

**North Central London Sector Joint Health Overview and Scrutiny Committee
17 January 2013**

Minutes of the meeting of the NCLS Joint Health Overview and Scrutiny Committee held in Committee Room Two, Hendon Town Hall, The Burroughs on 17 January 2013.

Present

Councillors

Martin Klute (Chairman)
Dave Winskill (Vice Chairman)
Alison Cornelius
Graham Old
Barry Rawlings
Alev Cazimoglu
Peter Brayshaw
John Bryant
Alice Perry

Borough

LB Islington
LB Haringey
LB Barnet
LB Barnet
LB Barnet
LB Enfield
LB Camden
LB Camden
LB Islington

Officers

Rob Mack	LB Haringey
John Murphy	LB Barnet
Zoe Crane	LB Islington
Linda Leith	LB Enfield
Shama Sutar-Smith	LB Camden

1. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Anne Marie Pearce (LB Enfield) and Cllr Reg Rice (LB Haringey).

2. DECLARATIONS OF INTEREST

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

The minutes of the meeting on the 22 October 2012 were agreed as a correct record.

5. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY

Siobhan Harrington, BEH Clinical Strategy Programme Director at NHS North Central London, Dr Nick Losseff, Medical Director for Acute Care NHS North Central London, and Dr Angela Lennox, Deputy Director for Primary Care, NHS

North Central London presented an update to the JHOSC on the Barnet, Enfield and Haringey (BEH) Clinical Strategy.

Ms Harrington reiterated to the JHOSC that the Strategy was about improving the quality of services locally for people and it was important to note that it was based upon the redesign of healthcare pathways and not a reduction in activity. The full business case for capital investment at both the North Middlesex University Hospital NHS Trust and Barnet and Chase Farm Hospitals NHS Trust had been approved, with building works commenced at both sites.

Ms Harrington provided an overview of the progression of workstreams and plans for clinical pathways up to November 2013. The Urgent Care Centre at Barnet Hospital was due to open in April, that there would be a refreshment of the Urgent Care model at Chase Farm Hospital from April and the specification of Urgent Care at North Middlesex University Hospital was being reviewed and would be in place in April.

Angela Lennox updated the JHOSC on primary care and community care developments. She emphasised that the developments in relation to primary and community care related to a whole systems transformation which sought to improve access to services for patients. This was based around increased physical capacity as well as broader primary health care teams working in community settings across Barnet, Enfield and Haringey. The implementation of the strategy would support GPs who would, for the first time, be working collaboratively in networks to take responsibility for the locality to ensure that variation in healthcare was reduced and collectively providing an increased range of services for patients to access in community settings rather than hospital.

Dr Losseff provided the JHOSC with an overview of the role and work of the Clinical Cabinet which consisted of senior clinicians from both the trusts and primary care, whose role was to ensure quality and safety during the transition process.

In response to questions raised by the JHOSC the following responses were provided:

Primary Care NHS North Central London – this was the cluster organisation of the five Primary Care Trusts and an outgoing organisation.

Interrelation of primary care changes into the BEH Clinical Strategy – the changes being implemented were part of a whole system change that complements transformation across the acute trusts.

Timing of implementation – press reports relating to the timelines for urgent care were not accurate. Refreshed models for Urgent Care would be in place at Chase Farm Hospital from April. However, some refurbishments at the site would not be complete within this timescale.

In relation to primary care timings, improvements would be put in place during 2013 and were part of a longer term strategy which would complement other changes.

Quality of services at Forest Road & Evergreen Centre, Enfield – part of the approved business cases included training for doctors to triage accurately. The

Primary Care Investment Programme also included improving the efficiency of practices in order to achieve access to resources in a smarter way.

Clarification on level of budget funding allocation – the £30 million investment was a three year investment across the three boroughs of Barnet, Enfield and Haringey. The £47 million investment related to the five boroughs over three years.

Communications and Engagement – programme managers were aware that there was a requirement for significant levels of communication with stakeholders to ensure that service users and the general public were aware of how services will be provided under the Strategy. CCGs now had communications resources in place and were utilising a range of options from street advertising to the CCG's websites to deliver key messages relating to the transformation process.

Capacity management for surgery – management measures were in place to ensure an appropriate model was in place to manage both emergency and elective surgery.

Transport – The Chief Executive of Barnet and Chase Farm Hospitals NHS Trust will chair the meetings of the Transport Group. The previously undertaken transport assessment had been recast and would be presented to the transport group at the end of January.

Public Questions

Donald Smith commented that he believed that stakeholders from Broxbourne and Boreham Wood had not been adequately consulted in terms of the strategy's transport planning. Cllr Klute took note of Mr Smith's comment and acknowledged that it was important that all stakeholders affected by the implementation of the strategy were appropriately engaged. This point was acknowledged by Siobhan Harrington.

A local resident from Enfield raised a question in relation to whether service proposals included in the consultation document for primary and community services in Enfield in 2009 were being included in the current BEH Clinical Strategy. In response Siobhan Harrington said she would discuss the matter with the member of the public outside the Committee meeting.

Resolved that –

The JHOSC note the updates provided by NHS North Central London.

6. BARNET AND CHASE FARM HOSPITALS NHS TRUST UPDATE

Dr Tim Peachey, the Interim Chief Executive of Barnet and Chase Farm Hospitals NHS Trust (B&CFH NHS Trust) provided the JHOSC with a verbal update on developments at the Trust in relation to its potential transaction with the Royal Free London NHS Foundation Trust.

The JHOSC was informed that a viability study had been undertaken to assess the capacity of B&CFH NHS Trust to operate as a sustainable NHS foundation trust which had found that it would not be possible. Therefore, the Trust had sought to invite external partners to work with to attain NHS foundation trust status.

Following this decision, the Trust made contact with possible partner organisations operating within a 25 mile radius of the Trust's Enfield location, seeking expressions of interest. The Royal Free London NHS Foundation Trust was the only organisation to formally submit an expression of interest and was subsequently chosen by B&CFH NHS Trust to be its potential strategic partner. A Strategic Outline Case (SOC) was produced for the proposed partnership which had been approved by NHS London and was currently undergoing a further assessment process to ensure that the proposals set out in the SOC are viable and sustainable.

The JHOSC was advised that once the Heads of Terms of Agreement are signed by all concerned parties, namely B&CFH NHS Trust, the Royal Free London NHS Foundation Trust, the London SHA, the NHS Trust Development Authority (NTDA) and Commissioning Board, the proposals will be formally submitted to the Cooperation and Competition Panel for them to assess. Parallel to this activity, a due diligence process was being undertaken by the Royal Free with Ernst & Young and the Boston Consulting Group being engaged to support this process. The due diligence process needed to be completed by the time the Board of the Royal Free met in February. If, at this meeting, the Royal Free decided to proceed with the process, the decision would be referred to the B&CFH NHS Trust Board at its March meeting. Due to the timelines for the changes to Strategic Health Authorities, it was unlikely that the final decision will be considered by NHS London prior to its cessation of operations. The function would therefore be taken over by the NTDA.

In April, the NTDA would then be due to make a decision on whether to support the outline business case, with a full business case then produced. On the assumption that no objections were raised by the Cooperation and Competition Panel or that mitigating actions were produced to any concerns raised by the Panel, the full business case would then be submitted to Monitor, the independent regulator of NHS Foundation Trusts.

Dr Peachey advised the JHOSC that this process was likely to be completed by the end of the calendar year 2013, with a possible transaction date in January 2014. This completion date was based on the assumption that the Office of Fair Trading (OFT) would not wish to examine the transaction. If the OFT did decide to examine the proposals, the completion date could be delayed to May or June 2014.

Following Dr Peachey's initial presentation he provided responses to questions from the JHOSC in relation to the following issues:

Further efficiency savings – the JHOSC were informed that ongoing savings would be required as this was inevitably part of the process of large organisations achieving efficiency and would be part of the merger process.

Viability and timelines - the JHOSC queried whether the original assessment of B&CFH NHS Trust's capacity to achieve Foundation Trust status independently was based upon its capacity to attain it within the required timelines and whether the current partnership approach would extend beyond these original timelines. In response, Dr Peachey informed the JHOSC that the initial assessment predated his appointment and that he was not aware of the contents of any consultants' report in relation to this matter.

Dr Peachey advised the JHOSC that significant efficiency savings were being sought by the B&CFH NHS Trust, but that these would still not be enough to allow

the Trust to make a viable application for Foundation Trust status without the support of a partner organisation.

Misreporting of A&E waiting times at Chase Farm Hospital – Dr Peachey advised that the Trust had apologised for this activity and advised that remedial actions had been taken to ensure misreporting could not happen again.

Staffing shortages as reported by the Care Quality Commission (CQC) – Dr Peachey advised that this was related to one ward which had two members of staff absent on the day of the inspection. Remedial measures had been put in place by the Director of Nursing and a significant recruitment drive had taken place, reducing vacancies and dependency on agency staff.

Options for attaining Foundation Trust status should the Royal Free acquisition not proceed – Dr Peachey advised the JHOSC that there were three further options:

1. re-submit initial invitation for expressions of interest.
2. invite expressions of interest beyond NHS organisations
3. enter the unsustainable provider regime whereby a special administrator would be appointed to develop a solution for submission to the Secretary of State for Health for decision.

Powers of Governors under the Health and Social Care Act 2012 – Dr Peachey confirmed that under the new provisions of the Act, the Governors of Foundation Trusts would have the power to reject any major transaction.

Consequences for the BEH Clinical Strategy – the JHOSC was informed that the implementation of the BEH Clinical Strategy was a non-negotiable part of the proposed transaction and that due to the timelines involved it would not be possible for the transaction to be completed before the BEH Clinical Strategy went live.

In response to a query from the JHOSC in relation to the origins of the acquisition process, Dr Peachey suggested that the JHOSC should contact the NTDA. He could provide an appropriate contact to liaise with the JHOSC.

Cllr Cornelius agreed to forward details of questions she wished the JHOSC to submit to the B&CFH NHS Trust in relation to the timelines and conditions of viability raised in the initial assessment undertaken by the Trust into attaining Foundation Trust status.

Resolved that-

1. The JHOSC note the update provided by Dr Peachey.
2. The JHOSC remain apprised of the matter and take an update on the process at a future meeting.

7. UROLOGICAL CANCER SURGICAL SERVICES IN LONDON

Neil Kennett-Brown, Programme Director, Change Programmes North and East London Commissioning Support Unit, and Thomas Pharaoh, Pathway Manager London Cancer gave a presentation to the JHOSC that set out proposed changes to specialist urological cancer services as they relate to surgery in North Central London, North East London and West Essex.

The JHOSC were provided with an outline of the process and advised that its findings would be presented to the JHOSC following its completion in April.

Following Mr Kennett-Brown and Mr Pharaoh's initial presentation, they provided responses to questions from the JHOSC in relation to the following issues:

Designation of services – the current engagement process was based upon the case for change in delivering services and not about the decision of where the specialised service would be delivered. No decision had yet been made as to where the services would be located.

Movement of complex case services from Chase Farm Hospital to University College Hospital – Dr Peachey, Interim Chief Executive at B&CFH NHS Trust addressed the JHOSC on this issue. Before doing so, Dr Peachey informed the committee that he would like to preface his remarks by commenting that, as a registered practitioner with the General Medical Council (GMC) and, as a practising clinician, he was in favour of the proposed changes to specialist urological cancer services.

In relation to the provision of services at Chase Farm Hospital, Dr Peachey advised the JHOSC that changes had been made there due to the fact that only one urological surgeon was currently available at the hospital, a situation which was not believed to provide the best clinical practice. The remaining surgeon had decided to perform the complex surgeries affected by this situation at UCLH, at least until the final decision relating to the change to specialist services has been made.

Robotic surgery – the JHOSC were advised that robotic surgery had become a growth area for urology surgery and that any specialist centre would have to have access to robotic surgery on-site.

Mobility of specialist team – due to the nature of the specialist services and size of the teams involved, it would be unlikely to be feasible for the specialist service to operate on a mobile basis travelling from site to site.

Viability of case numbers – in relation to the projected two specialist surgeries per day, the specialists would also be working with local teams in the diagnosis process. As such there would be a sufficient level of activity to ensure the specialist service was viable.

Public Question

Mr John Woods, Secretary of ProActive, a prostate cancer self help group, reiterated his concern previously expressed in an email to the JHOSC relating to how the movement of complex urological surgery away from Chase Farm Hospital to a location possibly in central London would affect service users in the Essex area.

In response to this concern the JHOSC were informed by Mr Pharaoh and Mr Kennett-Brown that planning around transportation and access would be incorporated into the service pathway.

Resolved that –

The JHOSC note the presentation and information provided.

8. OUT OF HOURS SERVICES

Eileen Lock, Regional Director of Harmoni and Laura O’Riordan, Harmoni’s Local Manager for North Central London, provided a presentation to the JHOSC in response to adverse publicity relating to the operation of the out of hours contract for Camden, Haringey and Islington.

Ms Lock provided an overview of the various quality assurance and performance management measures operated by Harmoni across their services including those relating to clinicians.

The JHOSC were advised that every doctor was subject to performance monitoring, including those working less than 20 hours a week who were not directly employed by Harmoni. These doctors’ performance would be measured by the relevant PCT.

The JHOSC received responses and clarification in relation to the following issues:

Referrals to acute hospitals – North Central London was not an outlier compared to other areas in terms of patients referred to acute hospitals, with the percentage figure for referrals being just less than one per cent.

Percentage of work carried out by an Advanced Nurse Practitioner rather than a GP – this figure was seven per cent with 93 per cent carried out by a GP.

Call answering times – the JHOSC were provided with the performance figures for answering calls within 60 seconds from March to November 2012. The JHOSC were also advised that calls were assessed by non-clinicians using clinical guidelines set out by NICE to evaluate the urgency of calls and prioritise responses.

CQC regulation – the JHOSC were advised that Harmoni’s services were monitored by the CQC.

Urgent case response rate – in response to Cllr Bryant’s comments that response rates for urgent calls had been historically poor and continued to remain so, the JHOSC were advised that the figures presented for November and December 2010 related to performance before Harmoni took up the contract for the out of hours service. Ms Lock commented that improvements to services had been achieved and cited the example of face-to-face services which had been improved and were RAG rated green for December 2012. Eileen Lock advised that this improvement to service was achieved alongside the service experiencing an increase in volume from 12,000 to 14,000 patients.

Laura O’Riordan advised that detailed figures setting out improvements to services would be emailed to JHOSC members.

Appointment times – The specification for appointment times did not detail a desired time length. This was at the discretion of the service provider. Ms Lock stated that Harmoni operated a 12 minute target time for appointment duration. The previous target time operated by CAMIDOC was 15 minutes. However, this did not

include a triage service prior to patients seeing a doctor as was currently operated by Harmoni.

Staff morale and turnover – in relation to recent press coverage, Ms Lock commented that staff found the coverage disheartening, noting that clinicians always strove to provide the best service possible.

The JHOSC noted that the committee's concerns were not aimed directly at clinicians but instead focused on concerns relating to available resources and the organisation's underlying structures.

Public Question

Dr Paddy Glackin, a Local Medical Committee (LMC) representative, raised a concern in relation to confidentiality requirements placed upon staff when leaving employment with Harmoni. Ms Lock advised the JHOSC that she was not aware of these requirements. Cllr Klute invited Dr Glackin to write to him as Chairman of the JHOSC and formally set out his concerns in relation to this matter.

JHOSC members agreed that the item should be added to the Committee's Forward Work Programme so that the issue could continue to be monitored.

Resolved that –

The matter be added to the JHOSC work programme

9. CCG ALLOCATIONS 2013/14 IN NORTH CENTRAL LONDON

David Maloney, Chief Finance Officer Designate Haringey CCG provided the JHOSC with a presentation setting out the CCG allocations for the five NCL CCGs as announced on the 18th December 2012 as part of the 2013/14 Operating Framework. In response to question posed by the JHOSC Mr Maloney provided the following responses and clarifications:

Management and administration costs - CCGs will receive £25 per head of population to pay their management and administration costs, based on the 2011 census population data.

Formula for allocations – based upon the presentation given by NCB London in relation to 2013/14, all CCGs would receive the same uplifts. Mr Maloney believed work would be undertaken to establish a formula for future allocations.

Deficits and surpluses – for deficits relating to PCTs for 2012/13, the Cluster would ensure that at the end of the year funds are moved around the system so that each PCT at the end of the year will hit their control total. Underlying issues in expenditure would still be taken forward.

It was currently understood that a proportion of planned PCT surpluses would be returned to CCGs in 2013/14. However this was subject to guidance being issued.

Next year the operating guidance was that all CCGs should aim to make savings of one per cent. This would be harder for some CCGs to achieve than others.

Resolved that –

The Committee note the update.

10. TRANSITION PROGRAMME PROGRESS UPDATE – JANUARY 2013

Alison Pointu, Director of Quality and Safety and Executive Lead for Transition at NHS North Central London alongside Sile Ryan, NHS North Central London's Transition Programme Manager responded to questions from the JHOSC in relation to the NHS Transition Programme and provided the following responses and clarifications:

Support and guidance to stakeholders affected by the transition – the JHOSC were advised that the NCB were taking a lead role in providing support and information to stakeholders. Alison Pointu advised that staff who had previously worked on the PALS/complaints service were transitioning across into the new organisations and would be in a position to signpost stakeholders to the correct point of contact, although the PALs function is not formally transferring but closing down on 31/3/13

Commissioning Support Units – the JHOSC were advised that it was the national intention that the contract for providing support to commissioning would be re-tendered after three years.

The NHS Trust Development Authority – the JHOSC were advised that there was a London regional body that would support those NHS Trusts seeking to attain NHS Foundation Trust status.

Resolved that –

The Committee note the update.

11. FUTURE OPERATION OF THE JHOSC

Resolved that –

- Paragraph four as set out in page 25 of the report instructing members of the JHOSC to refrain from association with any campaigns either in favour or against any of the reconfiguration proposals be removed from the JHOSC's terms of reference and procedures.
- Subject to approval by the individual Councils concerned, the continuation, terms of reference and procedures as set out in the report are agreed subject to the amendment of Paragraph four as noted above.

12. FORWARD WORK PROGRAMME

Resolved that –

The following items be added to the Forward Work Programme:

- NHS Trust Development Authority be invited to provide the JHOSC with an overview of their work with NHS Trusts and how reconfigurations are organised.

- Cllr Alison Cornelius to write to Cllr Klute in relation to the previous consultations undertaken to assess the viability of an independent bid by Barnet and Chase Farm Hospitals NHS Trust to attain Foundation Trust status.
- NHS Commissioning Board - Peter Coles to be invited to attend to provide a further update.
- The potential transaction between Barnet and Chase Farm Hospitals NHS Trust and the Royal Free NHS Foundation Trust to be added to the work programme to monitor progress.
- Harmoni follow-up
- Commissioning process update in March
- Contraception services update

Meeting finished at 13:27