration to the information contained therein.

**4. MINUTES – 28 MAY 2012 MEETING**

- *Estates Management (Item 7)*: The Committee noted that NHS North Central London had provided further details on sites, their current ownership, whether the site would be retained or transferred and, if transferred, the provisional transferee. Members considered that the list of sites did not provide all the information requested as percentage occupation figures were missing.

It was noted that the Chair had written to the Secretary of State to express concern that a joint application by the three trusts currently on the St Pancras Hospital site to be granted the building had been turned down on a technicality.

**RESOLVED;**

- 1) That a copy of the letter from the Chair to the Secretary of State regarding the St. Pancras site be circulated to Committee Members.
- 2) That, when appointed, the lead officer for NHS Property Services Limited (PropCo) for London be invited to the JHOSC and local health overview and scrutiny committees.

- *Barnet, Enfield and Haringey Clinical Strategy – Implementation:* Cllr Alison Cornelius (L.B. Barnet) raised concerns that the Transport Impact Assessment for the Barnet Hospital site has only identified a requirement for an additional 21 car parking spaces. She reported that at the previous meeting Mark Easton, Chief Executive Barnet and Chase Farm Hospitals NHS Trust, had stated that a multi-storey car park could not be accommodated on the site. The Committee were informed that this had not been discussed with the L.B Barnet Head of Planning and she requested that the minutes of the 28<sup>th</sup> May 2011 meeting be amended to reflect Mr Easton's comment.

The Committee were informed that there had been no consultation so far with local Members on the planning application. It was noted that Cllr Alison Cornelius and Cllr Graham Old had undertaken a site visit at Barnet Hospital on 3<sup>rd</sup> July 2012 and had identified that the staff car park was full and 150 staff were parked in visitor parking bays. Due to the shortage of parking on site, staff were being forced to park outside of the site, in some cases illegally.

Mark Easton tabled a briefing on the current status of the planning application and parking at the site. He advised the Committee that they had been working with the L.B Barnet planning department on planning considerations including parking and the development of a Green Travel Plan. He added that if planning permission was not achieved by 29<sup>th</sup> August 2012, there would be an impact on the November 2013 service transfer date. Members were informed that parking, including the possibility of having a multi-storey car park, was an issue that was being considered regularly by the Board. The Committee would be updated with any progress on this issue.

The Chairman advised the Committee that Barnet and Chase Farm Hospitals NHS Trust were considering a merger to enable NHS Foundation Trust status to be achieved. The Committee were disappointed that this information had been obtained via the media rather than directly from the Trust. It was noted that the full report commissioned by NHS London on the feasibility of Chase Farm Hospital merging with the North Middlesex Hospital had not been made public as yet. Members requested further information on the changes that had led to Barnet and Chase Farm Hospitals to seek a merger. In addition, they felt the implications for the North Middlesex Hospital needed to be taken into account.

Mr. Easton reported that the board of Barnet and Chase Farm Hospitals were considering possible merger partners in the light of an external review that had been commissioned by them on future options. The conclusion had been reached that the Trust would not be able to achieve foundation trust status as a single entity. There were likely to be considerable financial challenges in the forthcoming years and, in particular, commissioners were likely to require large cost savings. A detailed report on this issue would be

considered by their board on 12 July. If the board agreed to proceed, there would be an options appraisal on possible merger partners. Preferred partners would be identified by October 2012. A full consultation would take place if a formal merger was proposed as a result of the options appraisal.

**RESOLVED:**

- 1) that the NHS London Director of Finance, Hannah Farrah, be invited to the September meeting of the Committee to provide an update on the financial viability of NHS Trusts within the cluster, with particular reference to the implications of PFI contracts.
- 2) that the minutes of the meeting held on 28<sup>th</sup> May 2012 be agreed.

**5. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES – TRANSFORMATION OF IN-PATIENT SERVICES IN BARNET, ENFIELD AND HARINGEY**

Ceri Jacob, Acting Borough Director, NHS NCL Barnet, Phil DiLeo, Head of Additional Needs and Disabilities Service, Haringey and Brian Davis, Principal Educational Psychologist, L.B. Barnet presented reports on: Barnet, Enfield and Haringey Child and Adolescent Mental Health Services (CAMHS) Tier 4 Service Development; and Achieving an Education Model Integrated with CAMHS Provision.

Ceri Jacob advised the Committee that the Trust were implementing the Integrated CAMHS 3.5/4 Service. She added that the Young Peoples Board (YPB) continued to meet and were being supported at the current time by NHS NCL Communications Team. It was noted that the YPB were assisting in developing an evaluation framework. Members were informed that there were three representatives on the YPB and they met every two months.

Brian Davis presented a report which had been tabled on the maintenance of education provision for children and young people with serious emotional wellbeing and mental health concerns as CAMHS reforms were being implemented. The Committee were informed that there was uncertainty regarding future funding arrangements at the Northgate Pupil Referral Unit as a result of the loss of the clinic which had seen a reduction in funding of £115,000. It was noted that there had been a recent agreement with Haringey regarding joint block commissioning and that Enfield would possibly join in 2013 when the new funding model was implemented.

The Committee emphasised the importance of collaborative working between education and health to ensure that current service provision was not destabilised.

**RESOLVED** that detailed funding and service models proposed for the PRU at Edgware Hospital Barnet be presented to a future meeting of the Committee.

## **6. NHS NORTH CENTRAL LONDON STRATEGIC COMMISSIONING AND QIPP PLAN**

Sylvia Kennedy, Associate Director Strategy and Planning, NHS NCL and Nick Day, Head of Programme Office NHS NCL delivered a presentation on the NHS NCL Commissioning Strategy and QIPP Plan 2012/13 to 2014/15.

The following points were noted in relation to questions:

- In some areas, GPs were not fully complying with their Personal Medical Services (PMS) or General Medical Services (GMS) contracts. Analysis of PMS contracts were currently being undertaken to detail costs in specific areas. Post 2013, these would transfer to commissioning and support services. The Committee agreed that JHOSCs and HOSCs should be consulted to consider whether contracts had been commissioned correctly.
- Budget allocations for CCGs would not be available until October. It was reported that financial plans were being based on current PCT budget allocations. Members were informed that CCGs and local authority public health functions would individually commission services. Other services would be commissioned by a Central Board. The Committee highlighted the importance of all commissioning bodies signing up to a co-ordinated plan.
- The Committee queried whether there would be a review of GP contracts and whether this information would be made available to the National Commissioning Board.
- GPs would commission two types of GMS contracts – standard or enhanced services (such as increased hours). Commissioning would be informed by patient participation groups.

**RESOLVED:** that referral management, with particular reference to borough integrated service proposals and issues relating to the re-tendering of services, be discussed at a future meeting.

## **7. PRIMARY CARE STRATEGY; UPDATE**

Dr Henrietta Hughes, Acting Medical Director, NHS NCL and Denise Tyrrell, Programme Director Primary Care Strategy, NHS NCL presented a written summary on the Primary Care Investment Strategy for the north central London cluster.

The following points were noted in relation to Members questions:

- In relation to the commissioning strategy for blood tests, it was expected that tests would be undertaken close to where the patient lived.

- To address the issue of overtrading of acute services and preventing hospital admissions, post-graduate salaried GPs would be deployed to look at groups of patients (e.g. in care homes) to ensure that medicines were being managed appropriately and that there was communication between carers. GP networks would share good practice.
- Funding allocations were based on the number of GP practices and this would be reflective of population size.

**RESOLVED** that NHS NCL be requested to take account of concerns relating to medicines management with particular regard to shortage as a result of supply chain issues.

## **8. INTEGRATED CARE**

Sylvia Kennedy, Associate Director Strategy and Planning, NHS NCL and Graham McDougal, Associate Director of Integrated Care, NHS NCL delivered a presentation on integrated care in North Central London.

The following points were noted in relation to Members questions:

- In relation to cultural barriers that had historically prevented service integration, the Committee were advised that there were some elements of services that could be integrated effectively. Sylvia Kennedy reported that service providers were taking a more systematic approach and it was recognised that long-term solutions were required.
- Managing multiple care pathways would be dependent on the conditions being managed. Enhanced levels of collaborative working would be required for patients with complex or multiple conditions. Approaches would need to change as the patient moved through the system. The Committee emphasised the importance of having coordinated care plans.
- Integrated services would be governed by strict information sharing protocols. Only direct care providers would have access to patient records.

## **9. TRANSITION UPDATE**

Patsy Ryan, NHS NCL Interim Deputy Director of Communications presented a paper updating the committee on developments within North Central London as part of the NHS national transition process.

The Committee noted that:

- Anne Rainsberry, the NHS Commissioning Board's London's Regional Director, would be visiting NHS North Central London on 12 July for a session with staff, the executive team and CCG chairs.

- Proposals for joint Harrow and Barnet public health functions and for joint Camden and Islington public health functions will be discussed at the NHS North Central London's Joint PCT Board meeting on 20 July.
- Development of the Full Business Plan (FBP) for the Commissioning Support Service covering North Central London was now underway for submission to the NHS Commissioning Board in August 2012.
- Accountable Officers had been appointed by Camden Clinical Commissioning Group (CCG), Enfield CCG and Islington CCG. The posts for Barnet and Haringey CCG were being advertised nationally currently.

**RESOLVED:**

- 1) that NHS NCL be requested to provide a half day briefing to JHOSC Members in November 2012 on:
  - CCG transitional arrangements; and
  - The role of CSS and NCB London regional office so that the Committee is able to consider its future role
- 2) that a further update be provided at the next meeting of the Committee.

**10. FUTURE WORK PLAN**

The Committee were asked to consider the future work plan. It was agreed that the items referred to above be added to the Committee's work programme.

**11. PFI FUNDED HOSPITAL DEVELOPMENTS**

The Committee had requested information on any PFI schemes that were currently in operation within the cluster and, in particular, any that were a source of concern in respect of their long term affordability. It was noted that NHS North Central London did not hold such information. However, NHS London and the Department of Health would have access to it. Information was available on the Treasury website although there appeared to be some omissions. It was noted that the North Middlesex Hospital had a PFI scheme and that concerns had already been expressed about its long term affordability in the event of there being issues with the implementation of the BEH Clinical Strategy. It was also noted that both the Whittington and Barnet and Chase Farm Hospitals also had PFI funded developments.

**CLOSE 13.00 hrs**