

**North Central London Joint Health Overview and Scrutiny Committee**

**22 October 2012**

Minutes of the meeting of the Joint Health Scrutiny Committee held in Committee Room 1, Camden Town Hall, Judd Street on 22 October 2012.

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|-----------------|---------------------|--|
| <b>Present:</b> | <b>Councillors:</b> | Cllr Martin Klute (Chairman)<br><br>Cllrs Alison Cornelius, Barry Rawlings (LB Barnet), John Bryant (L B Camden), Alev Cazimoglu (L B Enfield, Anne-Marie Pearce (L B Enfield), Alice Perry (L B Islington), Peter Brayshaw (L B Camden), and Dave Winskill (Vice-Chairman) (L B Haringey) |
|                 | <b>Officers:</b>    | Rob Mack (L B Haringey) Shama Sutar-Smith (L B Camden), Zoe Crane (L B Islington) and Lesley Blue ( L B Camden)  |

**1. WELCOME AND APOLOGIES FOR ABSENCE**

The Chairman, Cllr Klute, welcomed the attendees to the meeting. There was an apology for absence from Cllr Graham Old (L B Barnet).

**2. DECLARATIONS OF INTEREST**

Councillor Peter Brayshaw declared that he was a governor at UCLH but did not consider it to be prejudicial in respect of items on the agenda. 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.

**3. URGENT BUSINESS**

There was none.

**4. CHAIR'S REPORTS**

The Chair reported that the ownership of the St. Pancras Hospital site would be transferred to Camden and Islington Foundation Trust in a recent decision by the new organisation, NHS Property Services.

*Clarification of charging regime and regional tariffs:*

The Chair had been in discussion with Islington CCG about work they were doing around charges; one hospital had been charging £160 for a blood test, but the actual cost was £5/10, so prices had been negotiated. 'In Health' a private company, had been brought in and reduced the waiting list for scans from 14 weeks to 2 weeks, this

was an example of good use of private providers. However, it was noted that there was a risk of 'loss leader' bids, where large private companies were involved in bidding for contracts, and it was important to prevent these bids from shutting NHS down.

The Committee noted that the Health and Social Care Act 2012 gave health scrutiny committees the ability to scrutinise NHS services delivered by the private sector.

At the last meeting the Chair had agreed to write, on behalf of the Committee, to express concern in respect of increasing the geographical areas of the UCL partners academic health science network. However, he had since met with Dr Fish from UCL, who had explained why a wider geographical area followed patient flows and funding for their work. He outlined discussions with Dr Fish on his current work in this area and reported on the ideas for collaboration which were being identified through this work and focussed on the following areas:

- Experience and survival of cancer
- Cardiovascular disease – early detection
- Mental Health – early detection and treatment
- Greater interaction with schools
- Improved management of Long Term Conditions

The Committee were reassured by the outcomes of this work and requested that a report on progress of the above five themes be presented to a future meeting of the Joint Committee, in approximately six months. However, they still had some concerns about the size of the areas and suggested that Dr Fish be asked to consider subsets within that area.

It was agreed that the next meeting of the joint Committee due to be held in December be cancelled, as the Transition Workshop was to take place on 28 November 2012.

The Committee noted that Ruth Carnell, Chief Executive of NHS London, had been quoted in some media coverage as commenting about elected representatives and their views on NHS reconfigurations at a King's Fund event. Concerns were raised about the content of these comments and it was agreed that a response would be drafted on behalf of the Committee to them. It was nevertheless acknowledged that full details of the comments in question were not yet available. It was agreed that a link to any documentation of the comment be circulated.

**AGREED:**

1. That, in the light of the forthcoming JHOSC seminar on 28 November, the meeting of the Committee scheduled for 3 December be cancelled;
2. That a letter be sent on behalf of the Committee to the Chief Executive of NHS London expressing concern at comments reportedly made by her at a recent Kings Fund event, subject to confirmation of their substance through relevant documentation.

## 5. MINUTES

### RESOLVED:-

That subject to the following amendments, the minutes of the meeting of the Committee held on 10 September 2012 be confirmed and the Chair be authorised to sign them:-

- Minute 8 – page 4 – should read November 2012 and not 2013.
- Transport Assessment should read Barnet and Chase Farm Hospital, not Barnet Council Planning Department.
- Minute 6 – page 4 – first sentence to conclude ‘achieved by 29 August as envisaged by the hospital’.
- Minute 15 – UCLP discussion – South Herts and Hertfordshire should be mentioned.
- Minute 11 – in respect of the resolution, it was reported that a list of failing Trusts was not published in 2011/12 and the DH did not hold one, this list had been compiled by the press. The North Middlesex had six years of surplus including the first year of their PFI payments, NHS NCL had confirmed their financial viability to the committee in a letter from the Chief Executive to the committee Chair

## 6. NHS PROPERTY SERVICES

Tony Griffiths, Regional Director (London) for NHS Property Services was in attendance during consideration of this item to provide an outline of issues relating to estates. The implementation of a revised approach was reported to members, including the proposed operations, structure and governance arrangements with an implementation date of 1 April 2013. The governance arrangements were proposed as a Chair and 6 Non-Executive Directors, with 3,000 staff nationwide, but with a local area team with local focus and this would involve approximately 3,500 – 3,600 properties with an estimated running cost of £1billion.

There were four key areas of concern that the Regional Director clarified to members, as follows:-

- Existing tenants would be protected due to existing leases
- Discussion was ongoing in respect of a guarantee regarding local investment of disposal receipts
- Rents were protected by existing leases and therefore there would be no increases at this stage
- No decision had been made in respect of using Lift

It was also confirmed that planned disposals were to proceed but it was not possible to confirm how the money would be re-invested at this stage. It was reported that there were no PFI deals in this area. It was explained that the Lift contract was partly owned by private and Community Health Partnerships and PCTs and therefore the

NHS has an interest in the commercial running of the company, which was not the case in a PFI arrangement.

In respect of running costs, each site was treated individually with the rent of each property being either market value as determined by the District Valuer or based on actual costs for running costs; it was re-iterated that tenants were protected due to their leases and the lease terms were intended to clarify the rent methodology.

It was confirmed that the Non-Executive Directors would not be working full time but that the people appointed would have appropriate skills and knowledge. No details of salaries were available at the time of the meeting.

A discussion was held in relation to the terms and conditions of staff and in respect of proposed changes from 1 April 2013. The Regional Director confirmed that it was intended to be a 'lift and shift' approach for existing staff to remain on the same terms and conditions including remaining in the NHS pension scheme. It was noted that comparable terms and conditions for the future were being considered and the arrangements for new employees was still being investigated.

In response to members' questions, it was confirmed that the auditing of the company accounts would be undertaken by an Independent Auditor and the Accounts would be available to the public via Companies House.

## **7. FINANCIAL MANAGEMENT OF ACUTE CONTRACTS (DEMAND /CONTRACT MANAGEMENT)**

Simon Currie, Interim Director of Contracts outlined a presentation to the Committee which described the issues relevant to the management of acute contracts from a financial perspective. Background information was provided on the acute contracting process, including the basis of contract payments, and the annual and monthly contracting cycle. The factors that influenced expenditure with acute trusts, both from a supply perspective and a demand perspective, were reported and the steps that commissioners take to mitigate the financial risk.

## **8. QIPP / FINANCE UPDATE**

Harry Turner, Director of Finance for North and East London Commissioning Support Unit presented to members an update on QIPP progress, and on implementing schemes to assist in closing the remaining QIPP gap.

It was reported that at month 5, the reported forecast year end control totals remained on target for all PCTs. Achieving financial targets remained a significant challenge for Barnet, Enfield and Haringey PCTs in particular, and key to achieving this will be QIPP delivery.

Of the QIPP schemes already in implementation, the forecast outturn for each QIPP category at the year end is RAG-rated green in eight categories, amber for five categories, and red for six further categories, although this also included the unidentified QIPP.

The following five key schemes to help close the remaining QIPP gap have been identified and are in development:-

- Alcohol-related admissions (Cluster wide)
- Pain management (Barnet, Enfield, Haringey)
- Comprehensive Falls Service (Barnet, Enfield, Haringey)
- Patient navigator (Barnet, Enfield, Haringey)
- Review of elective procedures (Barnet, Enfield, and Haringey)

## **9. ACHIEVING AN EDUCATION MODEL INTEGRATED WITH CAMHS PROVISION – UPDATE ON EDUCATION ARRANGEMENTS AT NORTHGATE PRU**

The JHOSC received an update on the Northgate PRU and the CAMHS clinic arrangements, but with a particular focus on education for young people who may be required to access CAMHS services as there was concern this may be destabilised by CAMH service changes.

The report was compiled following discussions with SEN representatives from Haringey and Enfield, CAMHS and health commissioners and the head teacher of the PRU. The key issue was the loss of the Northgate clinic has led to less on site education placements at the Northgate PRU linked to CAMHS interventions. From September 2012, the New Beginnings clinic places continue to appear slightly over subscribed (approximately 13) and these young people will require access to educational services within the current financial year.

Northgate PRU was underutilised partially as a result of CAMH service changes. Base funding was provided by Barnet DSG and the financial liability for any shortfall in funds lost from recoument for 2012/13 should be spread by agreement across Barnet, Enfield and Haringey.

It was reported that there was likely to be an increased demand in relation to raising of the participation age, increases in population numbers and young people with social, emotional and behavioural difficulties and the expansion of Tier 4 New Beginnings. Increased demand could also come from flexible arrangements with host schools to support inclusion and reintegration and prevent exclusion. The Taylor review demanded full time education for those young people able to access it. There was a need to fully utilise the 28 places available as the EFA or DfE may question continuation of this capacity.

A mixed model for funding (including place plus and hospital provision) was being proposed for Northgate PRU 2013/14 to maintain stability for integrated services, increase flexibility to support personalisation and increase use of the facility. A dialogue was currently in place with the DfE over the required place numbers and funding arrangements. Barnet, Enfield and Haringey Children's Services needed to collaborate in the discussion and agree the preferred position together. Dialogue will take place with Barnet and other borough schools to increase the role of Northgate in the delivery of services.

**RESOLVED:**

- i) That the Committee note the content of the report; and
- ii) That the Committee express its support for the mixed model approach proposed.

**10. TRANSITION PROGRAMME PROGRESS UPDATE**

The Transition Programme Manager, Amy Bray, presented the report to the Committee. The report outlined the changes to the healthcare system relevant to this final phase of transition, including the launch of some of the key ‘receiving’ organisations, the introduction of new governance arrangements and the implications for NHS North Central London.

To enable a smooth transition to the new system, an Interim Operating Model (IOM) had been put in place to minimise disruption and avoid confusion for staff by building new working relationships across the system. This will aid in embedding the new organisations but there will be no formal transfer of statutory functions, accountability, budgets or employment of staff ahead of April 2013.

The impact of change on the following organisations was outlined:-

- NHS North Central London
- NHS Commissioning Board
- NHS Trust Development Authority
- Public Health
- Commissioning Support Units
- Clinical Commissioning Groups
- NHS Property Services Limited

Members considered the content of the report in detail and paid particular interest to the monitoring of costs of the transition budget, and specially the cost of redundancies and redeployment and any identified risks of transition. It was explained that the transition programme was ongoing and therefore officers were unable to provide information in relation to redundancies and redeployment costs as this information would not be available until the process had completed. It was requested that the risk register formed part of the discussions at the Transition Workshop on 28 November 2012, but the committee was asked to note that this live data which would change as the programme progressed.

**RESOLVED:**

- i) That the Committee noted the content of the report following consideration of the implications for the overview and scrutiny function in the future at the Transition Workshop in November 2012; and
- ii) That the Committee noted the latest development status of the following emerging ‘receiving’ organisations within the new system:

- NHS Commissioning Board (NHS CB)
- NHS Trust Development Authority (NTDA)
- Public Health transition
- Clinical Commissioning Groups (CCGs)
- North and East London Commissioning Support Unit (NEL CSU)
- NHS Property Services ('Prop Co.')

## **11. FUTURE WORK PLAN**

The future work plan as presented to members was agreed.

### **FINISH**

The meeting closed at 1.04pm