

North Central London Joint Health Overview and Scrutiny Committee
10 September 2012

Minutes of the meeting of the Joint Health Scrutiny Committee held at the Laycock Centre, Islington- on 10 September 2012 at 10.00am.

Present: Councillors: 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).

Officers: Rob Mack (L.B.Haringey), Peter Moore, Rachel Stern, (L.B.Islington), Linda Leith (L.B. Enfield)

1 WELCOME AND APOLOGIES FOR ABSENCE (Item 1)

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

2 URGENT BUSINESS (Item 2)

None.

3 DECLARATIONS OF INTEREST (Item 3)

Councillor Alison Cornelius declared that she was an Assistant Chaplain at Barnet Hospital, but did not consider it to be prejudicial in respect of items on the agenda.

4 CHAIR'S REPORTS

The Chair reported that in relation to the issue of the ownership of property the Department of Health had indicated that there had been movement on this matter and that there would now be an independent disputes procedure. The Chair detailed the letter to Members of the JOSC and that he would circulate a copy to Members of the Committee.

CHAIR

Discussion took place as to whether the issue of the proposed ownership of the St. Pancras Hospital site had resulted in a formal disputes procedure and the Chair stated that he would discuss this with Councillor Bryant at LB. Camden and write formally as Chair of the JOSC to the Secretary of State in relation to this matter.

CHAIR

It was also noted that the JHOSC intended to invite the Head of the NHS Property Services Limited (PropCo) for London to a future meeting.

ACTION

Reference was also made to minute 9 at the last meeting of the Committee in relation to the half day training briefing proposed to JHOSC members in November and it was proposed that this should take place on Wednesday 28 November 2012 at 1.00p.m. to 4.00p.m at the Laycock Centre, Islington.

ACTION

5 MINUTES (Item 4)

RESOLVED:

That subject to the following amendments the minutes of the meeting of the Committee held on 9 July 2012 be confirmed and the Chair be authorised to sign them –

- Minute 4 page 7 – amend to read – Councillor Alison Cornelius, L.B.Barnet, raised concerns that Mark Easton, the Chief Executive of Barnet and Chase Farms Hospitals NHS Trust, had stated that he believed L.B.Barnet's Planning Department had told the trust that a multi-storey car park would not be granted planning permission on the site. The Committee were informed that this had not been discussed with the London Borough of Barnet Head of Planning or his department and she requested that the minutes of the 28 May 2012 be amended to include Mr.Easton's comment. Mr. Easton

wanted to put the record straight, at the July meeting, by saying that advice from within the hospital was that the L.B.Barnet would be unlikely to grant planning permission for a multi-storey car park;

- Minute 4 – page 7 – second paragraph – delete last two sentences and replace with – It was noted that Councillor Alison Cornelius and Councillor Graham Old had undertaken a site visit at Barnet Hospital on 3 July 2012 and had identified that the staff car park was full and 150 staff were parked in patient/visitor parking bays. Due to the shortage of parking on site, staff were also being forced to park outside the site or illegally within the site.

6 MATTERS ARISING FROM THE MINUTES

The Chair enquired whether the planning application for the car park at Barnet General had been achieved by 29 August as envisaged.

Councillor Cornelius stated that this matter had been due to be considered on 5 September but now would not be considered until 19 September.

Concern was expressed that the transport plan had not been updated by the NHS since the proposals for merger had been originally submitted.

Reference was also made to page 11 of the minutes of 9 July and that the situation in Camden and Islington had been complicated due to the Director of Public Health being appointed to another post. It was stated that replacement was an NHS appointment, although it was hoped that the relevant Local Authorities would have some input into this.

7 ORDER OF AGENDA

The Chair stated that the order of agenda would be as follows –

Barnet, Enfield, Haringey Clinical Strategy – Implementation
Referral Management
Clinical Commissioning Groups Financial Regime
Medicines Management
Acute Trusts Financial Health Check
Transition Programme Progress Update
UCLP Academic Health Science Networks
QIPP Update
Future Work Programme

8 BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY – IMPLEMENTATION (Item 5)

Siobhan Harrington BEH Clinical Strategy Programme Director NHS North Central London and Caroline Taylor, Chief Executive NHS North Central London were present at the meeting.

Siobhan Harrington outlined the report.

The JHOSC were informed that the proposals for the full business plans for developing the two hospital trusts would be considered by NHS London, and in the case of North Middlesex University Hospital, also by the Department of Health and the Treasury, and it was hoped that approval would be obtained by November 2013. This was an ambitious timescale and there was a need to link it in with primary and community care.

Siobhan Harrington added that there was CCG engagement in the 3 boroughs concerned and the future of Chase Farm and the transport issues in transferring services to Barnet General were being addressed.

In response to a question it was stated that £46.7 million was planned to be invested in primary care across the 5 boroughs over the next three years and it was intended to bring these proposals to the respective individual borough health scrutiny committees. Specific areas such

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as the sharing of IT/premises were areas which would be looked at. There would be a need to ensure any changes are appropriately consulted on and residents were engaged over the coming months.

Reference was made to paragraph 1.11 in relation to walk in centres and Caroline Taylor stated that there were now 3 or 4 walk in centres in operation in the cluster at present.

The Chair referred to paragraph 4.2 of the report and the need to continue to require culture change.

Siobhan Harrington responded that there was a need to look at how services can be developed and were patient focused and to look at the needs of the local population.

Reference was made to the fact that there needed to be an improvement in services in Western Enfield and concern was expressed at the reduced hours for the walk in service at the Evergreen Centre. In addition it was stated that there was historical variation in spend in the different boroughs. Siobhan Harrington stated that the £46.7 million additional funding would be based on the number of practices in each borough.

Caroline Taylor referred to table 1 in the report and that whilst L.B.Camden and L.B.Islington had different levels of spend they were both producing consistently higher levels of performance than the other boroughs. There was a need to ensure that value for money was obtained and that this needed to be done in conjunction with Local Authorities, given that funding for public health would be transferring to Local Authorities from April 2013. It was important that the Clinical Commissioning Groups worked with Local Authorities.

Members were informed that it was still not yet clear how the public health funding allocation would be decided.

Caroline Taylor informed the JHOSC that there were proposals for changes in the opening hours of the walk in service at the Evergreen Centre, since as the centre first opened there had been a significant increase in primary care services and the patient surveys have indicated that there had been improvements in primary care. It had been recognised that there was a need for the centre to be open at weekends and at bank holidays and there had not been a large response to the consultation on the changes.

Councillor Camizoglu asked for her view to be recorded that if a consultation process is carried out then the results should be adhered to and the preferred option should have been pursued.

Although the results of the consultation had not been in favour of the closures and that it was rare to not comply with the results of a consultation, a “best value” decision had been taken to reduce opening hours; however an offer had been made to work with the Council with regard to this.

In response to a question in relation to difficulties that patients have experienced in getting GP appointments it was stated that practices were being contacted as to appointment availability and that mystery shopping of practices was proposed.

Councillor Pearce referred to the proposed changes to the Barndoc contract in Enfield and whether she could be provided with details of this.

RESOLVED:

- (a) That Members be circulated with a note of how the formula has been developed in relation to the allocation of the £46.7 million primary care funding. **ACTION**
- (b) That the publically available details of the procurement process for GP Out of Hours services in Barnet, Enfield and Haringey be supplied to Cllr Pearce.

The Chair thanked Siobhan Harrington and Caroline Taylor for attending.

9 REFERRALS MANAGEMENT (Item 6)

Dr.Henrietta Hughes, Acting Medical Director, NHS North Central London was present for discussion of this matter. She stated that referral management was about improving the quality of referrals that were made by GPs.

In response to a question it was stated that the 2 week cancer referral period was a maximum and often referrals were quicker than this.

Dr. Hughes stated that there was a useful website available to GP's in relation to referral management and that the website link could be made available to Members.

It was stated that L.B.Enfield had had referrals management in place since 2006, whereas L.B.Islington did not currently have this in place, although GP's were aware of pathways. Dr.Hughes stated that there were concerns that too many referrals were made to the acute sector and generally there should be more consistent criteria applied and GP's should be more aware of what local pathways were.

In response to a question as to the proportion of referrals that are being referred back and whether these had reduced Dr.Hughes stated that this depended on which stage boroughs had reached in the evolution of referral management. Reference was made to the fact that GP's were paid for high quality referrals and that the cost and impact of this should be provided to the Committee.

The Chair thanked Dr.Hughes for her presentation.

RESOLVED:

- (a) That details of the website referred to above be circulated to Members of the Committee. **ACTION**
- (b) That the cost and impact of referrals by GP's be referred the Boroughs' Scrutiny Committees for consideration as part of their future work plans. **ACTION**

10 MEDICINES MANAGEMENT (Item 7)

Dr.Henrietta Hughes, Acting Medical Director, NHS North Central London was present for discussion of this item and made a presentation to the Committee thereon.

Dr. Hughes referred to the fact that the Department of Health guidelines 2010 stipulated that the interests of UK patients should override all other considerations and that the holder of a wholesale dealer's license could be in breach of the Regulations if they chose to trade medicines for export that were in short supply in the UK.

In response to a question it was stated that Clinical Commissioning Groups (CCGs) would take over the medicines management that was currently carried out by PCTs and the local CCGs were considering ways in which they could work collaboratively.

Dr. Hughes referred to the 'flu vaccination programme for 2012/13 and that there were multiple manufacturers of the 'flu vaccine and GP practices purchased supplies as individuals or on block contracts. She added that two manufacturers were currently quoting 2 -4 weeks delay.

The Chair thanked Dr.Hughes for her presentation.

11 ACUTE TRUSTS – FUTURE FINANCIAL HEALTH CHECKS (Item 8)

A letter from Caroline Taylor, Chief Executive, NHS North Central London, dated 4 September 2012, was laid round.

The Chair stated that he was reassured that the contents of the letter appeared to indicate that there were no apparent problems with PFI initiatives in the North Central London region.

Councillor Rice expressed the view that there were problems at North Middlesex with the PFI and it was stated that there had been a recent report that had highlighted North Middlesex as one of 20 failing NHS Trusts as a result of the PFI initiatives.

Members also stated that they were sceptical about the information provided about Barnet and Chase Farm in relation to its financial situation.

RESOLVED:

That the website link in relation to the 20 failing Trusts referred to above, be forwarded to the Chair. **ACTION**

12 QIPP UPDATE (Item 9)

Nick Day, Head of Programme Office, NHS Central London was present for discussion of this item and made a presentation to the Committee thereon.

During discussion of the presentation the point was made that there needed to be an indication as to whether demand and referral management measures put in place are effective. Nick Day responded that NHS North Central London has an 'overlap' model in place to ensure that demand and referral management measures introduced are not "double-counted".

RESOLVED:

That a report be submitted to a future meeting of the JHOSC with regard to any referral/demand measures put in place to reduce demands on the commissioning budgets and whether these were effective.

13 CLINICAL COMMISSIONING GROUPS: FINANCIAL REGIME (Item 10)

Harry Turner Interim Finance Director, NHS North Central London, was present for discussion of this item and gave a verbal update to the Committee.

Harry Turner stated that the current financial position was that it was anticipated that as at month 4 NHS North Central London were projecting financial balance.

Existing budgets are being divided on the basis of future allocations to Clinical Commissioning Groups, Local Authorities, PropCo etc. and these will be used by the Department of Health to inform funding allocations for 2013/14. There were on-going discussions with Local Authorities and Clinical Commissioning Groups to understand and be sighted on these financial changes as they roll out.

In response to a question as to how financial balance would be possible given that 3 of the 5 PCT's were currently in deficit, Harry Turner stated that at present the PCTs were on track not to be in deficit, however if this situation were to change there were financial management escalation procedures that could be put in place together with stringent monitoring controls to manage this. He added that the more unknown factor was the allocation in future years given the proposed public spending restrictions and the changes to funding formulae and organisational structures noted above.

Councillor Winskill enquired whether if a PCT was in deficit whether this deficit would be transferred to the Clinical Commissioning Group and if CCGs were envisaged to be allocated the same funding that PCTs previously received. In addition he enquired how the funding formula would be allocated for the public health area and how Local Authorities can influence this.

Councillor Camizoglu expressed the view that given that the Enfield PCT deficit did not appear to have changed, she could not see how there would be no deficit by the year end.

Harry Turner responded that whilst it had not yet been tested, there were escalation processes in place and if in the second half of the year PCTs appeared to be heading for deficit, strict financial procedures would be put in place to address this. This could result in more central control of spending by NHS North Central London.

Harry Turner stated that he was aware that there had been significant lobbying by Local Authorities in relation to the allocation of public health funding. He noted that the Department of Health remained committed to determining funding allocations by December. Whilst it was known that public health funding was protected for 2013/14, the impact of the changes to funding allocations noted above, was not known over the next 5 year period. In the past the NHS has had growth funding year on year, whereas in future the economic situation may result in a different approach to the Pace of Change movement in resource allocation : in the past there has been a gradual levelling up of funding to Target, whereas now it is more likely that there will be levelling down as well as up. This is the more unknown risk factor referred to above.

The Chair thanked Harry Turner for attending.

14 UCLP: ACADEMIC HEALTH SCIENCE NETWORKS (ASHN) – EXPRESSION OF INTEREST (Item 11)

Dr. Amanda Begley, Director of Innovation and Implementation, UCL partners, was present for discussion of this item and outlined the report.

During discussion the following main points were raised –

- There had been a large transition in the services in the acute sector and there needed to be a focus on where this had worked well and this should be translated in relation to future provision
- There should be a focus on early diagnosis and a long term focus on reliance on the pharmaceutical industry
- In response to a question as to whether the effectiveness of the network would be diminished if the geographical spread of the work was too wide, it was stated that the areas chosen were ones where it was felt that there could be effective collaborative working. There would be a need to build up relationships, however UCL Partners felt that the proposed area could work and operate effectively
- The view was expressed that there were a number of residents in the area proposed for expansion that at present used hospital services in the NHS North Central London cluster
- Members of the JOSC stated that whilst they expressed support for the work of UCL Partners and expansion they were concerned that a too wide spread of resources could diminish the effectiveness of its services and the Chair should advise the Department of Health accordingly

The Chair thanked Dr.Begley for attending.

RESOLVED:

That, subject to the above mentioned comments, the bid by UCL partners be supported.

15 TRANSITION PROGRESS – UPDATE – SEPTEMBER 2012 (Item 12)

Patsy Ryan, Interim Director of Communications, NHS North Central London was present for discussion of this item, together with Laura Zymaczyk, CCG Development Workstream Lead, NHS North Central London.

Patsy Ryan outlined the report and the following points were raised –

- The Committee were of the view that the work that had been carried out by NHS North Central London during the transition had been excellent.
- It would be helpful if the terms of reference of the CCG Council could be shared with the Committee.
- Reference was made by Councillor Old to the latest position on the appointment of the

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Director of Public Health in Barnet and Harrow.

RESOLVED:

- (a) That Councillor Old is informed of the latest position with regard to the appointment of the Director of Public Health for Barnet and Harrow. **ACTION**
- (b) That the terms of reference for the CCG Council be provided to the Committee. **ACTION**

16 FUTURE WORK PROGRAMME (Item 13)

The following additional items were agreed for future consideration –
Accident and Emergency waiting times, particularly at Barnet General
Mental Health new arrangements
Workforce Development progress
Demand and referral management
PropCo London Regional officer to be invited to a future meeting.

17 NEW ITEMS OF URGENT BUSINESS

None.

18 DATE AND VENUE OF NEXT MEETING

The next meeting would be held on 22 October in L.B.Camden.

FINISH

The meeting closed at 13:15 pm.

CHAIR: